

Vera Stokes

R.N.



A Journal for Nurses

FEBRUARY 1945

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February 1945

VOLUME 8, NUMBER 5

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Debits and Credits

N.N.C. vs. CUPID

Dear Editor:

I, like every other nurse, am watching with much interest the progress of the bill providing for the drafting of nurses. It seems shameful that the nurses of America do not have enough national interest and pride to enlist in sufficient numbers to make such a bill unnecessary. Yet, when you review the present situation, it is surprising that so many have already enlisted.

In spite of the crying need for nurses, the Navy continues to release nurses, who, following nature, marry the men they love. These nurses, on the whole, marry men in service, and would prefer to remain in service too. Yet, you cannot blame them, if after serving in the Navy, they are not too anxious to pack away their regulation blues and enlist all over again in the Army. Why, if the need is so urgent, aren't nurses allowed to stay in the Navy after marriage? The way things stand now, the Navy keeps training new recruits, and releasing experienced nurses, who, in turn, become new recruits for the Army to train. Doesn't this seem like a waste of training and experience?

Another item of contention provided by the Navy is the misuse of nurses in positions such as housekeeper and linen matron. If our men are suffering because of a lack of nurses, doesn't it seem odd that nurses are spending their days counting and marking linen—a job that could very easily be done by some civilian that had not had three years training?

A plea of the married nurses is that if they were allowed to remain in the states, in a district of their choice, they would be glad to enlist. This would en-

tail extra details in Washington, but wouldn't it be worth it? You cannot blame married nurses, who after all are still women, if their first loyalty is to their husbands. England has solved this problem by granting leaves to women in service, corresponding to the leaves given the husbands. It might be wisest if we followed our former mother-country's example.

Most of the nurses are more than willing to cooperate and do their part—but it would seem that a little common sense in government administration, and an effort to understand our point of view should be of benefit to the nation.

Ex-Navy Nurse
Illinois

(Recent modification in Navy Nurse Corps regulations will permit Navy nurses now in service to marry without being required to resign. Liberalization of the marriage regulation is expected to help substantially in achieving the N.N.C. authorized strength, since more than 30 percent of all separations from this branch of service have been due to the marriage bar. There is no change in present policy which disqualifies married nurses for entrance into the Navy Nurse Corps.
—THE EDITORS.)

"LITTLE FLOWER" BOUQUET

Dear Editor:

It is ironical that Mayor La Guardia is going to see that the nurses sign up in the Army when every nurse knows, if the public does not, that his city hospitals are understaffed by 3,000 and the nurses employed in them are overworked and many contract tuberculo-

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sis from poor nourishment and fatigue. Why not run the city hospitals efficiently before he tries to manage the Army personnel?

Why not face the facts of why the nurses are not signing up? No paper will publish it, but there are clauses in the Army regulations which relieve them of any responsibility for certain illnesses contracted in the Army. The nurses also resent the advantages that the WACS and WAVES have in pensions and hours. The papers quote their 8-hour day and nurses 16 to 24 hour day. How noble is the nurse supposed to continue?

R.N., New York, N.Y.

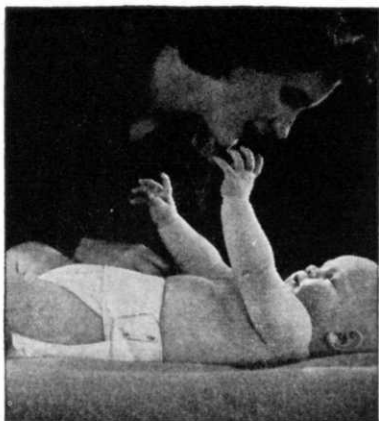
(Recognition for the oldest woman's service may be summed up in the choice of Colonel Oveta Hobby of the WAC as first woman recipient of the Distinguished Service Medal—the third highest Army decoration.—THE EDITORS.)

RETURN TO STUDY

Dear Editor:

It was with great interest I read Sarah E. Potter's article called "Return to Duty" in November R.N. I could never attempt to write such a splendid little account of my "going back to duty" but thought I may encourage some sister nurse who may be timid about it.

I, too, classed myself as an "old timer" having been out twenty years, married, reared four children and had never been back. After Pearl Harbor when our hospital sent letters asking us old grads to take the refresher course they offered, I grabbed the opportunity. After I finished the required hours, etc. I suddenly realized, in fact it was put to me in no uncertain terms, that I must be an R.N. Sadly admitting that I had never gone to take my State Boards even though my credentials,



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were all there, I made up a systematic course and studied diligently. Then, managing to get a couple of days off from house duties and children, I went to Trenton with a bunch of youngsters, as it were, took the State Board Exams, (all of them, too) and passed with good marks.

Now that I am a full fledged nurse, I have been back working pretty steadily on night duty—11 p.m. to 7 a.m. and needless to say, I love it. I have encouraged two of my class mates and they also went through the course and passed and are now working.

My oldest daughter is away at college, my boy just turned 14, another girl 11 and my baby almost 8 all manage pretty nicely and I feel I am helping in the war effort.

R.N., Clifton, N.J.

RECOGNITION

Dear Editor:

Women's services are legislating some postwar job security programs. But the oldest service of all, the Army Nurse Corps, is doing nothing to assure veteran nurses of a livelihood when they return to compete with the new cadet graduates. The mother organization itself, the American Nurses Association, has no organized plan to absorb nurses either.

From an economic standpoint, this is unsound. The peacetime Army maintains only a comparative handful of nurses. Thousands of nurses will be demobilized into private enterprise. Nurses are not covered by social security. Commanding generals enthusiastically laud Army nurses. This is pleasant. Platitudes alone do not contribute toward preserving the high standards nurses have achieved. The returning small army of weary nurses must be absorbed by way of a concrete plan of job placement if public health is not to be endangered; for high nurs-



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ing standards are very much allied to public health.

From an ethical standpoint this is also deplorable. The Army has never been able to wage war without nurses. In this war nurses risk greater danger than ever before because they are closer to combat areas.

KATHRYN CAHILL
Lieut., A.N.C.

(The service nurse, demobilized after June 30, 1947, may look forward to competition in a profession that has absorbed about 80,000 Cadet nurses in addition to other young graduates. —THE EDITORS.)

PHM'S IN WARDS

Dear Editor:

In reading the Debits and Credits pages in the December issue of R.N., I find a statement made by a male R.N., George H. Mix, Buffalo, New York, which undoubtedly is a mistake.

He refers to a classmate of his, a Chief Pharmacist's Mate, who was in charge of a ward of officers' wives in a Naval hospital.

There are no male corpsmen or Chief Pharmacist's Mates in charge of female wards in Naval hospitals.

SUE S. DAUSER
Captain (NC) USN

(R.N. appreciates the interest shown by Captain Dauser. Views expressed in the Debits and Credits department are printed as received and only such cooperation from our readers can correct facts or clear issues. Reader comment is always welcome.—THE EDITORS.)

[Continued on page 95]

Pictures in this issue

Pp. 32, 33, photos by Walter Lane.
Pp. 39, courtesy R.C.A. Laboratories.
Pp. 42, 43, Official U.S. Navy Photographs.

LAST MINUTE NEWS

THE NURSE DRAFT

RN feels that nurses are not fully informed on the background and present status of the Nurse Draft Bills. This last minute review is given so that RN's may more accurately evaluate the legislation now under consideration and express their opinions to State representatives in Washington.

BACKGROUND. On April 28, 1944, the War Department officially notified the Directing Board, Procurement and Assignment Service, that the Army Nurse Corps would soon reach its immediate goal of 40,000 nurses. On reviewing its needs for the following year the Army increased its A.N.C. quota to 45,000 by the end of 1944 and 50,000 by mid 1945. The late months of 1944 found 42,000 nurses in the Army. While active recruiting had been underway there had been only a net gain in eight months of 2,000. More than 1,000 nurses are now hospitalized, many due to overwork. Shortages were indicated by the fact that eleven Army hospital units were sent overseas without their complement of nurses. At Army hospitals in the U.S. there was only one nurse to twenty-six beds, instead of the recommended one nurse to fifteen beds.

President Roosevelt, in his Message to the Congress on January 6, 1945, stated that the War Manpower Commission estimates that of the 280,000 registered nurses now in practice in the country, 27,000 additional nurses could be made available to the armed services without seriously interfering with civilian needs. Since volunteering did not produce the number of nurses required, the President urged that the Selective Service Act be amended to provide for the induction of nurses into the armed forces. He stated, "The need is too pressing to await the outcome of further efforts at recruiting."

Reasons for lag in recruiting were variously given as—amount of red tape involved in enlisting; opposition of parents; undue number of rejections because of minor physical defects; selfish hold of some hospital officials upon young nurses and the small percentage of Cadet nurses who go into military service despite government education and a moral oath to enter "essential nursing." Failure of the Army and Navy to make full use of the large number of Negro graduate and Cadet nurses in the present emergency and lack of provision for assignment of male nurses were also given as reasons for nurse shortages.

The week of January 15 (following the President's message) applications increased to 4,000—more than twice the figure for the entire last two months of 1944. During January 1945, 1,050 nurses were commissioned in the A.N.C. Total applications by the second week numbered 8,236. Figures showed approximately eighty percent of applicants were accepted. The Army announced that any R.N. conforming to Army standards, regardless of her P.&A.S. classification was invited to join—a complete reshifting of nurse available lists seemed likely.

However, despite an increase in enlistments the Army was convinced that there was no substitute for the induction act, urged by Major Gen. Kirk. The quota of nurses as of February 6, was set at 60,000 and it may be necessary to again raise the figure as no one yet knows the peak load of wounded and sick.

THE DRAFT BILLS. Two bills to draft nurses have been introduced in the

House of Representatives. The *May Bill* was first introduced but many feel that it is not broad enough. This bill would require registration of registered nurses between the ages of eighteen and forty-five, under Selective Service regulations. They would receive the pay of privates unless they should be commissioned later. It specifically provides for continuance of the voluntary recruitment program.

The Rogers Bill, also referred to Committee on Military Affairs, refers to female citizens of the U.S. who are between the ages of twenty and forty-five, graduates of hospital training schools having courses of instruction of not less than two years. This bill would make registered nurses only liable for draft, so that a nurse could refrain from registering and enter other fields; would defer married nurses with or without children and allow for voluntary enlistments.

The Rogers Bill would induct nurses as officers with rank not less than second lieutenant in the Army, or ensign in the Navy. The bill otherwise follows rather closely the general outlines of the Selective Training and Service Act of 1940. Service of nurses so inducted would be for the duration of the present war and six months thereafter. The provisions of this bill would be administered through the Selective Service System under rules and regulations prescribed by the President or, by delegation, the Director of Selective Service.

Hearings before the committee were started on both bills. It is now believed that one of them will be reported out of committee within a few days as final arguments for and against a draft were presented on February 14, and the executive session was scheduled to formulate a report on the proposed legislation. OPINIONS. Through newspapers, statements and during the hearings representatives of nursing organizations and other groups expressed opinions.

Representatives Edith Nourse Rogers said that she greatly regrets the necessity of a nurses' draft, but if the present drive, now that the need is really known, should fail, she would then be in favor of drafting nurses. *Maj. Gen. George F. Lull*, deputy surgeon general, stated, "We can't get them by volunteer methods apparently; we are forced to resort to draft." *Col. Florence Blanchfield*, superintendent of the Army Nurse Corps, made it clear that she was withholding her personal opinion of a nurse draft and accepting the ultimatum of her superiors that it is needed.

The National Nursing Council for War Service, in view of the growing national emergency, approves in principle Federal selective service legislation for the procurement of nurses for the needs of the armed forces. (This does not imply approval of any specific bill.) This motion was referred to the A.N.A. for consideration and action, since the Council does not engage in legislative activities. They note that *national service* legislation would deal with civilian needs; *selective service* would draft civilians to fill military needs.

