Woman's Medical College of Pennsylvania

THE LABORATORY, NURSES' HOME AND FIFTEEN HOUSES ON SEYBERT STREET AND TWENTY-FIRST STREET (IMMEDIATELY ADJACENT TO THE MAIN BUILDING) ARE OWNED BY THE COLLEGE AND ARE AVAILABLE FOR PURPOSES OF EXTENSION.
OUR SOCIAL SERVICE DEPARTMENT

Alice Weld Tallant, M. D.

Professor of Obstetrics

Everyone knows that the ideal of modern medicine is to cure disease by preventing it—if the phrase is not too Hibernian—and that devoted workers in laboratory and hospital, health department and general practice are giving their labor and strength, sometimes even their lives, to bring about that ideal. It is fast becoming equally well known that within the last fifteen years the science of preventive medicine has found and called to its aid a co-worker in the newly developed and developing science of social service, or social medicine as some prefer to call it. Causes of disease which arise from social conditions in home or work are now being investigated, and every effort is being made to remove them and prevent their recurrence. In one hospital after another, in one health department after another, social service departments are springing up and proving their value in combating such conditions.

In such a hospital as ours, with its large dispensary and out-practice population in the crowded southeastern part of the city, the field for social service is wide and the need plain. In response to the need the work has developed, but so quietly that it is not yet fully known or appreciated.

Perhaps the most acute need, and therefore the first to be met, was in the maternity department. Our problem there was two-fold—the unmarried mother and the mother without means of support—and the question what to do for such patients when they were ready to be discharged from the hospital would have been indeed hard for us to answer, had it not been for the devoted and untiring service of one of our own alumnae, Dr. Charlotte Abbey, of the Women's Directory. Ever since the opening of our Maternity, thirteen years ago, we have counted on her as an unofficial social service worker, to look after the needs of our patients, and never in vain, no matter how discouraging the conditions which we presented to her. Thanks to her efforts we are able to say that no patient ever leaves our Maternity without the opportunity for home and occupation, if she wishes to avail herself of it.
Another obstetrical problem which has forged to the front of late years is prenatal care. By this is meant the care of the expectant mother, with a view to discovering or preventing complications and putting the patient into the best possible condition for a successful outcome. Medically, we have been working on this problem in our hospital for many years, by careful observation of our patients, giving them directions and urging them to return for further examination. Over and over again our internes have done social service work in visiting our out-practice patients who were unable or unwilling to make the effort to visit the clinic even though it was for their own good. Such visits often proved a heavy burden to a hard-worked interne, and it meant much to us to have the work shared and eased by cooperation with other agencies which were doing prenatal work. Three years ago the prenatal nurse of the Phipps Institute began to make visits to those of our patients who lived in her district, and the next year the Starr Centre became a friend and ally in the cause of prenatal care. At the same time the addition of another Maternity interne to our staff made it possible for us to devote more time and effort to this particular side of the work.

Our own social service department began in 1915, when Dr. Mary Taylor Mason was appointed to the obstetrical staff and accepted the additional duty of visiting and investigating cases of poverty or special need and referring them to the proper agencies when necessary. It was soon evident that the work was too large for her to cope with single-handed, and in June, 1916, through the generosity of a member of the Board of Managers of the Hospital, Miss Maude Kelly, of the Class of 1917 in the College, was appointed as full-time social service worker for the summer months. When her college work recalled her in September, her place was taken by Miss Isabel Deming, and the social service department is now definitely organized, with Dr. Mason as chief and Miss Deming as full-time worker.

In general the duties of a social service worker are fairly familiar to most of us, but as generalities are rarely appealing, some statement of the definite details of our work is perhaps in order. The question that arises is, probably, just what does our social worker do, and how does she help and supplement the medical care which is already being given to our patients?

