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Graduates of the College are urged to give immediate attention to the Official Form on page 26.
DEAN AND STUDENTS OF THE WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA.
DECEMBER, 1922
BULLETIN
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THE EXTENSION OF THE FULL-TIME PLAN OF TEACHING TO CLINICAL MEDICINE*

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You have done me the honor to invite me to speak to your graduating class at your commencement exercises. Let me tell you how much I appreciate it, and how glad I am of the opportunity to affirm my profound faith in the special fitness of women for the medical profession. As practicing physicians the large numbers of successful women, of whom your city and your school have had many conspicuous examples, make the question of their value a closed subject.

Thus it seems to me that the question of giving women a medical training has now been settled, but there is one place where women who are now studying may increase rather than decrease the prejudice against giving women adequate chances for a medical education, namely, if the women who have been adequately trained so lightly give up all use of that training when they marry. English women have been able to carry on the practice of medicine after marriage, and it is quite possible for married women to do scientific work or public health work of a high order if they have the ability and the training, so there is no reason why the responsibility to the community of using expert training should not be forcibly presented.

* Address delivered at the Seventieth Commencement Exercises of the Woman's Medical College, Philadelphia, Pennsylvania, June 14, 1922. We regret that the limitation of space has made it necessary to omit a considerable part of Dr. Sabin's address.
to our students. Indeed, one of the next steps in the feminist movement is for educated married women to claim and to carry on a share of professional work.

I desire, however, to speak this morning on a subject of more general interest in medical education, a subject which it may be possible to apply only to medical schools connected with universities at the present time, but one of such general importance to the medical profession that I most earnestly bespeak for it your sympathetic interest. I refer to the extension of the so-called full-time scheme to the clinical branches.

About thirty years ago the full-time plan of teaching was introduced into the preclinical departments of our medical schools. At that time the preclinical sciences were unproductive servants of the clinical branches and were taught by practicing physicians as a side issue; they are now represented by professional anatomists, physiologists, chemists and pathologists. No one questions the value of the change. The idea was but the extension into the medical training of the fundamental principle that teaching is a highly specialized profession. It has not been very long since the presidents of our colleges were ministers; now they are professional educators.

The thought that it was now time to apply the same principles of education to the clinical branches that had wrought so much progress elsewhere can be traced, I think, to the late Professor Mall and to Mr. Abraham Flexner. The experiment is now being tried in several of our medical schools which are a part of universities, but the plan is having an even more difficult time to win support than did the earlier experiment with the scientific side. It is not yet clearly understood by our students and has therefore not yet won their enthusiastic sympathy; and it is still actively opposed by some of the medical profession.

The reasons for these difficulties are threefold: first, the failure to keep the fundamental principles involved distinct from personalities; second, the greater complexity of the actual scientific problems involved; and third, certain practical difficulties in putting the plan into effect.

The fundamental principle, as I see it, is a recognition of the value of education to the community. It states boldly that a great educator in clinical medicine is as great an asset to the community as a great practitioner of medicine.

To set any great value on teaching runs counter to popular belief. If you are accustomed to look facts in the face you will admit this to be true. You all know the phrase: "He who can, does; he who cannot, teaches." You all remember that the most frequent general
criticism of ex-President Wilson was that his training had been only that of a teacher. In Wells's history there is a statement of the exact truth about education: That we treat it in a beggarly, niggardly way. The funds for education are in part an endowment that is given by a few people, and in part they have been won from unwilling and uncomprehending legislatures. What a pitiful contrast do the sums we spend on teaching make with the sums we spend on war!

In studying the problem, it is first essential to analyze the relation of research to teaching. On the scientific side it is now established with sound wisdom that all teachers should be engaged in research. It is based on the idea that universities shall be the home of intellectual progress: that they should have a double function, the advancement of knowledge and the training of those who shall carry it on.

Research is the teacher's own professional work: It is that which he does; it makes plain to his students and to his colleagues the quality of his mentality and it is his contribution to the knowledge of his day. Only to minds of feeble comprehension does the carrying on of research mean any lessening of the value of teaching; research lifts teaching to a higher plane. It is perhaps better to say that no one can be a really great educator unless he is himself an investigator, either in the subject matter or in the methods of education, and can lead students in part into research, and in part to carry into all work the spirit and method of research.

It may here be made clear that no school expects all of its students to undertake scientific investigation: indeed only a part, and perhaps but a small part, of the student body either want or are fitted for it; but our schools must hold in research those who are to be the next generation of teachers.