Katharine Densford, president of the A.N.A. stated that she represented an organization with 178,000 members and that the opinions she expressed were not necessarily her own. She first stated that the Association would give wholehearted support to the President's proposal for a national service act because it provides for a fair distribution of the burdens which must be borne in order to insure the earliest possible victory. Before the House Committee, Miss Densford opposed projected legislation and urged, instead, an adequately organized and financed Federal program of recruitment on a voluntary basis, equal to that of the WACS and WAVES. Miss Densford said that the only alternative

[Continued opposite page 80]



SCHOOL HEALTH. Declaring that on a nationwide basis school health service is probably the spottiest and least effective branch of standard recognized public health procedure, *The Journal of the American Medical Association* advises that hundreds of American cities should determine the weaknesses in their school health education programs and publicize them, then take steps to correct them. This plan was carried out by Boston and the stimuli to improvement might well be followed in other communities.

*

A report states that ocular anesthesia is more profound and longer lasting if testicular extract is dropped into the conjunctival sac and novocaine injected into the tissues.

*

BLOOD. Human immune serum globulin, a fraction of blood plasma, is the material of choice in the prevention and modification of measles, Dr. M. Greenberg and associates report in *The Journal of the American Medical Association*. Their report is based on a study of the comparative effectiveness of human immune serum globulin, which they call gamma globulin, and of placental globulin . . . Two Swedish scientists, Anders Groenwall and Bjoern Ingelman of the University of Upsala have developed a synthetic blood plasma. The material, a by-product of sugar manufacture, is called Dextran, can be transported as a powder, is reasonable in price and is not dependent upon the blood group of the recipient. Unlimited production is

promised . . . A new technic has been developed so that segments of blood vessels may be preserved by quick freezing. These veins may be grafted into injured vessels, allow for passage of blood, and aid in eliminating to some degree the need for amputation.

*

The USPHS has conducted tests in rural areas to determine whether DDT will aid the malaria control problem.

*

NEW. Pain of gallbladder colic may be quickly relieved by theophylline ethylenediamine or aminophylline. Used for angina pectoris and bronchial asthma this drug, according to Drs. A. Gladstone and L. Goodman, is given by slow injection into the vein and relieves patients on whom morphine had no effect . . . A cod liver oil (with natural vitamins A and D), lanolin, and petrolatum is designed for use on minor burns, scalds, abrasions, sunburn and minor irritations of the skin . . . Recently synthesized new arsenic-containing chemicals may prove additional disease fighters. Known as guanidino arsenicals, they are related to the group which includes carbarson, used to treat amebic dysentery . . . Experiments on laboratory animals by Prof. T. Koppanyi and Dr. E. Vivino may bring safer administration of the potent but dangerous d-tubocurarine, the purified active principle of curare. The doctors mixed the alkaloids physostigmine and neostigmine, known antidotes for curare poisoning, with the curarine before injection. Added ephedrine increased efficacy in



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some cases . . . For the first time an electronic method controlling X-ray exposures has been developed, enabling radiologists and technicians to obtain uniformly dense photo-fluorographic exposures automatically, rapidly, and with an overall increase in operating efficiency of almost 100 per cent . . . Some controversy exists over the suggestion that drugs be given English titles rather than the familiar Latin ones . . . There is a new chewing gum cough drop on the market . . . Sucrose which is ordinary cane or beet sugar has been synthesized for the first time in the University of California laboratories. Crystals are indistinguishable from the natural product.

*

The average length of life of industrial workers in 1943 was 63.56 years, slightly lower than that of 1942 which was the best on record.

*

POSTWAR. To afford all possible protection against diseases and harmful pests which might be brought from foreign countries by military traffic, a quarantine branch, under the direction of Lieut. Col. P. T. Knies and in cooperation with the USPHS and the Navy, has been established in the Preventive Medicine Service of the Surgeon General's Office. Future developments in the field of quarantine will include greatly improved methods for the international notification of disease, along with improved health certification of travelers so that officials at ports of entry will have the necessary medical data for accurate judgment with the least possible delay to travelers. The program now being developed is expected to go far in demonstrating the value of new methods growing out of wartime medical progress . . . Dr. E. R. Kellersberger of New York predicts that leprosy will



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not be an uncommon disease in the U.S. after this war. Cases have already been reported from 38 states and from the District of Columbia, Hawaii, Puerto Rico, the Philippines and the Canal Zone. However, a report by Drs. R. Hopkins and G. H. Faget states that 20 per cent of the 723 patients with leprosy admitted to the National Leprosarium at Carville, La., from July 1928 to January 1944 have been released conditionally as having the disease in arrested form and being no longer a menace to public health. They predict that only a small number of men serving in the armed forces in countries where leprosy is prevalent, will become victims of the disease.

*

The average American drafted man is about two-thirds of an inch taller than his counterpart during the last war.

*

INHALATION. The *Lancet* reports on the use of sulfonamide mists to insure rapid absorption through the surfaces of the air passages or for the topical therapy of the lungs themselves. Bronchiectatic patients appear to absorb more than do normal persons. The application of these findings to the problems of inhalation therapy in general is discussed with special reference to the administration of penicillin. In tests of the sulfonamides, sulfacetamide seemed to be the most suitable.

*

Psychosomatic factors have a relation to cutaneous disease; certain mental trends can be linked with a proneness to certain types of skin diseases.

*

POLIO. In a study of the duration of excretion of the virus of infantile paralysis in the stools of 61 patients, it was found that the excretion extends into the seventh and eighth weeks

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after onset of the disease in an appreciable percentage of cases. This is contrary to the prevalent concept. The tests were conducted in the Yale University School of Medicine by Dr. D. M. Horstmann and associates and they say that while the results provide no evidence for the existence of persistent carriers of poliomyelitis virus it is possible that failure to demonstrate such carriers was due to the relatively small number of subjects studied.

*

Application of a mixture of dimethyl phthalate and indalone inside the legs of trousers will give protection against chiggers.

*

HOPE FADES. Hope that penicillin might prove effective against rheumatoid arthritis appears to be futile. Results obtained from the treatment of 10 soldiers with early but progressive rheumatoid arthritis indicate that the drug is of no value for this disease. No support is offered to the idea that the disease is caused by hemolytic streptococci and the assumption is that rheumatoid arthritis is not caused by any of the bacteria which are already known to be rapidly affected by penicillin. Tests were made at the Rheumatism Center of the Army in Hot Springs.

*

The end of the war will find the U.S. in an extremely favorable position to wage a major campaign against mankind's outstanding biological enemy, the disease-carrying insects, as a result of the tremendous effort the Army has made to defeat them in combat areas throughout the world.

*

MILITARY. The incidence of tuberculosis, as reflected by the annual hospital admission rate, is only one-tenth as high in the Army now as it was in the last war. Principal factor in the

marked decrease of the rate is the screening process which is in operation to exclude men with active or potentially active tuberculosis before they are inducted. Another reason is the fact that among the civilian population tuberculosis is only one-third as prevalent now as it was during World War I . . . The special field hospital ration supplement has been augmented by several items. New components are compressed cereal discs, cocoa beverage powder, malted milk tablets, toilet tissue, paper towels, and plastic sippers . . . The artificial eye laboratory at Valley Forge General Hospital has made eyes of water-clear plastic that can be tinted to duplicate every appearance of the natural eye. Fitting into the socket is done so exactly and so well that considerable movement is possible and the artificial appearance

of a staring orb is thus avoided . . . The kind of medicine that will never come out of a GI pharmacy, but which has earned a place of honor in bolstering morale of wounded men returning home aboard hospital ships, is "jive." All of the Army's hospital ships play musical recordings over public address systems with loudspeakers in all wards. The hospital ship *Marigold* goes one step further for their enlisted medics have formed an eight-piece band and they have jam sessions all over the wards.

*

A new disease—infectious lymphocytosis—has been reported. There is an increase in the lymphocytes, fever, vomiting and pain in back of head and neck or abdomen. Children are more often attacked than adults but all have recovered. [Continued on page 78]



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Dream World

BY CATHERINE SHAW

LIEUT. (j.g.), (N.C.) U.S.N.



WHEN our hospital ship first dropped anchor just offshore we were struck by the incredible beauty of the settlement, which seemed to be a dream of simple colonial creation. An aura of somnolent happiness encircled it; from time to time the melodic tolling of the chapel bell, the lowing of cattle, and light echoes of children's laughter sailed out on an offshore breeze.

All this seemed far removed from war, untouched by it, and sleeping still. We thought it a thriving small-scale agricultural center, perhaps a plantation. But ignorance was bliss indeed, for much of our enchantment was shattered by our human reaction of abhorrence to the leprosy we learned was sheltered there. Beautiful little world—it also had its horrors.

Yet how very wrong we can be, how prone to let our imagination run rampant on an unfamiliar subject! We should have remembered the latest facts of medical experience with leprosy, much of it developed in our own leprosaria of Louisiana and Molokai. Leprosy is a chronic infectious and contagious disease that has come down through the centuries cruelly, occurring as long ago as two thousand years before the Christian era, with many references to it in the Old Testament. In the 11th and 12th Centuries there had been devastating epidemics in England and on the Continent, but

gradual segregation into leprosaria had brought successful curtailment of the disease. Until the last few years, however, the outlook had been hopeless. Occasionally there were spontaneous regression of disease symptoms, but an overwhelming proportion of the victims died wretched and maimed. Now the heaven-sent discoveries of the ethyl esters of chaulmoogra oil, a medication originated and long in use in India, is offering hope and actual successful cure is possibly within reach. Already many cases of the disease have been brought under control with termination of the progression of symptoms.

It was arranged that we Navy nurses might visit this settlement. A group of us went ashore with our medical specialist who had kindly agreed to take us, not only to help in case we found the language difficult, but to point out salient features in the cases we would see. Truly, this was adventure, jogging along in the open motor whale-boat, ahead of us the colony and the rough and native-made stone jetty for our landing, behind us the beloved hull of our white ship. (Most of us feel such pride and affection for her that we always turn for one more glimpse of the "gallant rascal" prancing at anchor).

Once ashore it seemed we had slipped across the border to another world. The rough steps of the jetty



were cracked and ragged, green with sea-slime and barnacles. On the soft upper surface the marks of children's play. Circles and ripples, a caricatured face, and unknown words were scratched with white lime. But the children were nowhere to be seen. Even as we walked up the tree-lined road, which seemed to be the main thoroughfare though dusty and rutted, there was little evidence of life. Here and there a shaggy dog roused himself from slumber to look at us. There were sleeping kittens curled up in the sun and cattle which apparently were



allowed random wandering, seemed particularly lethargic; only some busy scratching chickens bustled about in the early afternoon sun. It was napping time for through the open doorways we could see shoes and sandals lined up neatly, and only occasionally a curious face looked out at us. Sometimes stenciled on the door above would be the Cross of Lorraine, symbol of DeGaulist Free France. (They were alive to the war then!)

Set somewhat apart from this main body of buildings was the dwelling of the Sisters, a devoted, loving order of Catholic women dedicated to serving the afflicted. It was low, verandahed, quiet and secluded. Their garden was a quilt of colored flowers, some of them familiar to us, others exotic and native to this land. Amid them, as if waiting for us, was a white robed Sister. "Bon jour," she called to us with a smile of innate kindness and charity. And to our stammering utterances in French she replied with birdlike twitterings of English, "I understand you so let us continue in French."

Soeur Hélène was our guide then, as eager to learn about us and our "bateau hopital" as we were to see the colony. She was proud of it we knew, although to us it seemed almost distasteful and sordid, and yet little by little we gathered unto us much of her equanimity and acceptance. We expected to come away despondent, or at least noticeably depressed, instead, there was something exalted in our spirit. We had seen a people suffering and condemned, and yet they were adjusted to life, possessing strong faith and hope. The church had wrought a miracle here. It represented serenity and solace, a means of salvation. Something of this spiritual strength seeped into ourselves.

We followed the Sister into the very

center of the village which now seemed to be awakening. Two youngsters scampered out from one of the cottages, calling to her; one, a young lad of about five, in starched white sailor suit, took her hand and peered around at us with solemn eyes.

"Rene is a leper," she said, nodding toward the older boy, "and this young one too." She pointed to several reddish brown lesions on the child's fingertips where the skin was dry and scaly. "Not hereditary, no predisposition," we understood her to say, "but leprosy here is often in children, often 'en famille'."