Our worker is giving practically all her time to the patients of Barton Dispensary, those who are attended in their homes as well as those who come to the clinics. Her first duty is to see the patients as they enter the dispensary each day, and by sitting at the registra-
tion desk she has an opportunity to secure the names and hear the stories of those who may need her. Additions to her list are often made by the clinicians, who refer to her any patients whose home conditions may be in part responsible for their physical troubles. Prenatal visits fall to her share and “follow-up” visits to keep the obstetrical department in touch with the welfare of the mothers and babies who are discharged from its care. Students and internes also report to her the needs of patients whom they are attending.

As an example of the way in which the social worker helps both physician and patient, let us take the case of Julia, a prenatal patient, who is also receiving treatment in the medical clinic and visits from the dispensary externe for attacks of asthma. Everyone agrees that the place for her is not the home which she is too ill to keep clean and tidy, but the hospital where she can receive proper care; yet Julia herself cannot see her way clear to going there when it means leaving six children behind her. It is the social worker who now steps in, secures the aid of the Society for Organizing Charity in providing a place for the children during their mother’s absence, sees that Julia
reaches the hospital safely and has the house cleaned for her while she is away.

Or again, take the case of Annie, practically blind from cataracts in both eyes. It was the social worker who herself took Annie uptown to Dr. Buchanan's clinic, with the result that Annie was operated on at the hospital, and "whereas she was blind, now sees." Incidentally, one of the two operations was performed by Dr. Buchanan before visitors from the Clinical Congress of Surgeons.

Sometimes the social service worker finds it necessary to give temporary relief to tide a patient over a time of special stress. There was Maria, a prenatal patient, whose husband had strangely disappeared, leaving her with a baby twenty months old and another soon to come. He was finally located in jail, we regretfully state, and help and care were provided for Maria until his return. He is now at home, working at his job, the new baby has come and the social worker has dropped the reunited family from her list.

Again, some immediate relief may be needed to keep a patient from actual want until the proper agency can be put in charge of the case. It is surprising how far a small sum of money will go, even in these days of soaring prices. A single dollar provided the following list of articles for a destitute family: two pounds of beef for pot-roast, one-quarter peck of potatoes, a quart of milk, a loaf of bread, a package of cornflakes, a quart of onions, half a pound of coffee, two pounds of sugar—and with six cents which remained the soft-hearted worker bought half a dozen cakes for the children.

Some patients who appear to be in utter destitution are in need of instruction rather than actual relief. One of the students reported a baby born in a cellar room, amid almost unbelievable surroundings. There was no sheet on the bed, no nightgown for the mother, no clothes for the baby, nothing even to wrap it in. Here investigation showed that the father was earning ten dollars a week and could well afford better quarters, so new arrangements will be made as soon as the family can be moved.

One development of our social service work which might be called a look into the future is the organization of several children's clubs by Miss Kelly. Although they have the official name of the Helpers' Club, their interest in health matters has caused the officials at City Hall to dub them Dr. Kelly's Health Class. Their members (one hundred and sixty in number) are bent on improving conditions in the homes and streets, and are keen in registering complaints. Chief McCrudden and Inspector Wahl, of the Division of Housing and Sanitation, are much interested in the work of these "Juvenile
Inspectors,” and have given most cordial cooperation, addressing the clubs, welcoming the children’s suggestions and giving attention to remedying various conditions. Their latest idea, that the clubs shall have a parade, has stirred great enthusiasm among the members. That the children are learning to appreciate the practical side of health matters is shown by their choice of a prize for which they are earnestly working—a new garbage can with its lid firmly attached and the owner’s name printed in large letters on the lid.

Many of the children are out-spoken in their devotion to the dispensary. Ikey, aged four, insisted on attending the surgical clinic, and when urged to leave replied solemnly, “No, I have to learn.” Rosie, commenting on the frequent family movings in the vicinity, added loyally, “I don’t move till the dispensary moves—and then I move with it.” Surely the interest which has been awakened in these youngsters is bound to bear some fruit in later years.