Thus the extension of the full-time scheme throughout the medical training means putting the entire medical training into the hands of professional educators.

The full-time scheme in clinical medicine substitutes research to be associated with teaching, instead of the practice of medicine.

The progress of medicine of the past thirty years has brought us face to face with something quite new, namely, with preventive medicine as a reality instead of a dream. We need no longer say diseases may disappear, but diseases are disappearing. It is this fact that calls for something really profound in the reorganization of medical education.

In the full-time scheme as applied to clinical medicine we recognize that preventive medicine has so far advanced that we can demand
that a few leaders of medical education shall have as their major
intellectual interest the growth of scientific medicine.

The actual dealing with the sick is an ancient and honorable
profession; but the science of preventive medicine is a profession
on a still higher plane and it is now legitimate to ask that those who
are teaching in a profession which is thus changing shall themselves
contribute to that change. The research which brings new methods
is of greater ultimate value than the immediate practical applica-
tions of our present knowledge.

It must again be emphasized that practical applications of knowl-
edge are in no way to be despised. The practice of medicine must
be palliative, but I should here like to pay tribute to the progress
of curative medicine. There has developed on the clinical side of
modern medicine a degree of expert skill in diagnosis of which I
believe many workers on the purely scientific side are unaware and
underestimate. Our students must acquire this skill.

There are certain parts of the medical training where I believe
our students should be really expert when they are graduated,
namely, in the technic of clinical microscopy, in the methods of
medical and surgical diagnosis, and in the aseptic technic of modern
surgery. In their attitude toward curative medicine, those who are
working on the scientific side should keep clearly in mind that the
amount of curative medicine necessary is the measure of the deficien-
cies of their own branch of the work. To make up these deficiencies
of preventive medicine we must continue to develop the curative
side, but beside the technic of curative medicine our students must
now have also a training that shall enable them to continue to
develop with the growth of medical knowledge, and this, the greatest
asset of an education, demands educational institutions that are
themselves the sources of such growth.

For those who are to be our clinical teachers the contrast is not
between the laboratory and the clinic, but between private practice
as against practice with patients in hospitals. From the standpoint
of acquiring skill and experience for the doctor, it seems to me that
there can be no question but that the advantage lies in having
patients in hospitals. To illustrate: Osler's well-known text-book
of medicine was written as a record of his experience and that of his
colleagues in dealing with the sick in Johns Hopkins Hospital. One
might make it still stronger and say that it is only in hospitals that
studies and records of clinical material adequate enough to make any
large contribution to clinical medicine can be made.

Thus even if it be admitted, and it cannot be doubted, that for
the study of disease the hospital has every advantage over the
home, still the opponents of the full-time scheme have often claimed
that on the side of making human contacts, of learning how to deal
with people, the private practitioner has a kind of experience that a
teacher and a physician who deals only with patients in hospitals
never acquires. I deny it. The school and hospital are as much a
part of the world as the sick man in his home. The same ability
to have really great influence in dealing with people makes toward
success in a hospital or in a class-room as in a private practice.

There are two facts, however, which we should recognize if we
want to see all sides of the question: First, the teacher is somewhat
artificially protected from the consequences of poor work. The
teacher is always dealing with minds that are immature in his
particular subject; and in the organization of our educational
system the criticisms of students, that is of those who are most
affected by inefficient teaching, are allowed but little weight. I
understand that in England students are not so docile as with us.
Moreover, the very low salaries paid to teachers have led institutions
to offer security of tenure as a compensation. We should recognize
this, our institutions should set an adequate value upon the profes-
sion of teaching, and should demand high standards of work.
Secondly, hospitals develop a routine in which the feelings of people
are forgotten. If many of our hospitals had more of the spirit of
the exceedingly efficient service that characterizes our best hotels
there would be less room for legitimate criticism of caring for the
sick in institutions. I do not think that this criticism applies so
much to the smaller hospitals, but in some of the larger ones, where
the actual medical work is done exceedingly well, the management
of the institution could learn much from efficient business.

Thus we are quite willing to admit the deficiencies of our present
educational system. We believe that it should be subjected to
criticism, for it is better that its faults should be known than con-
cealed. We recognize all the advances of curative medicine, and
that our present skill in dealing with disease represents a great
achievement. Nevertheless, we believe that the whole of medical
education should be in the hands of professional educators who will
recognize that the still more brilliant achievements of preventive
medicine have brought us to a stage where we need to reorganize
clinical teaching on the basis of research.