So that was the reason for the individual cottages and scattered gardens—whole families of lepers were secluded here. To our queries she told us that most evidence showed that transmission was by inhalation, but only through long, continuous and intimate contact. If a new baby was born to leprous parents the child was forfeited to government care, to safeguard its health. Too often young children were already diseased when the infected parent was sent to the colony. She reassured us, however, that longevity was quite satisfactory for here the environment, the nursing, and imposed hygiene, as well as medical treatment, tended to produce regression of symptoms even though the course was frequently protracted and insidious.

We came upon a group composed largely of natives, engrossed in laying the stone foundation for a new building. Some were singing, others carrying on a typical yammering conversation—a language which seems composed of quick words uttered in varying sing-song tones, interspersed with frequent rich laughter. There were words of greeting for us, and even as the Sister mingled with them, pointing out their lesions to us, there were



broad toothy grins and bashful glances. Among this group were excellent examples of the two distinct clinical forms of leprosy.

Over by the mixing trough, stirring a substance similar to adobe, was a man whose legs were knotted and twisted in appearance by a profusion of nodular lesions, varying in size and of darker color than the native skin. The nodular surface was smooth and of a peculiar velvety texture, but the skin between was dry and scaly.

This was typical of nodular leprosy which occurs [Continued on page 84]



Lesson in Courage

BY DOROTHY SUTHERLAND



COMING out of the Vosges Mountain area of France into an English-speaking country again after 8 months spent in North Africa, Italy, and France, has some of the feeling of going home about it. As you drive from the airfield into London the world opens up again into signboards you can read, voices you can understand, and city streets busy with hurrying pedestrians and civilian vehicles. It isn't "home," however, because the familiar faces and places aren't there. They are back in the mud and snow of the Vosges, in the tented hospitals on the 7th Army front, in the little towns of eastern France we came through on our way up from the Mediterranean.

Those of us who have lived with Army units for any length of time are away from home when we are away from the unit. A pyramidal tent with its pot-bellied stove, Army cots with their crisscrossed legs sunk in the mud, and the three or four nurses with whom you live, come to be home fireside and home folks after several months in the field. The new arrival in London finds the contrasts sharp.

Since the exodus of Supreme Headquarters Allied Expeditionary Forces to the continent, London has become a rear echelon and the change has been hard taken by most of the American personnel left there. Buzz bombs and V-2's make the city less safe than many of the areas close to the front, but the urgent activity that was there when

London was the foremost outpost of European Theatre Operations has somewhat dwindled. Nurses in American hospitals in the United Kingdom are talking of their hopes to "go across" as the war now seems to them to be entirely on the other side of the English channel.

London is filled with Army personnel on leaves, but old-timers tell me the city is deserted compared to what it was like six months ago. Nevertheless, night spots and theatres are packed, Army messes are crowded with well-dressed officers and nurses, and Americans who have been in London before saunter up and down streets with the disinterested assurance that comes of knowing where to go and how to get there.

You can identify the strangers in London by the way we look up and down the wrong sides of the street before crossing; it is difficult to reverse the habit reflex of looking first to the left and then to the right. Because of heavy traffic, crossing a street is a hazard in the daytime and in the blackout after dark it is a nightmare. Dim street lights barely penetrate the fog and it is difficult to accustom oneself to curbs, traffic lights, safety islands, and the zooming parade of taxis and buses. After the field, a large city is dizzying with unfamiliar confusion.

What would a nurse on leave from the field find to do and see in London? If she hasn't any friends there she

might find it a lonely place at first. Americans in London seem to have acquired British reticence. While they are not really indifferent, they seem so at first, forgetting that newcomers may not know their way around from the American center at Grosvenor Square, forgetting that to many of us words like Willow Run, Piccadilly, Bloomsbury, Charing Cross, Birdcage Walk, and Mayfair are captions on picture postcards only, and that the very British



names of streets, the bus numbers, and Underground stations are meaningless to new arrivals.

Getting to know a new city is a strictly personal experience, limited by the nature of a short visit to pilgrimage to places which for each of us have some personal association. I prowled the bookstores on Oxford Street and on Wigmore, priced Queen Anne furniture, looked at exquisite silver and glassware, wistfully eyed evening clothes and high-heeled slippers, and chatted with Londoners about blitzes and rationing.

London is an astonishing combination of business-as-usual and figurative belt-tightening as the people sweat out nightly V-2 visits and low protein diets. There is plenty of bread in London, but butter, cheese and meat rations per week are not enough to satisfy a normal appetite at one meal. The people seem to survive on bread, potatoes, cabbage and the inevitable Brussels sprouts which appear on London menus as frequently as Spam in front-line

messes. Proud of having maintained high morale on such a diet and because there is practically no black market in foods in London, it is natural for Londoners to be scornful of black market reports from the States and from Paris.

Upper-class Londoners apologize for not inviting visiting Americans to their homes for dinner but, as they say, "we just haven't anything decent to feed you." On the other hand the middle classes share freely what they have. The upstairs maid at my billet, for instance, knowing that as a temporary visitor I could draw no breakfast rations, insisted that I share hers on Sunday. She produced her entire bacon ration for the week—three slices—fried bread with it and brought me a slice of each with a cup of precious tea, also rationed, "so that you don't go out in the rain without, miss, a bit o' somethin' hot in your stomach." That was Dolly. And Jessie, whose authority on the second floor of the house was always a mystery to me, owned a chicken which she kept in her kitchen. It laid two eggs every day, and in her small circle Jessie was a dominant figure because she was anything but stingy with the hen's produce. She kept one egg always for



herself and her family, but the other she gave to her friends. I got one of them—the first fresh egg I'd eaten for two months. "Eyen't it puny, ma'am!" she said giggling, "but Biddy's got no place to scratch and no company but me as is poor company fer a chicken."

I walked to the Houses of Parliament, glimpsed the Palace, stood in

Super-Eye of Science

BY CAROLYN VALENTINE, B.S.

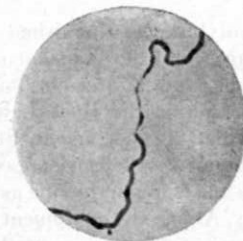
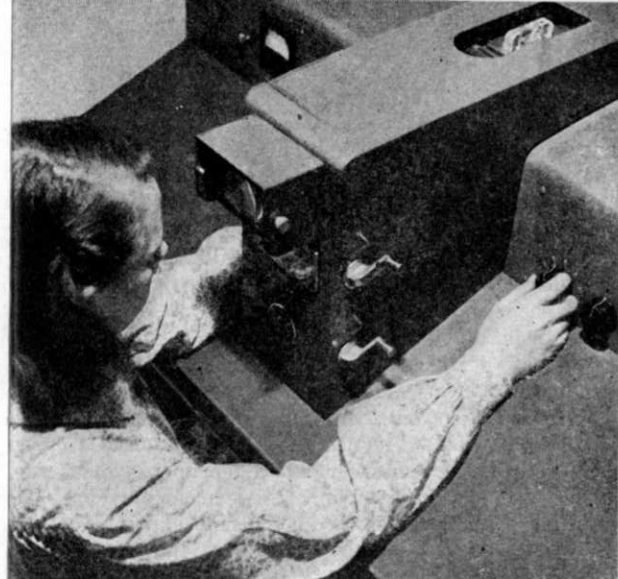
THIRTY billion, billion, billion of them weigh an ounce. Yet, science can harness them so completely that photographs are made of the influenza virus; of the action of body agents in their fight against bacteria and virus; the means by which bacteria may protect themselves and their probable method of propulsion; bacteriophage virus and its destructive effect on bacteria; the internal structures of virus particles; the action of germicidal agents on individual bacteria. These infinitesimal particles are electrons, heart of the electron microscope that has, even in its infancy, given to industry and science a new tool for studying hitherto unknown worlds.

Some 60 years ago Abbé showed, theoretically, that no optical instrument was capable of observing objects that are smaller than the wavelength of light. Obviously this excluded any possibility of viewing such minute objects as viruses, bacterial structures, colloids, etc. The ultraviolet microscope did increase the field of vision to some degree and use of X-rays for any greater magnification were not feasible because lenses are not suitable for that portion of the spectrum.

In the electron microscope the specimen is "illuminated" by a concentrated beam of electrons passing through. This beam affects the specimen in varying degrees according to its density and composition. When the beam emerges on the far side of the object it

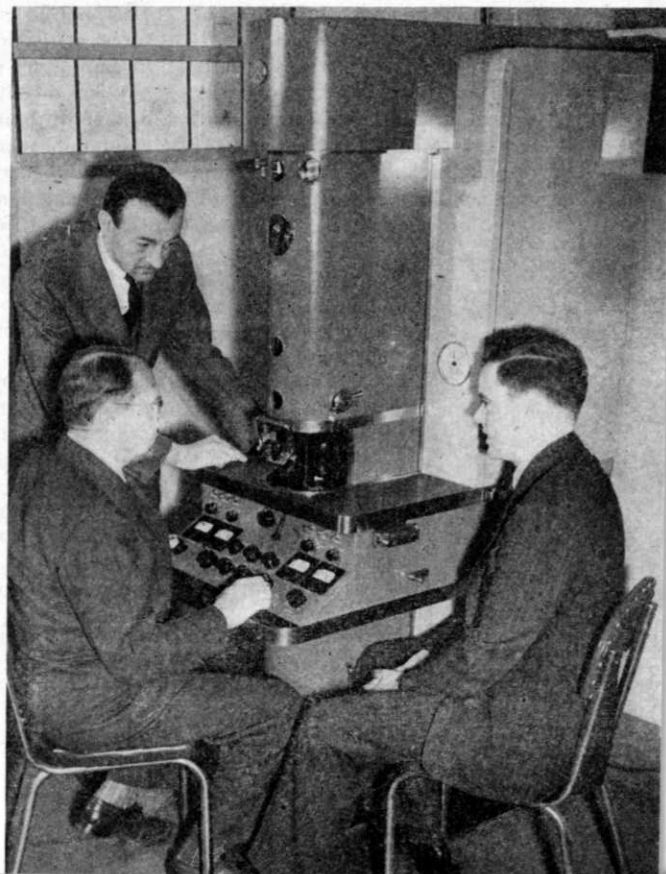
produces an image on a fluorescent screen where, being visible, it can be photographed by magnetic lenses which correspond roughly to optical lenses. The image is not seen directly as in the optical microscope, it is viewed on the special screen as a pattern, but a photographic plate can be substituted for the screen so that a permanent record is obtained. This is not photography in a true sense so the scientists call them "electron micrographs." They indicate thickness as well as size since electrons pass through in direct proportion to density.

The first view of red blood corpuscles was made possible by Anthony Van Leewenhoek over 250 years ago. Today the electron microscope magnifies a blood corpuscle to the diameter of a two-foot sofa pillow. The microscopist is no longer limited by the wavelength of visible light, he can enter into worlds that have been only suspected now that he can control these tiny, potent electrons. Thompson discovered the electron at the turn of the century and De Broglie predicted, theoretically, that electrons would act as waves. It was not until 1926 that Professor Hans Busch showed that electron paths and light rays should behave identically in an electrical field. Simultaneously, many great scientists in all countries began to construct intricate machines that would translate these theories into realities. It remained for a group of specialists under Dr. Vladimir K.



(Left) The new desk size electron microscope uses an ordinary light socket as its power source. It was engineered with an eye to simplicity so that it can be operated with a minimum of training. (Above) New details of syphilis bacteria are revealed. Magnification 31,000 times.

(Right) The super-microscope which is 50 to 100 times more powerful than the best light microscope, includes a powerful diffraction camera. This is the improved model—result of four years of research and development. (Below) *Mycobacterium Tuberculosis (Human)* magnified 42,000 times.



Zworykin (distinguished for his research and development of the Iconoscope and Kinescope for television) working in the RCA Laboratories, to perfect the instrument. Study and development of television gave impetus to the electron microscope as it is used today. At first the equipment was cumbersome, required a great deal of space and lacked refinements and practical application as a commercial instrument. James Hillier and Arthur W. Vance, pioneers in their own right and members of Dr. Zworykin's staff, managed to complete a compact instrument, simple and foolproof in operation, and one that could be plugged into an ordinary light socket.