From even this short account it must be clear that the social service department already has its hands more than full with the work as at present outlined, yet it is never too busy to plan further
how to build for the future. Before long we hope to report as the next steps in our progress the establishment of a mothers’ club, at which talks on the care of home and children will be given in different languages, and as a companion to this a ‘well babies’ clinic,’” to supplement the work of the obstetrical department, by stimulating the interest and pride of our clinic mothers in the welfare of their babies. Other plans will unfold themselves later, for the social service department has a large part to play in helping to make possible some of the ideals of preventive medicine. With its aid we hope to make our dispensary a more and more important center for health to the people among whom we have worked so long—the people whom we like to call our friends.

Recent statistics regarding Prenatal Care in our Out-practice Maternity Department:

<table>
<thead>
<tr>
<th>Partial Prenatal Care</th>
<th>Full Prenatal Care</th>
<th>The Ideal</th>
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</thead>
<tbody>
<tr>
<td>Mothers, 2700; deaths, four.</td>
<td>Mothers, 1100; no deaths.</td>
<td>A fully organized Department for Social Service</td>
</tr>
<tr>
<td>Babies, 2743; born dead, 62.</td>
<td>Babies, 1109; born dead, 19.</td>
<td>16.2 per 1000</td>
</tr>
<tr>
<td>26.6 per 1000</td>
<td>16.2 per 1000</td>
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City-wide statistics show still-born babies 47 per 1000. Our statistics (and we work only among the very poor), 21 per 1000.

The picture on the opposite page shows a College Hospital physician visiting patients who have applied at the Dispensary for medical help. This alley is situated within one block of the Dispensary.
WOMEN SURGEONS, ASSISTANTS, NURSES AND STUDENTS
A WOMAN PHYSICIAN TREATING CHILDREN IN AN ORPHANAGE
What Certain Sums Will Do

$100,000 will endow a Department, as, for example, the Department of Diseases of Children or the Department of Obstetrics

$60,000 will endow a Professorship

$50,000 will endow the Department of Social Service

$10,000 will endow a full scholarship
(i. e., the income provides for tuition and living expenses)

$5,000 will endow a partial scholarship
(i. e., the income provides for tuition, books, etc.)

Any fund from $5000 upwards may bear a name
A JOURNEY OF OBSERVATION
TO SOME FRENCH MILITARY HOSPITALS

ELIZABETH F. C. CLARK, M. D.
Class of 1909

Since the beginning of the war, Dr. Whitlock-Rose and I have been sending what we could to some of the smaller hospitals of France. As time went by kind friends aided us with gifts of money and materials, until our little home became a sort of clearing house for surgical supplies, instruments, clothing, etc., to be sent to these little hospitals. Early last winter we conceived the idea of forming ourselves into a society and inviting our friends to become members, thus making an organized attempt to do war relief work according to our own ideas. We call it "The Society of the Little House of Saint-Pantaléon," because most of the work has been done in our own little house and because Saint-Pantaléon was an early Christian physician.

The object of the Society is to send surgical supplies, instruments, bed linen, anesthetics and clothing to some of the smaller military hospitals of France which are receiving no other outside aid and which are over-crowded, pitifully poor and in need of many of the essentials for the treatment of the wounded. Owing to the splendid cooperation of our members, our work has grown steadily during the past months. Our members are of various types,—some give money, some give materials and those who cannot afford to give either give much of their time to making orphans' and soldiers' clothes and to rolling bandages.

As soon as we made up our minds to go to France in the interests of our distributing work, we began to collect money for drugs to take with us, for in this way we could deliver them much more quickly than by sending them through the usual channels which require three months to convey a box to its destination in France after being shipped from Philadelphia. We soon had a thousand dollars' worth of drugs, hypodermic syringes, rubber gloves, etc., which quite filled a steamer trunk and overflowed into our hand luggage. With this precious little cargo we sailed July 8th from New York for Bordeaux.