To my mind this is the fundamental point and the final argument.
Up to this time, preventive medicine has been left for the most
part to chance and to boards of public health, who applied what
knowledge they had, but attracted to their services, for the most
part, only men of moderate ability. The reorganization of medical
schools consists in focusing the minds of the ablest men in the profession on the problems of advance in medicine in contrast to the ideas associated with the practical applications of knowledge. This is the meaning of stressing research instead of the practical side in educational institutions.

On this plane, I believe that you will admit the principle of the full-time scheme. What are the practical difficulties? The first one is due to the complexities of clinical problems. If you analyze the progress of scientific medicine it is astonishing how many of the discoveries that have really changed medicine in any fundamental way have come, not from the clinics, but from the laboratories; for example, diphtheria antitoxin, the whole treatment of infection by means of serums, and the discoveries of the action of the glands of internal secretion. In fact, in connection with this latter subject, there is abundant reason to demand that clinical applications of our knowledge shall measure up to the standards of sound physiological experiments. It is obvious that the materials of research are more readily handled in the laboratory than in the clinic. In the laboratory ideas can be subjected to experiment and the number of variables can be limited in these experiments in a manner not possible in dealing with patients.

In the early days of the application of the idea of the full-time plan to clinical work the first research done in clinical laboratories was pure anatomy, pure physiology and pure chemistry, and was done no better than it was being done in the preclinic departments. It was asked, and asked legitimately, if there is such a thing as pure clinical research. Already we see light in this matter. There have now developed certain combinations between the workers in the preclinical departments and the clinics of advantage to both. I may instance the brilliant progress which has come from the laboratories of nutritional chemistry and the departments of pediatrics in the study of rickets. Here three different technics have been brought to bear on a problem of profound interest to clinical medicine, namely, the nutritional experiments of McCollum combined with the clinical and histological methods by Park and Shipley. In the nutritional experiments on rats, McCollum and Simmonds have not only been able to produce rickets, but other bone deficiencies as well, and are now analyzing the effects of sunlight as well as of diets on these deficiencies. Indeed, the brilliant results in nutritional chemistry of Hopkins in England, of Mendel and McCollum in this country, demand an extension to the clinical field as a logical conclusion of their work.

Surgery gives another example of a place where such combina-
tions are of value, for in surgery we are now passing into a phase where further progress depends on a utilization of various methods of the preclinical sciences. The actual technic of surgical operations has now reached a high degree of perfection, and any great advance in surgery now depends on a more searching analysis of the reactions of tissues to surgical procedures. Indeed, if I may cite a particular example, we have in Dr. Halsted a man who has not only contributed very greatly to surgical technic during its period of marked development, but has also used surgical technic and the insight which his clinical experience has given him toward solving the problems of scientific medicine. Such an instance is to be found in his work on the thyroid, where he demonstrated that a graft of a thyroid gland does not take in an animal until an artificial deficiency has been produced.

On the other hand, there are certain problems with which it seems to me that the hope of progress lies with the underlying sciences. There are certain subjects where all the results which can be expected from simple methods have been obtained, and where progress must be made by going deeply into the underlying causes. Such problems are, to my mind, illustrated in connection with blood and with the subject of the etiology of malignant growths. In connection with anemias, for example, we have had a complete survey of all the types of blood-cells that appear in the circulation under abnormal conditions, so that the hope of success now lies in a very careful study of the fundamental origin and relation of the types of blood-cells, in the hope of finding out how to stimulate them differentially. If you will permit me to speak for a moment of my own work, it is now possible to cut out the blastoderm of a chick and watch it develop, under the microscope, in a hanging-drop preparation. In such a preparation one can see the development of the blood-cells in the embryonic membranes of the living specimen. On the second day of incubation only red cells arise, and they can be seen to come from the endothelial walls of the blood-vessels. The white cells, on the other hand, begin to appear on the third day. They come in part from new cells that differentiate directly from mesenchyme without becoming a part of the lining of a vessel. Moreover, the type of the white corpuscles that comes from endothelium—the monocytes—have the same kind of phagocytic activity, with the storage of phagocytized material, that characterizes the parent endothelium. These observations seem to me to open up anew the question of the relationships of the white cells of the blood, from the standpoint of their classification on the basis of function. In connection with the great subject of new growths,
it is clear that we now await the discovery of their fundamental cause, and that toward this discovery we need certain very fundamental biological studies in connection with the reactions of cells to normal and abnormal conditions, such as, for example, are involved in the investigations of Loeb, Murphy and others. . . .