Elements of the electron microscope follow the pattern of a light microscope; i.e. illumination, condensing lenses, objective and projective lenses. Here the similarity ends for all features are electrical instead of glass. There are two types of apparatus which are the result of intensive research and engineering. The streamlined model used for research is complete with all refinements. The console model can be used by dis-

ease fighters, food processors and industrial research men working in smaller laboratories. This desk size model which is relatively inexpensive and easy to operate can, through the use of micrographs, magnify organisms up to 100,000 times their actual size or 50 to 100 times greater than the strongest optical microscope which sees about 1000 times larger than life.

The larger model with its improvements, simplifications, ease of operation and more uniform results has increased its usefulness by addition of a diffraction camera in the microscope. Patterns made by this camera provide information to adduce molecular structures, identify substances and detect impurities.

By using a concentrated beam of electrons instead of light the first pictures of penicillin in action against disease germs have been shown. Staphylococci, invaders of war wounds and commonly found in suppurative processes, appear as large as grapes. When penicillin gets to work they begin to shrivel and finally reach the proportion of wrinkled [Continued on page 82]

★ ★
★

HOSPITAL FLOWERS

These flowers, having once known loving care
Of tender hands, come now with blossoms fair,
To this dull house of pain, that they may share
Their lift of cheer to those in deep despair.

Now they are sunshine in a cloistral room,
To drive away the shadows and the gloom;
There's little doubt, with all their sweet perfume,
That for this hour alone God made them bloom.

As they display such transcendental grace,
While leaning lovingly from their small vase,
They bring both cheer and hope into this place;
And glow of healing fills a pallid face.

—NICHOLAS LLOYD INGRAHAM, R.N.

Shortages



Each day we are told with increasing insistence that there is a *shortage* of nurses. What is meant by a shortage of nurse power in a country where there are 274,000 active registered nurses—over a quarter of a million women in the profession?

For every nurse you see in khaki or in Navy blue there are *four* nurses in starched white to care for our civilian population. A *shortage* indeed when every civilian man of military age has a counterpart in uniform, and only 51,000 nurses to care for all of them! Is this low figure due to an actual shortage of nurses or to a shortage of some of the ingredients which go to make up American womanhood?

Students enter training for many and varied reasons. Some enter because they wish to be of use to their fellow men; because they want a career, they enjoy working in hospitals, they have an interest in people, in illness or in scientific achievements, or, they want to meet a handsome doctor. Whatever her reason for entering a school of nursing, the girl who graduates at the end of a three year hospital course must have acquired some sympathy for human ills and a tremendous feeling of pride in the skills she has learned for alleviating suffering. Her training has taught her to share her knowledge, to help her classmates and to treasure her abilities. Few completely self-centered or introvert persons graduate as nurses. The nursing profession does not encourage a shortage of understanding.

A shortage of courage? A woman who has fought tirelessly against long odds in the battle of life and death, who has not feared for her own personal safety in caring for communicable illness, cannot be expected to consider her personal safety when faced with a national emergency. Is it then possible that short-sightedness as to our real needs and our future as professional women is taking precedence over our responsibility in building for ourselves a future in which to live and in which to work? There are no shortages of battlefront casualties in this war. Our wounded return at the rate of 30,000 a month—1,000 a day.

That there is a shortage of public understanding in the problems which face nurses is thrown into sharp relief against a background of insistence on the one hand for a "nurse draft" and on the other for no slackening of the services which the public demands of state, municipal and voluntary hospitals. We as nurses must make the choice. We as professional American women have an opportunity to make a unique contribution—our fighting men look to us for care.

Navy Nurse in Africa



1 Ensign Marie Mason leaves the quonset hut quarters on her way to work.



2 Curtains and that feminine touch make a home for the nurse in Africa.



3 A last minute touch before starting a day's work.



4 Ensign Mason receives the report from the night nurse.



5 Ward book in hand, rounds are made with the Medical Officer.



6 Good food, served with a smile, is a part of the treatment.



7 Pleasant companions and congenial surroundings in the Officers' mess.



8 Changing dressings and supervision of treatments are all a part of the day's work.



9 Off duty and back in quarters, personal laundry is in order.



10 Time to play. A quick pingpong game in the Nurses' Recreation Hut.



11 Nurse and doctor emerge from warm Mediterranean waters.

Your Income Tax Return

BY HAROLD J. ASHE



WHEN salaried professional men and women undertake the annual task of making out their income tax they usually determine their net taxable income by the simple device of taking their personal exemptions and deductions and let it go at that. In this, unlike their brothers in the business world, they err in favor of the government and, generally, end up by paying a higher tax than the law intends. Nurses are no exception to this rule.

The tax code clearly recognizes that professional people, in addition to the purely personal deductions allowed all taxpayers, have certain professional expenses that may materially reduce their gross income. And, provision is made so that such taxpayers may tabulate these expenses to determine their adjusted gross income.

An extensive range of such expenses may be recognized by the Treasury Department as being applicable to nurses, depending in some cases on the nature of employment. Broadly speaking, any expense due to the performance of nursing duties—for which the employer has made no compensation—is a deductible professional expense. The difficulty usually arises in the inability of the individual taxpayer to differentiate between purely personal and professional expenses. Nurse A, for instance, acting on advice on tax counsel, may deduct for automobile expenses, and such expense will be allowable; Nurse B, hearing of this, may also deduct for

car expenses, only to have her deduction disallowed.

INCOME REPORTED. In addition to the nurse's salary she must also report all other compensation during the year. If the nurse ordinarily works for a fixed salary this would be reported, but in addition, compensation received from individuals for private duty care would also be included. From this income derived from her profession the nurse would deduct all reported professional expenses, which will be discussed in another part of this article.

Some nurses augment their limited salaries by engaging in part-time enterprises of a business character involving capital investment. If such is the case, she is permitted to show all costs of such a venture in determining her profits, including depreciation on fixtures, equipment, etc., gainfully used in making this profit. If, however, such a venture is purely a hobby and not engaged in for profit or gain, losses sustained can not be written off.

She must also report, in separate space, income derived from dividends, bonds, interest and government obligations, and profit derived from the sale of capital assets, or from any other business engaged in for gain or profit.

PROFESSIONAL EXPENSES. In determining her adjusted gross professional income, *i.e.* gross professional income less professional expenses, the nurse may deduct the cost of professional magazines and books; also the cost of

instruments bought and used professionally, if of short life. If instruments life expectancy is more than a year they should be deducted only on the basis of a depreciation schedule determined upon their useful life. Professional association dues are deductible, including initiation fees, as are employment agency fees.

Nurses uniforms are still not considered a deductible expense, although several cases have indicated that the government is swinging to a more liberal view. The theory is that uniforms are not deductible where they are suitable for street wear, or where they are worn such a large part of the time that they substitute for purely personal wear. However, in one case, where a nurse appealed, it was shown her uniforms were worn in connection with nursing communicable diseases. The court found in her favor.

Automobile expenses may be an allowable professional expense under certain conditions. A nurse, working at



a fixed place of employment, would have such expenses disallowed on the grounds that use of the automobile was purely personal where it was used to transport her from her home to her employment and back again.

However, a visiting nurse, would be allowed automobile expenses where the automobile was necessary in her work going from call to call during the day. In such a case, the nurse must determine what part of the automobile use is professional and what part is personal. If she estimates that 12,000 miles

a year is professional business and 3,000 is personal, she would then allow four-fifths of all automobile expenses as professional expense; the remaining one-fifth would not be deductible. Automobile expenses would include cost of oil, gas, lubrication, tire changes and repairs, general repairs, insurance coverage and depreciation. The latter is usually figured at twenty per cent annually of the value of the automobile at time of acquisition.

OTHER DEDUCTIONS. Besides deductible professional expenses nurses, like all taxpayers, have certain other deductions to which they are entitled.

Medical expenses to the extent that they exceed five percent of the taxpayer's adjusted gross income are deductible. Bad debts are deductible if they are deducted in the year that they are determined to be uncollectible.

Losses from fire, casualty or theft are deductible, only to the extent that the taxpayer did not recover by insurance. This may include loss by storm, hurricane, tornado, flood, earthquake.

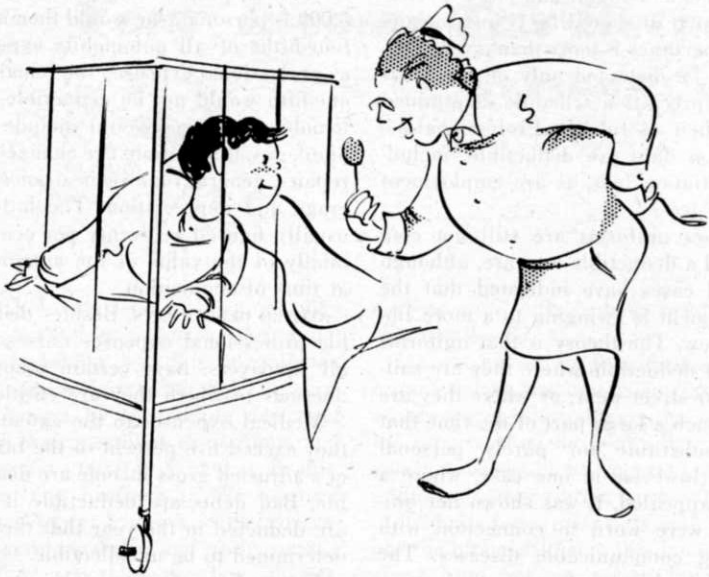
Gifts and contributions to religious, scientific, educational, charitable and literary organizations are deductible to the amount of fifteen percent of the adjusted gross income.

Interest charges are fully deductible.

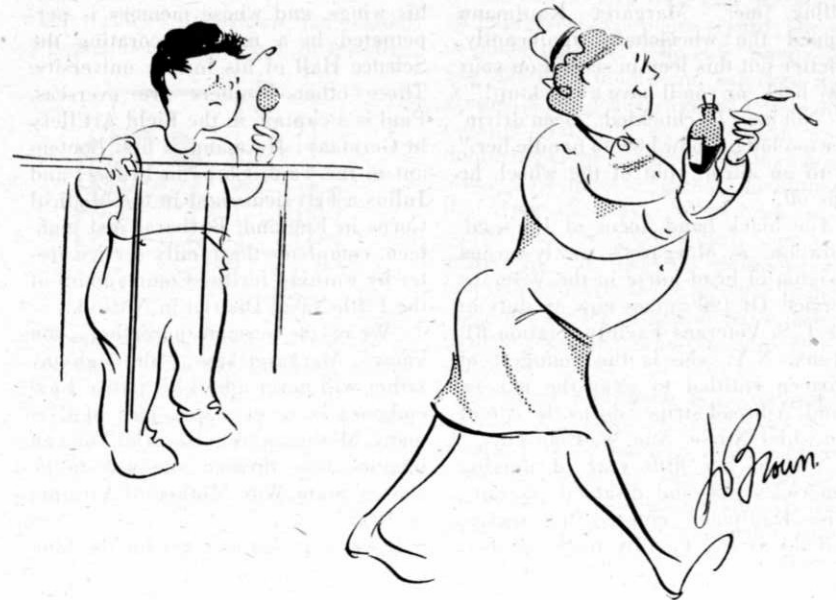
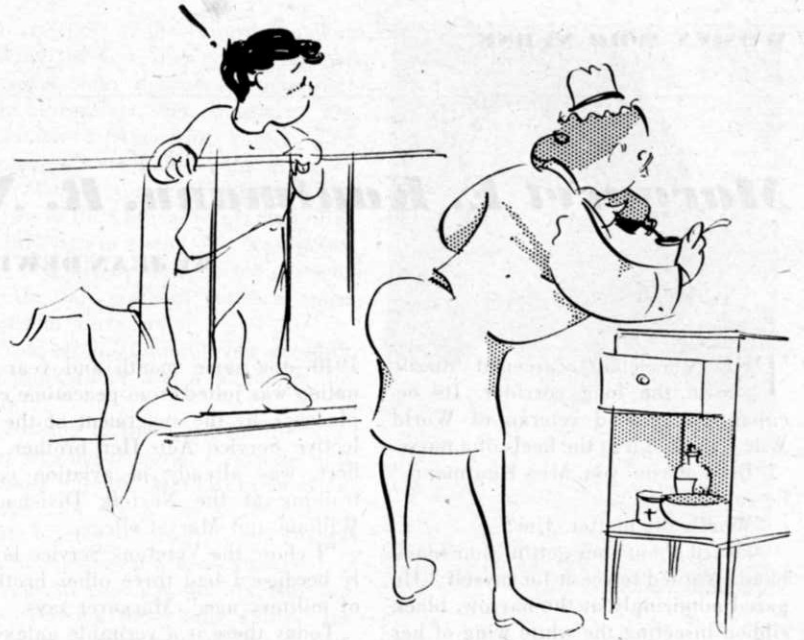
Real estate taxes are deductible; also personal property taxes, state income taxes, automobile license fees. State sales taxes are deductible if paid by the taxpayer. State gasoline taxes are deductible if paid in the following states only: Ariz., Ark., Col., Conn., Del., D.C., Fla., Idaho, Ill., Ind., Ia., Kan., Ky., Me., Md., Mass., Mich., Minn., Mo., Mont., Nev., N.H., N.J., N.M., N.Y., N.C., N.D., O., Okla., Ore., Pa., R.I., S.D., Tex., Vt., Va., Wash., W.Va., Wis.