We had an uneventful and pleasant crossing, and only three things in the whole nine days at sea stand out in my memory as
being different from the happenings of a voyage in normal times. The first difference was the fact that our ship was commanded by officers of the French Navy, and that we had four cannon aboard ready for instant use. There was one cannon on each side of the boat, one on the bow, and on the stern a famous French "75." We had gunners and plenty of ammunition, and I fancy would have made a pretty fair fighting craft if anything of an alien nature had appeared on our horizon. The second different thing was that one day at luncheon each passenger was handed a little card on which was the number of a life boat, with instructions to proceed to the life boat in the event of the ship having to be abandoned. This little incident gave one pause, but no one seemed to be particularly frightened by the suggestiveness of it. After luncheon we had a drill on deck, and each one went to his place by his boat and stood there while the captain called the roll. The third difference was the "no-light" order on our last night at sea. We were at that time approaching the Bay of Biscay, near the French coast,—the so-called "danger zone," for in those waters the submarines are apt to hide, waiting for their victims. On this last night at sea our ship had all her port holes covered, electric light bulbs removed from the staterooms and a very strongly worded order was posted forbidding any lights whatsoever on deck. It gave one a very curious sensation to be sailing on a dead black ship, and while the passengers did not seem to be afraid, everyone was abnormally alert and everyone tried on a life preserver, examining with great care the security of its straps and buttons.

Before we were permitted to land at Bordeaux, our passports which we had secured only with the greatest difficulty were carefully gone over by the special commissaire of the port, our photographs were examined and we ourselves questioned at length. Most of us were allowed to land and proceed to our destinations, but some were detained to be searched and later handed over to the police, if found to be in any way suspicious characters.

From Bordeaux we went straight to Le Puy in the south of France, and in going there we got our first taste of traveling in a country at war. When we started on this twenty-four hour journey we had no idea what we would encounter, so every moment was fraught with the greatest interest. There are no sleeping cars on these trains now, so we had twenty-four hours of sitting up and making the best of it. During most of the trip we traveled in compartments full of soldiers,—they were of all classes, and were, without exception, most considerate of our comfort. We had six
pieces of heavy hand luggage, the overflow from our trunks, and these men who were going back to the firing-line always made way for us, helped us with our parcels and if they were sitting at the windows insisted that we should take their places. We stopped at pretty nearly every station all the way to Le Puy, and at every stop some soldiers got out and others got in, so we saw many types from the various departments of the army. A great many of these soldiers were the "permissionaires," men going to visit their families, or men returning to the front after their visits were over, for the French Government gives every man a week off every six months and pays his fare to his home town.

After twenty-four weary hours we arrived at Le Puy and were met there by friends who made us comfortable in their house during our stay in the town. As we had been sending supplies to four hospitals in Le Puy for many months, we started out early the next day to visit them. We were received with great courtesy by the surgeons with whom we had been in correspondence. We were introduced to the nurses and shown everything to the least detail. We saw the pitiful poverty of many of the wards, where we so often found that the bare necessities for the treatment of the wounded were lacking. We saw desperately wounded men all making a mighty effort to get well enough to go back to their comrades, and we got evidence of the endless self-sacrifice of the women of France in nursing the wounded as they would nurse their own sons. Every-
where there was the most beautiful spirit of comradeship, the suffering men trying so hard not to show their suffering, and the nurses working themselves into a state of exhaustion in their efforts to make the wounded more comfortable. With all the rush of work there was always found time to exchange a few cheering words, and it seemed as if the wounded cheered the nurses as much as the nurses cheered the wounded.

While we were in Le Puy some of our boxes arrived, and we were invited to be present at the ceremony of unpacking them, and it was indeed a touching sight to see the very real and very deep gratitude of one of the surgeons when he brought forth from the depth of a box a new and complete set of Lambotte’s bone instruments.

Every surgeon over there looks upon the wounded under his care as his children, and they are forever working to devise plans by which their “children” will be happier and more comfortable.