In the development of a group of scientific workers in direct connection with clinics who are actually engaged in applying the technic of the underlying sciences to clinical problems, there have grown up two groups of workers doing the same kind of work; one in connection with the clinics, and the other in the preclinical departments. In this connection there have come discrepancies in salaries, the workers on the clinical side receiving the higher salary and ultimately the greater reward. The student becomes interested in research while still a student, and finds that if he joins a clinical staff and does the same type of work that he might have done in a preclinical laboratory he will gain more respect from the university. Already there is beginning to be some surprise that such a system works against the fundamental sciences. It is said frankly that a man who keeps in touch with the clinical branches has a greater earning capacity in the community that the man who severs his connection with practice and devotes himself to the fundamental sciences.

This, in my judgment, is a direct challenge to the leaders of universities to renew their faith in the kind of work for which universities exist. They must remedy this condition before the laboratories are depleted of their workers: they must show clearly that in estimating the use of a university they do not accept the popular estimate of the value of the practice of medicine over and above its study; and finally, that they have a clear view of the merits of preventive as compared with palliative medicine. The public would always pay more to have a given case cured than to have all cases of a given disease prevented, but leaders of universities must not fall into this error. Universities should rather lead than follow public opinion.

In great contrast to public opinion, it is interesting to note that the most conspicuously successful and hard-headed business man of our time has judged it wise to make his total contribution toward the study of disease. The condition of discrimination against the fundamental sciences is also a menace to universities unless they wish to lose the abler men in the preclinical branches who have proved themselves fundamental on two scores—on making progress and on training workers in the methods of research. I do not believe that increased salaries to those engaged in educational work will
come through any organization of teachers. The associations of teachers have always been based on the principle of improving their professional standards instead of seeking for personal gain. The profession of teaching is concerned in a very fundamental way with the ideals of giving and helping, rather than receiving. But there are signs that the community as a whole is beginning to think of the value of education.

I have claimed that the idea at the root of the full-time scheme is better teaching and more research. In the practical working out of the plan it has not always been clear that the balance of high ideals of teaching lies with the full-time scheme. If this were made clear the plan would readily win the support of the entire body of students. By the time a student has reached the third and fourth years of the medical course he has no longer the idea that teaching does not matter; he really wants help and guidance.

Marked ability to teach is not common; exceptional ability is as rare in teaching as it is in any other profession. A man who is practicing medicine may easily have as much ability to teach as a man who is doing research, and indeed in many of the medical schools there are practicing physicians who are doing excellent work in teaching. The universities have asked these men to teach, giving them either no salaries or salaries that are merely nominal, and have expected them to gain compensation in experience as an asset to the practice of medicine. The full-time scheme must not be considered as an attack on these men, but merely as the next step in the progress of medical education, which demands that educational institutions shall now select and draw into their teaching force a group of men who shall devote their entire energy to teaching and research. If this can be done one can hardly question but that the advances of the past thirty years of professional teaching of the preclinical side will be duplicated on the clinical side.

It is clear that two factors have given us a very much larger staff of teachers on the clinical than on the preclinical side. The first is the legitimate factor of the development of the great number of specialties. The second is the fact that many clinical teachers have put only a small part of their time into teaching, and the fact that the custom of the medical schools of paying them practically nothing has made it easy to increase their numbers. With the change of emphasis on teaching and research it is obviously impossible to put all of this large group on the full-time basis with adequate salaries. The change can be made rapidly in the organization of new institutions, but must be made gradually in the older ones, where only a few of the teachers in the main branches of medicine and surgery,
together with representatives of some of the specialties, varying according to local conditions, can be put on the full-time plan in the beginning. This can be done with the confident expectation that the principle which is the more sound toward improving education will win out in the end.

I said at the beginning that there had been considerable opposition on the part of the medical profession to the full-time scheme. This opposition I believe to be due to a lack of understanding of the principles involved and to the difficulties of transition. One certainly hears some suggestion vaguely expressed, perhaps not wholly consciously formulated, of a fear of preventive medicine. To this there can be only one answer: To preventive medicine the medical profession must adjust itself. It is obvious that eliminating typhoid, malaria, typhus, smallpox, cholera and so forth have so far not emptied our hospitals or diminished the need for doctors; indeed, along with preventive work, many conditions have come into the range of treatment which were formerly untouched, so that up to the present time the effect of preventive medicine has been expressed largely in a lengthening of the expectation of life. This fact, together with the eliminating of many of the weaker schools of medicine, make it sure that the effects of preventive medicine on the profession belong to another generation, not to ours. When the time comes the medical profession will make the only possible adjustment—of training fewer physicians.