SPECIAL CASES. Some nurses, neither working for straight salary or private

[Continued on page 68]



Bitter Sweet



Margaret E. Kaufmann, R. N.

BY JEAN DEWITT

THE wheelchair careened dizzily down the long corridor. Its occupant, a grizzled veteran of World War I, braked it at the heels of a nurse. "Been chasin' you, Miss Kaufmann," he said.

"What's the matter, Jim?"

"Heard about your gettin' your black band. Wanted to see it for myself." He gazed admiringly at the narrow, black ribbon bisecting the white wing of her cap. "Looks good," he said. "Just wanted to tell you the boys are all glad about it."

"Thank you, Jim. Thanks a lot for telling me." Margaret Kaufmann tapped the wheelchair significantly. "Better put this jeep in second on your way back, or you'll have a crack-up!"

"Not me," he chuckled. "Been drivin' her too long. Know how to handle her." With an adroit spin of the wheel, he was off.

The black band, focus of Jim's admiration, is Margaret's newly-earned insignia of head nurse in the Veterans Service. Of 190 nurses now on duty at the U.S. Veterans Facility, Station 81, Bronx, N.Y., she is the youngest of thirteen entitled to wear the narrow band. A broad stripe adorns the cap of the Chief Nurse, Ann W. Blansett.

Now in her fifth year of nursing America's sick and disabled veterans, Miss Kaufmann entered the service and the Bronx Facility in September,

1940—the same month and year the nation was jolted from peacetime complacency by the enactment of the Selective Service Act. Her brother, Albert, was already in aviation cadet training at the Norfolk Division of William and Mary College.

"I chose the Veterans Service largely because I had three other brothers of military age," Margaret says.

Today there is a veritable galaxy of stars in the window of the Kaufmann's Norfolk home. One star is gold—for Albert, who was killed in a crash a week before he was to have received his wings, and whose memory is perpetuated in a mural decorating the Science Hall of his former university. Three other brothers are overseas. Paul is a captain in the Field Artillery in Germany; Hermann, a first lieutenant in the Tank Corps in France, and Julius a first lieutenant in the Medical Corps in England. Barbara, just eighteen, completes the family service roster by working for the Commandant of the Fifth Naval District in Norfolk.

"We're of German parentage, you know," Margaret says, "although my father will never admit his native Luxembourg is, or ever was, part of Germany. Mother is from Bavaria. You can imagine how thrilled she was to be chosen State War Mother of Virginia in 1943."

It was a proud moment for the fam-

ily to see their mother awarded a War Bond by the Governor's wife, to hear her speak into the microphone that would broadcast her message into thousands of American homes. The ceremonies were held at the grave of Mary Washington in Fredericksburg and two of the boys were granted military furlough to attend. Mr. Kaufmann shone brightly in the reflected glory of his wife, but couldn't resist a stage whisper to Margaret.

"From all this folderol, you wouldn't even think there *was* a father in the family!"

According to the children, life with father was never static. It was he who originally opposed Margaret's entering training and urged her to become a school teacher. Secretly, he always knew he sponsored a lost cause.

"From the time she was six, she was always nursing the whole family," he says, "and running around with a towel wrapped around her head. Soon as one of the boys would fall down or get in a scrap, she'd be after him with the iodine bottle!"

Her father's opposition had melted by September, 1933, when she enrolled



at Georgetown University Hospital in Washington. The clan gathered at the station to see her off.

"Think I'd better buy a round trip ticket?" Margaret asked weakly, suddenly reluctant to face the thought of separation. "Suppose I don't like it there?"

"You'll like it!" Father said. "You



buy a *one-way* ticket!"

There has been no turning back for Margaret since, and no regrets in her choice of a profession. Still under thirty, she has not had time to accumulate an impressive experience record, but—in poker parlance—she is a "natural." She has both innate and acquired ingredients for leadership in a field of nursing that will, at war's end, undoubtedly employ more R.N.'s than any other government agency, including the Army and Navy. It has been estimated that the 100,000 beds now required by the Veterans Administration will be increased to 300,000 by the time the peace treaties have been signed. (See *Veterans Nursing, R.N.*—August, 1944.)

Margaret Kaufmann is a "natural" because she walks squarely down the middle path of nursing, neither eulogizing the dead past nor crying havoc for the future of the profession. Nature designed her artfully for the role she was to play. The midget of the family,

News of the Month



she is five feet seven, slim, pretty and graceful. She has naturally curly brown hair and eyes that change with the weather, from blue to green. Neither a medical crisis nor a veteran's wolfish whistle can disturb her poise. She is skillful as a bedside nurse, has a keen interest in the psychological welfare of her patients, and is articulate in voicing her opinions. Of such stuff are nursing leaders made.

A veteran of the Spanish-American War once asked her what her specialty had been in civilian nursing.

"Obstetrics!" she said, gleefully, to the delight of the entire ward.

Actually, surgical nursing was her main interest in training and, after her graduation in 1936, she continued to work at Georgetown Hospital as supervisor on the surgical ward while taking courses for her B.A. at Catholic University. An omen of obstetrical things to come, however, occurred while she was working on night duty in the men's ward. A prospective papa had ushered his wife to the hospital and found the



elevators temporarily out of order. They walked to the second floor and then called for help. Margaret answered the summons and delivered the baby in the corridor of the men's ward. Mother and child prospered, and soon after Miss Kaufmann was made supervisor of the Maternity Ward, serving in that capacity until she entered Veterans Service.

Towering over Manhattan on the highest spot in the Bronx, is Veterans Facility No. 81. The second largest hospital for veterans in the country (San-

tel, in California, is the largest), it has a bed capacity of 1,800, twenty-four wards, and a turnover of from twenty to thirty beds a day. The majority of patients are veterans of the first World War, with a sprinkling of old soldiers from the Spanish-American War. About one quarter are boys mustered out from the current conflict and, obviously, this census changes from day to day. Once a veteran, a man is no longer segregated by rank or service, only by type and severity of injury or illness.

"Captains and privates, veterans of three wars, Army, Navy, and Marines—sometimes they're all in a ward together," Margaret says. "You'd be surprised how they all get along. Arguments, sure. But that's healthy. Fights are rare. After all, the big things they all share in common."

Shortly after receiving her black band, Margaret was placed in charge of her favorite service, Orthopedic Ward, Fifth Floor. She had worked there as a charge nurse and developed an abiding interest in this nursing specialty. Here a nurse can see the results of therapeutic work, can see disabled men return to active occupations, or can—at least—make them more comfortable. In this Veterans Facility, Margaret knows that the latest equipment and the newest methods are being utilized to minimize suffering and effect a cure.

Miss Kaufmann knows her patients. Where with one man she jokes to relieve the monotony of long, uneventful hours, with another she works quietly, maintaining a purely professional relationship.

"Dick is proud of his air mattress," she says, watching a gleam of interest enliven the set face of a patient.

"Sure," he breaks in. "It's the best mattress in the place. But I always

[Continued on page 80]

CADET NURSE APPROPRIATIONS

Estimates of appropriations to finance cadet nurse training under the Bolton Act, for the year ending June 30, 1946, are based upon assumption that 60,000 new students will be enrolled during the period and training of existing members be continued until their graduation, President Roosevelt has informed Congress.

The appropriation to finance education and cash allowances of the Cadet Corps requested \$59,957,000 for the fiscal year 1946 as compared with \$63,000,000 appropriated for the current year, and \$55,200,000 for the year ending June 30, 1944—the first year in which the training program operated. Expenditures, as distinguished from appropriations, are estimated at \$59,000,000 for the year ending June 30, 1946; \$61,000,000 for the year ending June 30, 1945, a difference of only \$2,000,000. Actual cost of the Bolton Act program for the twelve months ending June 30, 1944 was \$47,954,300.

In the last year 10,500 cadets have graduated. Of this number less than 3,000 have joined one of the five Federal services. In June 1945, 9,000 will graduate; in 1946, 25,000; in 1947, 35,579.

NURSE SHORTAGE

Considerable opposition is being voiced in some quarters to drafting of nurses. Many outstanding nurses feel that if civilian hospitals would stop hoarding new graduates and putting

them into jobs declared essential by P. and A. S., and would try instead to tighten their belts generally, more nurses would be available. Some believe that government statements are largely to blame. Reports that, "casualties are much less than expected," etc., without saying what the casualties are and what nursing care they need, may be one of the factors. General belief that the end of the war is in sight has made many nurses feel that they are not needed and rather than enlist for a few months they stay in their present positions. There is also opposition to drafting one class of women, yet others feel that such action is a tribute to the profession. It is true that voluntary enlistments are increasing and several hospitals, following the lead of St. Elizabeth's in Elizabeth, N.J., have ruled that no nurse, physically able and under 45, may be employed on their staff.

UNIFORMS

Dark olive drab slacks for both summer and winter wear are now items of regular issue for A.N.C. nurses assigned to hospital trains, troopships, overseas duty, and those undergoing flight nurse training. . . Black hose of the Navy Nurse Corps has been replaced by beige, and the gray gloves have given way to black ones. During the necessary transition period, nurses may wear either color until such time as those in possession are worn out. . . Recently commissioned USPHS nurses

have donned a uniform similar to that of the N.N.C. The USPHS insignia takes the place of Navy anchor and acorn, otherwise you must look closely to differentiate between the two service branches.

?? ? DID YOU KNOW ? ? ?

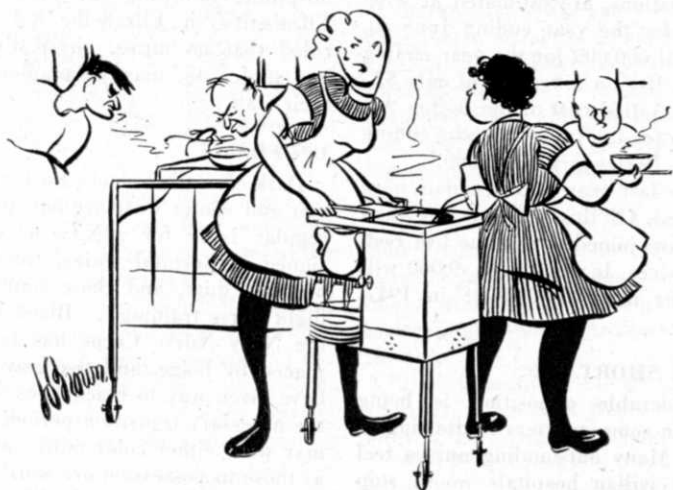
In a recent decoration and promotion ceremony near the front lines in Italy, Lieut. Gen. Mark W. Clark, presented the Legion of Merit to Lieut. Elizabeth J. Smith and Lieut. Helen B. Zasadil, Army nurses in that theater . . . More than 1,000 Army nurses were promoted from the ranks of second lieutenant to first lieutenant and from first lieutenant to captain during November . . . Eleven general hospitals must be established on the European front immediately and nurses will be needed to staff them. Wounded and ill men are returning from the fronts at the rate of 12,000 per week. . . Lieut. Lois R. Benson, A.N.C., stationed on

Saipan, has transformed Chamorro, Korean and Japanese girls into capable nurses aides. Language and custom difficulties were overcome through persistence and ingenuity on the part of the nurse. . . Lieut. Mary Louise Hawkins, A.N.C. saved a man's life after a crash landing of a plane. She devised a suction tube from various accessories including an asepto syringe, colonic tube and the inflation tubes from a Mae West to keep the man's throat clear of blood until aid arrived nineteen hours later. . . Navy nurses now in service are not required to resign if they marry.