Owing to the fearful power of the high explosive shells used in this war, the wounds are of a frightfulness never before seen in any conflict, and it has taxed the ingenuity of the surgeons to the limit to devise means not only of saving life but also of building up the lost parts of the bony framework. We have seen men without arms and men without legs, men who have had a kidney or part of the intestine shot away, but the most pitiful sights of all were the men who had had part of the face shot off. I have seen men who have had the whole lower jaw destroyed, leaving the tongue hanging to the hyoid bone,—men with an eye and the whole cheek bone gone, and others with the nose and part of the upper jaw shot away. Many
men with such wounds die of shock, but many get well, and as they are recovering from their injuries, the surgeons must invent ways of operating on them so that they can eat and breathe and present some semblance to a human being. It is indeed a gigantic task. When a man receives such a fearfully mutilating injury, he is first taken to the hospital immediately back of the firing line, where his wounds are cleansed and one rubber tube is inserted where his nose has been, through which he will probably be able to breathe, while another rubber tube is inserted where his mouth has been, through which liquid nourishment is poured to sustain him until he is sufficiently recovered from shock to be sent to a hospital in a safer place where he can be operated upon. When these men arrive at a base hospital they are usually in a state of great exhaustion and are suffering horribly from thirst, for there is nothing to hold the saliva in their mouths, and it runs out continuously, soaking their dressings. Now comes the most difficult time for the patient and for the surgeon. The patient must have rest and nourishing food for several days in order to build him up for his first operation, which consists in dissecting out all the scar tissue that has formed, followed by very extensive skin-grafting, in an effort to form a sort of skin cup where his jaw has been,—this holds the saliva in his mouth and relieves the almost intolerable thirst from which he suffers. After the tissues have thoroughly healed, the second operation is performed, and this consists in an effort to replace, so far as possible, the lost part of
the jaw bone with a piece of a rib of the patient. All this time he is being fed through a tube. After the second operation has healed, a third one is done for cosmetic purposes. If his new lower lip has healed with unsightly contractions, these are cut and more skin-grafting is done to improve his appearance. Last of all he is carefully fitted with a complete set of false teeth, and it is astonishing to see what a very good appearance the patient makes when all this has been done for him. We saw one man who had had the side of his face and one eye shot away; he had been through three operations, extensive skin-grafting and bone transplantation had been done, he had a very well matched glass eye, and as a finishing touch had a new lower eye-lid made from a piece of cartilage from one of his ribs. This man looked very well and was about to be married.

The surgeons were unfailingly kind in showing us their cases, and the wounded men were always willing for us to see their wounds and discuss their condition.

Another thing which interested us very much was the schools for mutilated soldiers which the government is building all over France. The schools are usually situated on a big estate, a short distance from a large city, and to these schools come soldiers without arms and soldiers without legs. The object of the schools is to teach the men trades appropriate to their loss of limb. One will find in one of the shops of the school forty or fifty men without legs, who, before the war, were mostly farmers, learning their new trades so that they may once more become self-supporting. The men without legs learn such trades as shoemaking, toymaking, tailoring, etc. One may see other groups making artificial legs for themselves and their comrades, still others learning stenography and wireless telegraphy, or any other trade or art appropriate to their condition. One sees men without an arm learning to cultivate the ground, flower and fruit growing, truck gardening, etc., with the stump of the lost arm fitted with an apparatus that will firmly hold the handle of a rake or any other garden implement. And all these men who have recovered from their injuries are very happy to be at work again, for everyone works in France, and a man who has worked all his life can find happiness only in continuing to do so. These schools, therefore, are most important from every point of view, for they not only increase the output from the laboring classes but help to keep up the morale of the people as well.

We were in Le Puy a month and visited each of the six hospitals, talked to a great many of the wounded men and found them all in good spirits, except one poor fellow who was called to the colors from
Lille at the beginning of the war and had not heard of his wife and children since.

From Le Puy we went to Lyons for a few days and saw there the great hospitals and schools for the mutilated. At Lyons the City Hall is almost all given over to relief work for the refugees, who are cared for most carefully, and for the sending of weekly packages of food to French prisoners in Germany. The wife of the mayor of Lyons directs this work, and since the beginning of the war has spent all of every day at her desk in the City Hall. While

in Lyons we visited these places of interest in the mayor’s motor, which he very kindly put at our disposal.