In conclusion, I may say that I do not think that all of the problems as associated with the practical extension of the full-time scheme to the clinical side have been solved. Adjustments may have to be made, perhaps radical ones, but I profoundly hope that the plan will be given an adequate trial and that it can win the support of those who are teaching in our medical schools, because I believe it of the utmost importance to the community to range the ablest minds in the medical profession on the side of preventive medicine.

Beside an occasional school of hygiene and public health we need to have all of the leaders of medical education engaged in research to advance medicine. It is my sincere conviction that the opposition to extending the modern standards of professional education to clinical medicine will yield readily to sound constructive leadership on the part of those who desire this reform.
NEWS OF THE WOMAN'S MEDICAL COLLEGE
OF PENNSYLVANIA

The Corporation

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MRS. JAMES STARR, JR.

Executive Committee

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Secretary
MISS VIDA HUNT FRANCIS

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DR. FRANCES JANNEY-STODDART

MISS NINA LEA

DR. ALICE ROGERS-EASBY

DR. MARIE L. BAUER

MISS EDITH E. FALES

Faculty Appointments

Since our last BULLETIN of "College News" was issued the following changes have occurred in the teaching staff of the Woman's Medical College of Pennsylvania:

DR. CATHARINE MACFARLANE was in June, 1922, appointed Professor of Gynaecology to fill the vacancy caused by the death of Dr. Ella B. Everitt, this appointment also constituting her Gynaecologist-in-Chief to the Hospital of the Woman's Medical College.

Dr. Macfarlane received her premedical college training at the University of Pennsylvania, and graduated from the Woman's Medical College of Pennsylvania in 1898. She has pursued postgraduate study at Johns Hopkins University and at the University of Berlin.
She has held appointments as Demonstrator of Obstetrics, Instructor in Practice of Medicine, Instructor in Gynaecology and Lecturer in Urology at the Woman's Medical College of Pennsylvania, and has served as Assistant in Obstetrics and in Gynaecology on the staff of the Woman's Hospital of Philadelphia.

In the latter hospital Dr. Macfarlane is now on the Dispensary Staff in Gynaecology and is Gynaecologist on the House Staff. She is also on the Dispensary Staff of the Germantown Hospital, and is Consulting Gynaecologist to the State Hospital for the Insane at Norristown, Pa.

DR. MARIE K. FORMAD, 1886, has been appointed Clinical Professor of Gynaecology.

DR. FLORENCE E. KRAKER, 1905, Professor of Clinical Obstetrics, has received a leave of absence of fourteen months, and is spending a year in the Margaret Williamson Hospital, Shanghai, China.

DR. HENRY K. GASKILL has resigned the Professorship of Dermatology, and is succeeded by Dr. Joseph V. Klauder, University of Pennsylvania Medical School, 1912.

DR. ELIZABETH E. CLARK, 1912, resigned her position as Associate Professor of Physiology and Pharmacology in July, 1922.

In the emergency created by Dr. Clark's resignation the following appointments in the Departments of Physiology and Pharmacology have been made for the current session:

DR. EDNA B. DAYTON, 1913, is promoted to be Acting Associate in Physiology and Pharmacology.

DR. MARION HAGUE REA, 1915, is appointed Acting Instructor in Physiology.

DR. MOLLIE A. GEISS, University of Texas, 1919, is appointed Acting Assistant in Physiology and Acting Instructor in Pharmacology, Materia Medica and Therapeutics.

DR. MARY M. SPEARS, 1916, has resigned her position as Medical Director of the Hospital of the Woman's Medical College of Pennsylvania, and has been appointed Instructor in Clinical Medicine.

DR. ELIZABETH D. WILSON, 1919, has been appointed Metabolism Assistant to the Consolidated Laboratories of the Woman's Medical College of Pennsylvania and the Woman's Hospital of Philadelphia.

DR. FRANKWOOD E. WILLIAMS, Director of the National Committee of Mental Hygiene in New York City, is appointed Lecturer in Mental Hygiene.
DR. SAMUEL W. HAMILTON has resigned his appointment as Clinical Professor of Psychiatry, and is succeeded by Dr. Everett S. Barr, Medical Director, Philadelphia Hospital for Mental Diseases.