USPHS NURSES

Through the first supplemental appropriation bill of 1945, funds are now provided to commission about 600 nurses, dietitians and physiotherapists in the U.S. Public Health Service. Authority to set up a permanent commissioned nurse corps in this service was

Probie



"When are they going to ration complaints?"

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Until A'Lure*, the s-t-r-e-t-c-h-a-b-l-e Bras, are again available, we recommend Warner's ABC Alphabet* Bras, each ideally graded as to bust types A, B, C and D, as well as to size.

* Reg. U. S. Pat. Off.

granted in an act of July 1, 1944, but the added appropriation was needed. Testifying in support of the appropriation, Surgeon General Thomas Parran told the Senate Committee that his agency was "faced with a very critical condition in connection with our nursing personnel. We are in competition with the Army and Navy for the limited supply of nurses, and those organizations, for many years, have given a commissioned status to their nurses, and more recently the Congress has authorized actual military rank for them." . . . "However, insufficient funds are available to give commissions to an estimated 600 nurses, including dietitians and physiotherapists, paid out of the appropriation 'pay of personnel and maintenance of hospitals.'"

The funds voted by the Senate may be spent for pay, allowances, commutation of quarters and uniform allowance of both regular and reserve nurses. Regular commissioned nurses, not to exceed 50, may be appointed in grades above that of senior assistant (captain). Salaries of the grades correspond to Army ranks.

FEDERAL NURSES

Nurses in the Federal Government (Army, Navy, Veterans Administration, USPHS, Indian Affairs, Children's Bureau etc.) need not register in the state in which they are serving, *provided* they are now registered in at least one state or territory of the U.S. or the District of Columbia. This is significant in view of the present nurse shortage. As previously reported, the Army is now appointing civilian nurses to their hospitals, especially those who cannot meet the qualifications of the services. Many married nurses are following their husbands around the country and they will find no legal obstacles to prevent them from serving in nearby

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The wonderful, prompt relief Musterole gives for coughing, and tight, sore, chest muscles due to colds, comes from its being much more than just an ordinary "salve". In fact, many Doctors and Nurses call it a modern counter-irritant. Because Musterole goes right to work, helping break up local congestion in upper bronchial tract, nose and throat, and easing difficult breathing.

In 2 strengths: Children's mild Musterole for children and people with tender skin. Regular for ordinary cases and Extra Strength for stubborn cases.

MUSTEROLE

Army hospitals. Nurses wishing this kind of work can apply directly to the hospitals for appointment. The Veterans Administration has recently waived age, height and weight restrictions so that they can help to fill their many vacancies. For nurses interested in this service, application may be made to Medical Director of the Veterans Administration, Washington, D.C., or to the nearest Veterans hospital. It is also possible to secure civil service application blanks at any first or second class post office, or from the U.S. Civil Service Commission, Washington 25, D.C.

"TRAINER" COURSES

Five states have already scheduled "trainer" courses and others plan to have them during the coming year. These courses, to prepare nurses to fill advanced professional positions, fall into three main categories: (1) Extramural, conducted in a center where graduate nurses from several institutions come together once a week or oftener for one class period of one or more hours; (2) Condensed, conducted in a center for one to six weeks of concentrated full-time study; (3) Course taught by a circulating teacher and conducted in an institution or combination of adjacent institutions by a teacher who spends one-half to three days giving specific help for specific positions.

AS WE GO TO PRESS

Under a change in regulations, Navy nurse ensigns shall be recommended for retirement upon reaching the age of 50 or when 20 years of service has been completed (whichever occurs later). Lieutenants (j.g.) shall be recommended for retirement upon reaching the age of 55 or upon completing 20 years of service and those of higher rank shall be recommended for retire-

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ment upon reaching the age of 58 or 20 years of service. Formerly, all Navy nurses were eligible for retirement, regardless of rank, after completion of 30 years of service or upon reaching the age of 50 and having served 20 years. . . . Representative Frances Bolton charged in Congress that one reason for lag in recruitments for the Army Nurse Corps was the setting of a ceiling of 40,000 nurses by the War Department. The Congresswoman also stated that "The Surgeon General, by reason of his subordinate position in the Army Service Forces, is markedly restricted in discharging his responsibilities because of lack of authority." . . . The War Department has refused the request of the Veterans Administration that Veterans nurses be commissioned in the Army and assigned back to the Veterans Administration. Refusal was made public in a letter which also stated that, "it is also to be considered that the Veterans Administration has other means of solving the problem, such as increasing pay or offering other inducements." . . . A Christmas present in the form of promotion to first lieutenant was given by the War Department to thousands of Army nurses who have served in the grade of second lieutenant for 18 months or longer. The regulation provided this change to all who are qualified for and worthy of promotion, without regard to vacancies in grade of first lieutenant. A minimum of 18 months' service is required under the order, but service overseas counts as time and a half, so that a nurse with 12 months' overseas service is made eligible for advancement. Promotions are not automatic but Col. Florence A. Blanchfield, Superintendent of Army nurses, pointed out that Medical Department commanders are recommending for promotion all second lieutenants with good records.



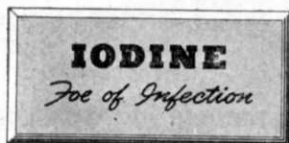
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In Review



AND NOW TO LIVE AGAIN

By *Betsey Barton. D. Appleton-Century Company, New York. 1944. \$1.75.*

- The story of a girl who remained paralyzed for ten years but found that a disability can be an opportunity in disguise. The appeal of this book reaches to many groups of people—the crippled, the families and friends of the disabled, and now to wounded men who are returning. The psychological approach to rehabilitation is discussed with faith and understanding. A book that every nurse, every patient and every human, understanding person would do well to read.

PSYCHOLOGY FOR THE FIGHTING MAN

Prepared for the Fighting Man Himself By a Committee of the National Research Council with the Collaboration of Science Service. Infantry Journal-Penguin Books, Washington. 1943. 25 cents.

- Prepared from manuscripts written by experts, and rewritten in popular form without sacrifice of its scientific accuracy.

INDUSTRIAL NUTRITION

By Ludwig Teleky, M.D. Industrial Commentaries, Chicago, Ill. 1944. \$2.00.

- This small book begins with the fundamentals and theory of nutrition. Later, the economic problem of food is discussed and a table is given of nutritional factors in food servings together with prices (N.Y. ceiling). Specific

needs of groups such as those working in high temperatures, lead workers and those employed where various chemicals are used will prove of special interest. A concise book geared to industrial problems.

ASEPSIS IN COMMUNICABLE DISEASE NURSING.

By *Ella Hasenjaeger, R.N., B.S., M.A. J. B. Lippincott Company, Philadelphia. 1944. \$1.50.*

• The second edition of a book that has proven its helpfulness to nurses. Well illustrated and in the new compact form it should be a welcome addition to the nurses' library.

EPILEPSY—THE GHOST IS OUT OF THE CLOSET

By *Herbert Yahraes. Public Affairs Pamphlet No. 98. Public Affairs Committee, Inc., 30 Rockefeller Plaza, New York 20, N.Y. 1944. 10 cents.*

• Eighty out of every hundred persons with epilepsy can lead normal lives and are employable. This is one of the main conclusions of this pamphlet. The fact is important when one realizes that as many people suffer from epilepsy as from active tuberculosis or diabetes; that the war will increase the incidence of the disease because of increased number of head injuries or

of lowered resistance due to emotional shock or excessive fatigue.

BOOK OF A LIFETIME

By *Elizabeth A. Arnold, R.N. Professional Printing Co., Inc. New York, N.Y. 1944. \$2.00.*

• A unique gift for the new baby or expectant mother. It is a lifetime record with a place for facts from infancy to middle age.

TABER'S DICTIONARY OF GYNECOLOGY AND OBSTETRICS

By *Clarence Wilbur Taber with the collaboration of Mario A. Castallo, A.B., M.D., F.A.C.S. Illustrated. F. A. Davis Company, Philadelphia, 1944. \$3.50.*

• A specialized medical dictionary for those interested in gynecology and obstetrics. Well indexed. Although not a textbook many of the subjects are covered in an adequate manner. Nursing care is discussed under several conditions. Contains many illustrations and charts.

NURSING FOR COMMUNITY HEALTH

By *Theda L. Waterman, R.N., B.S., C.P.H. pp. 310. F. A. Davis Company, Philadelphia, Pa., 1944. \$3.50.*

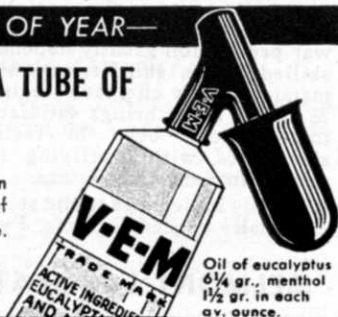
• A presentation for the student nurse to give her a more comprehensive un-

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derstanding of the economic and social significance of illness from the standpoint of the individual, the family, and the community and the measures that exist for protecting against disease. Excellent equipment for any nurse who contemplates this work.

MITCHELL'S PEDIATRICS AND PEDIATRIC NURSING

Revised by Robert A. Lyon, M.D. and Winifred Kaltenbach, B.A., R.N. Second Edition. 504 pages with 97 illustrations. W. B. Saunders Company, 1944. Philadelphia. \$3.00.

- A logical teaching progression is followed from consideration of the normal child to diseases and abnormalities. Children in the home, in the hospital, and child care in the community are given special emphasis.

FAMILY HEALTH SERVICE IN TUBERCULOSIS.

A Supplement to Guide No. 3 on Tuberculosis. Community Service Society, Department of Educational Nursing, 105 East 22nd Street, New York 10, N.Y. Free on request.

- A picture story of the Balton family that calls attention to the many-sidedness of tuberculosis nursing and the nurse's opportunities for broad and lasting service to the patient and the family.

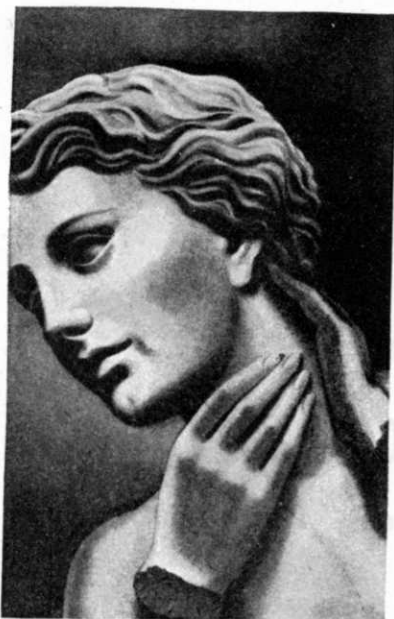
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Here by the blackened snag,
The holocaust remnant,
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Three spires of foxglove flame
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Foxglove—digitalis—
Will calm a racing pulse
Until time-grafts may restore
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—JANICE BLANCHARD, R.N.



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Topical Analgesic- Decongestive Treatment

for inflammatory conditions,
glandular swellings, contusions,
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Formula:

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Beechwood Creosote	13.02
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Sol. Formaldehyde	2.60
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Supplied in 4, 8, 15 and 30-ounce
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Lesson in Courage

[Continued on page 36]

stood on the corner and great tears rolled down her cheeks. No one stared or snickered. A few passersby pressed her arm sympathetically and said nothing. "It isn't that I've lost anything personally," she said. "But something in me dies for the dead in those ruins. You Americans can't possibly understand . . ."