From Lyons we went to Paris, again riding in a compartment full of soldiers, and one big heavy-artillery man who was on his way to rejoin his regiment on the Somme sang “Tipperary” many times, much to the delight of everyone. Paris seemed very strange because of its emptiness, I had never before seen it without the great flock of tourists, but now one sees few people,—mostly wounded soldiers, old men, and women in mourning. A few motor busses and trams are running, and the taxicabs are as cheap and as active as
ever. We visited several nearby hospitals in which we are interested, and found several of them in great need of drugs, instruments and many other necessaries for the treatment of the wounded. We also visited the American Ambulance at Neuilly-sur-Seine, and found it a most perfect place, equipped with every possible necessity and most of the luxuries. On one of our visits there word came that a train-load of wounded had arrived at the Eastern Station of Paris, and we saw fifteen big grey ambulances, each driven by a stalwart young American, start off to get them and distribute them to the various military hospitals of the city. We heard from several sources that it is the dream of every wounded French soldier to get into the American Ambulance, and when he gets there he never wants to leave. One afternoon, in Paris, we went to a free concert given in a public square and heard an excellent program by an orchestra composed entirely of women.

From Paris we went to Marmande, which is south of Bordeaux, and visited there a convent hospital. The convent hospitals are particularly in need of help, as the State gives them very little aid but sends them an enormous number of wounded, knowing that the sisters will give them the very best care. In this convent at Marmande, the sisters had to give up their own beds to the wounded, and they did it with a cheerfulness almost unbelievable. From Marmande we returned to Bordeaux and sailed for home. We were nine hours late in making our start, because our ship could not get clearance papers from the port, owing to some warlike disturbances in the Bay of Biscay, through which we had to pass to reach the open sea.

This winter we must care for seventeen hospitals, which need many, many things; we have nine orphanages looking to us for help through the winter months, and three societies for the clothing of refugees are awaiting our boxes, for France is caring not only for her own refugees but those of Belgium, Servia, Roumania and Montenegro.

Dr. Rosalie Slaughter Morton, Class of 1897, devoted the past summer to surgical work at a field hospital in Serbia.

Dr. Marguerite S. Cockett, Class of 1905, is driving an ambulance for the American Fund for French Wounded, visiting hospitals and keeping up the supply of dressings, instruments and clothing.
A Distinguished Graduate

Mary H. Fulton, M.D.
Medical Missionary to China

Dr. Fulton was graduated from the Woman's Medical College of Pennsylvania in 1884. Extracts from her letters have been published in pamphlet form by the Woman's Foreign Missionary Society of the Presbyterian Church, and the following paragraphs are now selected from the pamphlet and given to the readers of the Bulletin. The remarkable career of Dr. Fulton is but faintly suggested by these excerpts,—one must read between the lines. In 1884 Dr. Fulton joined her brother, Rev. Albert A. Fulton, in China.

Hong Kong, Oct. 11, 1884. After years of preparation and a journey of seven thousand miles, I am at last in this great Empire of China. . . . The streets are like aisles and crowded with people. . . . July, 1885. We have succeeded in renting a chapel at a place called Kwai Ping. . . . With the aid of medicine we may succeed in getting a permanent foothold. We have decided to try. . . . Sept. 7th. We were eighteen days coming by boat a distance of four hundred miles. . . . It soon spread through the city that “foreign devils” had landed. There had never before been a white woman there, and soon a crowd surrounded us. Everyone wanted to be treated. After I had seen over twenty, we decided to anchor in a more retired place. . . . Sept. 8th. Before I could finish dressing this morning, I was besieged for medicine. . . . I treated forty patients and then we pushed out into the middle of the stream for a little respite. . . . Nov. 12, 1885. In one of the mud houses of the village at Big Ditch Mouth, we have rented two rooms; one will be a dispensary, the other a hospital. It is a humble beginning. . . . March, 1885. I have treated over three thousand patients.

During the following May, Dr. Fulton and her brother were mobbed by an element hostile to Christianity and the brave workers were compelled to flee for their lives. Dr. Fulton lost her medicines, instruments, books and even her precious diploma. She writes: “We are cast down but not dismayed.” She opened a dispensary in Canton.