A middle-class Mrs. Miniver came up out of the Underground from the suburbs with her two children. "When," she exclaimed, her eyes large as saucers as she viewed the wreckage, "when did *this* happen? We were going for morning coffee right over there," she said, pointing, "and we intended to do a bit of Christmas shopping—why, it's gone! It's gone completely . . . Come along, chicks," she said. "However in the world are we going to find Cousin Sally . . ."

This is London. Bombings and tea and biscuits, Christmas trees in blown-out store fronts, hundreds of citizens sleeping on triple-deck bunks night after night in the Underground, stores filled with holiday shoppers, careful fingers tearing off ration coupons, children feeding pigeons in the squares, and Big Ben tolling hourly tribute to the living as well as the dead.

Dorothy Sutherland, R.N.'s Editor, is on leave of absence for a special assignment with the War Department.

Recently she went to England to complete the dialogue and edit a motion picture about overseas nurses in action. When last heard from she was again in France with her friends in the Army Nurse Corps.



A Wise
Suggestion

How PERTUSSIN Acts to Relieve COUGHS in

Acute and Chronic Bronchitis
Paroxysms of Bronchial Asthma
Dry Catarrhal Coughs
Whooping Cough
Smoker's Cough

What It Is: The single therapeutic element in Pertussin is an extract of Thyme (Process Taeschner) which is quickly absorbed and carried to the secretomotor center. It is highly beneficial in easing cough paroxysms not due to organic disease.

What It Does: Pertussin stimulates secretion of the tracheobronchial glands to relieve dryness. It facilitates removal of mucus accumulation. It improves ciliary action and exerts a sedative effect on the irritated mucous membranes.

Pertussin is pleasant tasting and entirely free from opiates, chloroform or creosote. You may give it to your patients as often as needed.

PERTUSSIN

For Children, Adults and The Aged
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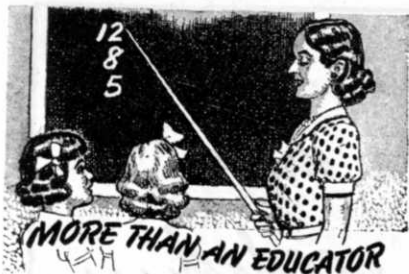
Your Income Tax

[Continued from page 45]

duty, may have established rest and convalescent homes which they operate as independent businesses. Here, if the operator does not wish to overpay on her tax, she should be extremely careful to show *all* business expenses, not merely the year's recorded book expenses. She may easily overlook such important items as depreciation on furniture and equipment. This is as much a part of the cost of doing business as the more obvious food and wage bills. If the home is rented this is a business expense. If the home is owned, as a business asset, its value at time of acquisition (less value of land) may be depreciated about four or five percent a year. A fair table of depreciation on furniture would be ten percent annually. If the home is owned, cost of maintenance, painting, plumbing, repairs, may be deducted in the year paid. However, if additions are made to the building these have to be deducted over a period of years through a table of depreciation.

JOINT VS SEPARATE RETURN. Where both the husband and wife are gainfully occupied or have separate incomes and their joint net taxable income is over \$2,000, it will effect a tax saving to file separate returns. Thus, if after all deductions, husband and wife each have \$2,000 taxable income a joint return would call for a surtax of \$840; separate returns would involve a combined tax of \$800, or a saving of \$40.

COMMUNITY PROPERTY STATES. In community property states husband and wife are permitted to file separate returns each reporting one-half of the community income. In these states, one-half of the income of either spouse is considered by right the property of the other. Thus, in these states, a wife, having less income than her husband, may



To properly take care of her charges, the teacher's first duty is to be functionally efficient.

At the first evidence of any irregularity she should consult her physician. In many instances he will prescribe

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Literature HVC on Request

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Ann Ridley Woodward, Director
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nevertheless assume half of her husband's income and he, half of hers, for income tax purposes and so report it. Here, too, unless the total taxable income is \$2,000 or less, a tax saving will be effected by making separate returns.

Community property states are: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Oklahoma, Oregon, Texas and Washington. Most of these states are of Spanish origin and their community property status is unquestioned by the federal government. However, Oklahoma's recently enacted statute making it optional to elect a community property status by husband and wife has been challenged by the Treasury Department and in the case at issue, the Supreme Court of the United States has ruled against the taxpayer, taking the position that the Oklahoma law was enacted for purely tax advantage purposes with the federal income tax laws in mind.

Keeping in mind that, even in the lowest taxable income bracket, the tax is \$23 on each \$100 of income (twenty percent surtax and three percent normal tax) and that failure to report and take a deductible item will cause the nurse to lose \$23 on every \$100.

DEPENDENCY STATUS. It is no longer necessary to pro-rate dependency exemption of dependents supported only part of the year, such as deceased dependents or newly born children whose demise or birth occurred during the taxable year. In order to claim \$500 surtax exemption for each dependent, the test is now whether you furnished such dependent more than half his support. Thus, a dependent parent who died, say in April 1944, or a child born in September 1944, would each entitle the taxpayer to a full \$500 dependency surtax exemption, if otherwise qualified. Also, age is no longer a factor, the test being whether dependency exists and whether the taxpayer

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furnishes the principal support. Thus, a college student over eighteen may now be treated as a dependent if such, in fact, is the case. However, where a dependent has an income of \$500 or more no exemption is permitted and such person will also be required to make a return. If his income is less than \$500 it is not required that it be reported.

CHOICE OF FORM. Taxpayers in lower income brackets will have considerable latitude as to method of making their returns. For instance, if the taxpayer earns less than \$5,000 annually and all of it except not more than \$100 is derived from wages or salary, he may not need to file any return, as such. The Government will accept the taxpayer's withholding tax receipt furnished by the taxpayer's employer and from this receipt mailed in by the taxpayer will compute the tax and either make a refund or send a bill for any balance, as the case may be. Of course, taxpayers not working for regular employers where withholding is made will not be able to use this method.

To avoid the trouble of making a return out, many taxpayers able to avail themselves of the above privilege will be tempted to do so without giving any further thought to the matter. However, any taxpayer having more than ten percent of his income in deductible items will pay more tax by this method than by making out his own return and showing his deductions. For instance, the taxpayer having a \$3,000 income and \$500 in deductible items would overpay by about \$41.20.

If you must prepare a return, and your income is under \$5,000, you may use the short form. This form has a table of taxes having a credit deduction of ten percent figured out of the taxes. If your deductible personal expenses amount to more than ten percent the taxpayer will save money by taking



SO YOU WANT TO BE A NURSE, Susan! Well, you can start your training right now by keeping those white shoes *really* white with Griffin Allwite—the white shoe cleaner preferred by trained nurses from coast-to-coast in yearly surveys.

And no wonder! Griffin Allwite has not one or two but *all* the features you want in *your* white shoe cleaner.

- *Excellent on all types of white shoes.*
- *A pure, rich white.*
- *Whitens to a new finish.*
- *Cleans as it whitens.*
- *Easy to use—a little goes a long way.*
- *Dries quickly and evenly.*
- *Rub-off resistant—not chalky.*
- *Chemically neutral—safe for all leathers and fabrics.*

And the patented carton prevents bottle tipping over while in use.

Remember, keeping white shoes in tip-top condition with Griffin Allwite helps make them last longer, too!

GRIFFIN ALLWITE

Bottles and Tubes
10¢ & 25¢



such deductions in full and computing his own tax.

If your income is more than \$5,000 from all sources the long form **MUST** be used. Here, too, you may avoid reporting deductions for taxes, donations, interest, etc., and, instead take a standard deduction for such purposes of 10 percent of income up to \$500 and are advised by the Treasury to take "whichever is to your advantage." Thus, if your income was \$5,000 and you could show only \$300 in such deductions, it would, therefore, be to your advantage to take the full standard \$500 deduction.

WIVES OF SERVICE PERSONNEL. Of especial importance to nurses whose husbands are in the armed forces is the law giving such personnel exclusion from income taxes of an amount up to \$1,500 of their service pay. Thus, a private would have \$600 exclusion; sergeant \$936. etc., or the amount of his year's service pay. This means he does not need his normal or surtax exemption of \$500, because of his exclusion privileges. While his wife cannot use his normal tax exemption, she may use his surtax exemption to further reduce her tax. Thus, the wife with a service husband and one child would be entitled to three surtax exemptions of \$500 each, or a total of \$1,500. The Treasury recognizes such service separations as involuntary, and the husband, therefore because of his exclusion privileges, is treated for income tax purposes as though he were living at home with no income to report.

For income tax purposes it is *not* necessary to report as income, dependency allowances paid to the taxpayer or the taxpayer's dependent children by the government, as these are considered a non-taxable government gift.

Incidentally, wives of service personnel, if they are having tax withholdings taken from their pay checks,

Street-Frock-Styling in HOOVER Uniforms

Never before have nurses achieved the importance and recognition they enjoy today. HOOVER UNIFORMS are tailored in keeping with the high standards of the nursing profession. At the same time HOOVER UNIFORMS are smartly styled after the latest trends in expensive street frocks. You'll see the new fashion ideas cleverly adapted to HOOVER UNIFORMS, and you'll see quality incorporating all the "dressmaker" details you look for when you buy a costly gown. Look your best—wear a HOOVER UNIFORM!



HOOVER Uniforms

Science Shorts

[Continued from page 26]

PENICILLIN. The successful treatment of gonorrhoea with a single injection of penicillin X, a new variety of the drug, is reported. Sixty-four patients, or approximately 92 percent of the test group were cured . . . British, American and Canadian medical men met in Brussels recently. They stressed the use of penicillin as a preventive measure and stated that it is now part of the routine of before and after operative treatment of abdominal wounds . . . Three cases of uncomplicated human cutaneous or skin anthrax have been successfully treated with penicillin and Mayo Clinic reports that anthrax germs, which resist most chemicals, will apparently yield to penicillin . . . Rabbit fever or tularemia may yield to streptomycin, a chemical similar to penicillin. The drug comes from a living organism that is halfway between a fungus and a bacteria.

*

A new weapon against certain streptococci such as those causing septic throat, erysipelas and rheumatic fever (beta hemolytic streptococcus) may be found in an anti-enzyme substance in beef sweetbreads and soybeans.

*

EYES. A warning against "shipyard eye," known medically as epidemic keratoconjunctivitis, is issued in a new book called *Industrial Ophthalmology*. Not limited to shipyards or their workers it is very catching and no effective cure has yet been found, so preventive measures must be used. Suspicion should be directed toward red, watering eyes that feel as if they had foreign bodies in them and a doctor should be consulted at once. If the eye is examined the hands should be scrubbed and rinsed thoroughly immediately afterwards.

QUICK RELIEF

from
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HART NASAL JELLY

*The Original Water Soluble
Ephedrine Nasal Jelly*

Relieves nasal congestion promptly and pleasantly.

Supplied in nasal tipped tubes -- can be conveniently carried in pocket or purse -- applied quickly and easily.

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Please send me complimentary samples of
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Nurses Like Evenflo

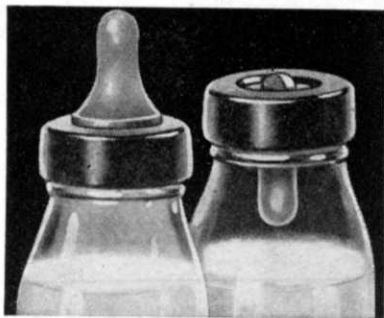
Nurses stopping at our convention booths tell us the modern Evenflo Nurser is ideal for both hospital and home. Three things appeal to them:

- (1) Evenflo's valve-action nipple that provides easy, natural nursing—an advantage to both normal and subnormal babies;
- (2) Evenflo's unique sealing cap that sanitarily seals nipple and formula in one compact unit;
- (3) Evenflo's wide mouth bottle that is easy to clean and fill.

Complete Evenflo Units are 25c at baby shops, drug and dept. stores.

Evenflo

Modern Nurser 25c
(Nipple, bottle, cap, all-in-one)



(Left) Evenflo Nipple upright for feeding
(Right) Evenflo Nipple sealed in bottle.

Margaret Kaufmann

[Continued from page 50]

have to tell 'em to quit pumping air into it. Me, I like it soft." He flips back the bedclothes to demonstrate the resilience of his mattress with prodding fingers.

"Bet you couldn't work all this apparatus," he adds slyly, hooking an arm into the complicated system of pulleys above him.

Margaret has very definite ideas about patient-nurse relationships.

"A nurse should be friendly and interested, but never intimate," she says.

By the same token, she avoids too close relationships with other nurses in the Facility, shop-talk, and idle gossip. She adheres to the sound theory that R.N.'s can bring full measure to their work only by getting away from it when off duty.

"See people outside the profession. Dress up and go to the theatre, or a movie, and put your watch with its tell-tale second hand in your bureau drawer when you leave the hospital."

For the Veterans Service she is an enthusiastic booster.

"Never let anyone tell you it's a static nursing field," she says, "or a depressing one. There is tragedy, of course, and great sadness. But there is laughter to relieve it—and always, hope.

Medical and nursing science, neuropsychiatry, physical and occupational therapy are active and cooperative agents in our more than ninety Veterans Facilities today. Their motive is not to hospitalize permanently, not to cure just a single ailment, but to restore lost functions, create new objectives, dismiss a sounder physical body and a better integrated personality than was admitted.

To this end, Margaret Kaufmann and some 5,000 other Veterans Administration R.N.'s are now dedicated.

R.N.

Super-Eye

[Continued from page 40]

kernels. There are also pictures of a malaria parasite in the salivary gland of the mosquito, the stage at which it is ready to enter the body of the next victim.

With introduction of the electron microscope the first photograph and a new type of data is available on the influenza virus. Previous judgment was dependent upon indirect evidence, now it is possible to obtain electron micrographs of the virus entities themselves. For the first time antibodies have been shown attacking a disease-producing virus introduced into a living animal.

Bacteriophage (the germ-eat-germ substance), reported as a weapon against dysentery, is seen as one or more phage particles attaching themselves to a germ and possibly entering it. There they multiply in a manner yet unknown, but the cell membrane of the germ weakens and finally bursts, throwing out cell particles which include newly formed bacteriophage particles. These and many more such dramas can be enacted before the eyes of scientists who, being able to see, are better able to develop means of fighting the disease enemies of man.

Specimens for the electron microscope are sealed in a vacuum for if air is present in the tube of the microscope

it will interfere with motion of the electrons. To prepare a specimen a thin film of collodion (thinner than the wall of a soap bubble) is placed on the surface of water. To support the delicate film tiny discs of very fine wire mesh are placed on the collodion. Special tools lift the minute collodion-coated discs, excess water is drawn off and the disc is placed over the opening at the end of the microscope cartridge. This cartridge is loaded into the object chamber of the microscope and then by simple adjustment of knobs current is controlled, magnification and condenser adjusted, focus regulated and degree of vacuum maintained.

There is little wonder that the electron microscope has been hailed as the 20th Century's greatest aid to science. Dr. Thomas F. Anderson, RCA Fellow of the National Research Council, calls the use of this new instrument "crossing new frontiers into a promised land of medicine." Surely it has increased the range of human vision, opened new worlds and provided a magnificent and unbelievably powerful weapon against disease. But, compared to its potentialities the present instruments are labeled "crude." Scientists predict that electron microscopes of the future may achieve useful magnification as high as 2,000,000 diameters to further push aside the curtains that separate us from the unknown.

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New booklet "Making the World Safe for Baby" by Beulah France, R.N., describes these nursery necessities against a background of helpful information for mothers. May we send you one or more copies? Write to: Trimble, Inc. 80 Wren St., Rochester 13, N. Y.



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RABIES QUIZ

(Test your knowledge of rabies by answering "True" or "False" to the following questions. The correct answers are listed on page 90.)

1. Every person bitten by a dog should be immediately immunized against rabies.
2. Immunization against rabies is swift, certain, and painless.
3. The seriousness of a dog-bite, as regards danger of rabies infection, depends on its site.
4. In the case of face bites cauterization is contra-indicated because of the danger of disfigurement.
5. Immunization against rabies must be provided before the appearance of first symptoms.
6. The virus of rabies is not transmitted in the blood stream.
7. A rabid dog is always agitated and never quiet.
8. Always apply a constricting band for a dog-bite to prevent absorption of the poison.
9. The immunization of dogs is the best method of controlling rabies in man.
10. A dog who has bitten a man should be killed at once to facilitate laboratory examination of its brain.

Dream World

[Continued from page 33]

most commonly on the back of the hands and feet, extending up the limbs, and deforming the face. The lumps are preceded by reddish or reddish-brown spots, varying in size, and flat or slightly elevated. As the nodules grow they are knotty and firm, with a smooth velvety surface and dry intervening areas. The nodules may ulcerate, with suppuration, but the process is of long duration, death usually resulting from complications, for regression is rare. Facial changes give the typical leprous or "leonine" expression—a gradual thickening of the skin about the forehead, eyebrows, cheeks, nose and mouth with a peculiar pallor and puffiness.

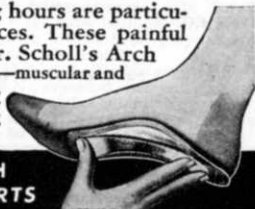
Other men worked with difficulty but infinite patience, picking up the foundation rocks and patting them into the soft cement with hands completely devoid of fingers, or with several lacking a first joint. One or two of the workers had ulcerations or traumatic areas slowly bleeding, and yet, they showed no signs of pain. These were representative of the maculo-anaesthetic leprosy—the process which starts as macular lesions of red or violet color in large flat patches, extending to disease of the nerves. It begins

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characteristically on the extensor surface of the extremities. The affected areas are at first hyperesthetic or pruritic, but gradually the progression is toward anesthesia. There is invasion of nerve trunks with resultant loss of sensibility to touch, heat, and cold, hence traumatism and burns occur easily without knowledge of the patient and resultant ulceration and suppuration quickly lead to deformities.

In the building set aside as an infirmary were more advanced cases. In some of these a mixture of the two types of the disease was beginning to manifest itself. Everything was pitifully simple and poor. The beds were little more than wooden pallets with thin springless mattresses; the bedding was unbleached muslin and cotton blankets. Here we saw even grosser deformities—a face ulcerated beyond recognition, limbs gone at elbow or knee, eyes blinded and destroyed, a typical leper "clawhand" resulting from destructive tendon contractures. Yet there was serenity, perhaps resignation here. There was such beneficence in the demeanor of Soeur Hélène and a rich response of love and gratitude returned to her. We might have felt a stringent criticism, been tempted to disparagement, had we not realized that against terrific odds and with few fundamental materials great

work was being accomplished here.

In the small, white-washed surgery, certainly devoid of any monel metal or clean gleaming tiles, and with little more than a wooden semblance of a treatment table, our Sister told us of chaulmoogra oil, the only successful treatment for leprosy. There were real tears brimming in her eyes as she mentioned that because of war no further shipments of the precious intramuscular preparation and newly developed intravenous preparation were being received. Depending on the seriousness of progression and the type of disease the oil can be administered in several ways. By mouth, as a pure oil, a dose of 5 to 60 drops on sugar or in milk can be given three times daily. However, a resultant gastritis is invariably a disturbing factor. There were ampoules for subcutaneous and intramuscular injection of equal parts chaulmoogra oil and camphor oil mingled with some resorcin, constituting a three times weekly program. But best of all, the preparation no longer coming through the war lines, was the ethyl ester of the fatty acids of the precious oil. It requires weekly treatments for from three to five years, with frequent periods of rest. How complete a regression is obtained is still a questionable subject. Here, we were told, cases can often be released



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COUGH

The accompanying cough present in many affections of the Respiratory System is usually part of Nature's defense mechanism. The complete suppression of the cough by the use of drugs may be harmful, and yet the troublesome cough, particularly if it is associated with retrosternal tightness, or muscular, or pleuritic pain, will rob the patient of much needed rest.

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again to outside colonial life after seven years, but invariably by another seven a return is necessary. Complete cure is still the last best hope on earth to afflicted lepers. Perhaps that day will come, for recent work shows favorable results with anthrax vaccine and an intravenous solution of methylene blue. Fever therapy is still in the experimental stage as is the occasional efficacy of X-ray. Chaulmoogra oil derivatives are the only medications that have shown promise.

Once more in the brilliant sun we followed our white-robed Sister up the narrow foot-path to the chapel. It was a small white basilica, possessed with innate beauty of spirit. Atop the doorway in a little tower niche was a moulded statue of the Virgin Mary, her lovely hands outstretched in blessing. Beneath were carved the words which can be best translated as "You who sustain the afflicted, pray for us." The altar and transept were beautiful with native foliage as decorative backing to the altar pieces. Here were tiled floor, lovely rough wooden benches, and bluebound books of prayer. Through the arched windowpanes the sunlight filtered sleepily.

We learned that two of the lepers were being married that very evening. Both had been under treatment for a long time, but they had found happiness in being together, in the hill-guarded colony. Truly, all phases of life went on in this little world. No wonder there was such pride in the quiet face of the Sister as we bade her goodbye. And then impulsively someone asked, "Are you not ever afraid?"

She turned back to the chapel, pointing to more words inscribed on the chapel tower . . . "Ora . . . Nete . . . Capiot . . . Hora," she read. "Nobody knows the hour of his death. Why should I be afraid—I, too, am a leper."

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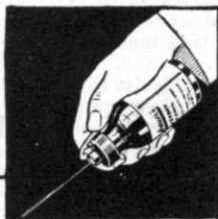
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Nurse at Irish Ridge

[Continued from page 37]

simon seeds to find the knives, forks, and spoons within.

Finally we come to the Hanks dwelling—a two-room unpainted structure raised a few feet from the rocky ground by several unstable columns of uneven stones. Several unkempt children and dogs come to meet us. No pump, well, or outhouse are to be seen. They evidently get water from the nearby creek, and use the scant bushes for other purposes. The flies are busy and active in spite of the nippy weather. I talk to the mother who is a very pleasant and talkative person. She is as unkempt as the children. Johnny has an infected toe. I bathe and dress it, instructing Mrs. Hanks meanwhile, and stress the necessity for cleanliness. I leave clean cotton and gauze for future dressings. Freckles points across the barren garden and tells me that Mrs. Shanahan lives there.

Mrs. Shanahan lives alone. Like most of the other houses along the Ridge, this one, too, is unpainted, but there are bright curtains at the windows, and the one large room is very clean. On the uneven floor are several braided rugs. The old lady is glad to talk with someone; so I spend considerable time with her. She does not want to leave her little home, but she finally consents to be taken to the tuberculosis sanitarium as soon as arrangements can be made. My mission complete, I call to my guide, who accompanies me a short distance. The deep blue shadows almost hide the valley from view, but the last rays of the sun shed a soft benediction on the high places.

RABIES ANSWERS:

True: 3, 5, 6.

False: 1, 2, 4, 7, 8, 9, 10.

Debits and Credits

[Continued from page 12]

PLAIN TALK

Dear Editor:

I wish to say a few words regarding commissioning of men nurses.

We receive the same training as the women, take the same State Board Examinations, and are registered as they are. The only reason for our exclusion is plain cussed female jealousy. With the great shortage of doctors and nurses, Washington has seen fit to duly recognize and utilize the female doctors and if the nursing leaders of this country would but nod their heads to Washington we would be given due recognition. However, they dare not, for if they did they would lose their comfortable executive positions.

When the subject is brought up in our presence it is tabled for further discussion, and that discussion is in the form of a whispering campaign.

Such reasons as were given by the acting editor of this publication (*R.N.* June, 1944) are weak and utterly ridiculous. Does she know of the thousands of drafted men who are given months and months of instruction and training to do just the work we have been trained to do. It sometimes takes more than a starched uniform and cap, a rouged smile, and a pat on the forehead to help a dying man on the battlefield. Women are definitely not wanted there by the officers and men, for there is no time to pamper them.

It behooves the men to work for and among themselves to achieve their just rights. Under present circumstances we are allowing ourselves to be crucified.

We are a large enough group to form our own national association. How about it men?

FLOYD R. RIEBLING, R.N.
Roselle, N.J.

February, 1945



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