March, 1890. Two women patients from Sz Pai Lau Dispensary have united with the Church. These are my first visible fruits.
March, 1891. In Kwang Si, through our Canton dispensaries and at the hospital, A. Kwai and I have treated over 63,000 patients. . . . We have performed 2100 operations. . . . December, 1895. Several from my dispensary have come into the Church. . . . October, 1899. Many lepers come to the hospital for medicine. One said her mother had ordered her to go to the river and drown herself. Another had been beaten and cast out by her husband; she sat weeping on the hospital steps. . . . March, 1901. Money has been given by Lafayette Avenue Church for a woman’s hospital.

Fifteen years I have longed, worked, prayed for this. . . . August, 1901. Mr. E. A. K. Hackett, of Fort Wayne, has given money to build a medical college for women. I couldn’t find words in the English language to express my delight and gratitude.

The David Gregg Hospital for Women and Children was opened in April, 1902. Mr. John H. Converse, of Philadelphia, contributed funds for furnishing the building. Hackett Medical College for Women was opened in December, 1902. In January, 1903, two young women who had been studying for three years were graduated. . . . April, 1905. While I was in Philadelphia last year, Mrs. Charles P. Turner said she wished to give a maternity ward in memory of Mary H. Perkins. Imagine! Someone coming, giving!
June, 1907. I opened a new Sunday School at my city dispensary in a poor, crowded, dirty part of the city, untouched by any Christian work.

At the conclusion of the leaflet from which these paragraphs are taken, Dr. Fulton remarks quietly, "At intervals I have translated Remarkable Answers to Prayer, Diseases of Children, Nursing in Abdominal Surgery, Penrose's Gynecology and Hopkins' "Roller Bandage."

It is difficult to understand how Dr. Fulton found, in her busy life, intervals of sufficient length and leisure for these arduous literary labors. About two years ago she gave up her active practice for the sake of devoting herself more completely to the work of translation. The photograph (which was kindly loaned by the Woman's Foreign Missionary Society of the Presbyterian Church for the purpose of illustrating this short sketch) shows Dr. Fulton at work upon Emmet Holt's "Diseases of Children." A copy of the completed work in Chinese has reached the College and is treasured in the library of Dr. Fulton's Alma Mater as an evidence of a graduate's unique and far-reaching influence.

Dr. Tsao, one of the best known of the younger native Chinese physicians, is a graduate of the Woman's Medical College of Pennsylvania in the class of 1911. She is physician and surgeon in charge of the Friends' Hospital at Nanking, and also superintendent of the training school for nurses in another hospital of the same city. Last year she was invited to take charge of the only medical college for women under the care of the Chinese government.

Dr. Fulton and Dr. Tsao are typical of many able, finely educated women who have received their medical instruction at the Woman's Medical College of Pennsylvania. Many women from India, China, Japan and other foreign lands have sought this College for their training. The College is especially equipped to fit women for medical missionary work both at home and abroad.

During the twelve years between 1903 and 1915, women medical students were prepared for the foreign field by American universities and colleges as follows:

Each one of 27 institutions prepared ........ one
Each one of six institutions prepared .......... two
One institution prepared ................... four
One institution prepared ................... six
One institution prepared ................... eight
One institution prepared ................... ten

THE WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA
PREPARED THIRTY-ONE
Number of women medical students in all highest grade schools of United States, 592. Of these, 28 are "student volunteers," 12 of whom are at this College.

Only three highest grade medical schools in United States offer scholarships or concessions to missionary students; this College is one of them.

During the last 12 years, Mission Boards of United States sent out 126 women physicians, of whom 31 were graduated from this College. Boards are in urgent need of more women than are now preparing for medical service.

OUTLINE MAP SHOWING LOCATIONS BY COUNTRIES OF GRADUATES OF
THE WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA

who have served (or are serving) as medical missionaries in foreign fields or who, as natives, have practiced among their own people.

FORTY-TWO GRADUATES IN CHINA; FORTY-ONE IN INDIA.