DR. JULIA FAITH SKINNER, 1916, has been appointed Associate Clinical Professor of Gynecology.

DR. ISABEL BALPH, University of Pittsburgh, 1918, and Dr. Mabel H. Pearson, 1920, are appointed Instructors in Pathology.

DR. JESSIE W. PRYOR, University of Texas, 1920, has been appointed Instructor in Clinical Gynecology.

DR. PATRICIA HART-DRANT, University of Pennsylvania, 1920, has been appointed Assistant Instructor in Clinical Dermatology.

DR. ANNA E. GAYDOS, 1920, has been appointed Assistant Instructor in Clinical Medicine.

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**Items of Interest**

DR. JESSIE W. PRYOR has been appointed Medical Director of the Hospital of the Woman's Medical College.

THE HOSPITAL OF THE WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA made the following appointments to its Interne Staff for the year 1922–23:

Dr. Mildred Rogers, Dr. E. Lois Van Loon, Dr. Mary C. Warfield, Dr. Elizabeth L. Ewing, Woman's Medical College of Pennsylvania, 1922.

Dr. Gertrude Chandlee, Tufts Medical College, 1922.

Dr. Helen Hinton, Tulane University Medical School, 1922.

Dr. Jean Burrows, Dr. Marion Templin, Toronto University Medical School, 1922.

THE DEAN represented the College at the inauguration of President Marian Edwards Park, at Bryn Mawr College, on October 21, 1922.

MORE than half of the student body assisted in the Welfare Federation drive in November, collecting in this district in the northern part of the city over three thousand dollars. They were working under the direction of Mr. Irvin L. Stone, Chairman of the North District in the drive.
THE College has received, as a gift from the Class of 1922, a six-volume edition of *The Oxford Medicine* for the Library. This addition to our library is very much appreciated by the Faculty and Corporation, as well as by the students.

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**Officers of Student Associations for the Session of 1922-1923**

*Students' Association.*—President, Helen F. Schrack; Vice-President, Clara King; Secretary, Mary Easby; Treasurer, Reuben Alley.

*Medical Club.*—President, Clara R. King; Vice-President, Helen F. Schrack; Secretary and Treasurer, Carroll La Fleur-Birch.

*Young Women's Christian Association.*—President, Esther Closson; Vice-President, Faith W. Reed; Treasurer, Ella Garber; Secretary, Marion Stranahan.

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**Fall Reception**

On the evening of October 7 the Students' Association and the Young Woman's Christian Association entertained the Faculty and students in the gymnasium with music, dancing, and refreshments.

During the evening the presidents of the various organizations explained the purpose and character of the organizations which they represented. There was a big crowd out to welcome the new girls to Woman's Medical College of Pennsylvania.

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**The Hallowe'en Party**

On Saturday evening, October 28, the Sophomore Class gave its annual fall party to the College. The gymnasium was prettily decorated with autumn colors, jack-o'-lanterns, silhouettes of witches, black cats, and bats. A yellow harvest moon added much to the effectiveness of the decorations.

A number of stunts were given by the class, chief among them an exact reproduction of the famous World Museum, with its freaks and what-nots.

Refreshments were served, and music was furnished throughout the evening by a three-piece orchestra. Dancing was enjoyed until a late hour.
The Sing Club

The Sing Club continued to be one of the most active organizations of the College during the past year, with Mary Hippie as director and Frances Shields as accompanist. Rehearsals were held at the noon hour at least once a week and the Club sang at the Nurses' Commencement and at the Christmas meeting of the Young Women's Christian Association. In the spring a concert was given with the assistance of Mrs. Dorothy Johnstone Baseler, harpist, and John Richardson, violinist. The proceeds realized from this concert were turned over to the College, and have since been used for the installation of new lights in the lecture rooms.

The Medical Club

The first meeting of the Medical Club was held in the West Lecture Room of the College on October 25, at 8 p.m.

Miss Esther Closson opened the program by a paper on "Huntington's Chorea," giving a brief discussion of the condition and reporting two cases observed by her.

Dr. Henry Cotton, Medical Director of the New Jersey State Hospital, gave the address, speaking on that most interesting subject: "Foci of Infection in Relation to Mental Disorders." The discussion was led by Dr. Elizabeth Spencer McCall, after which the meeting adjourned to the Students' Sitting Room for the best of hot chocolate and the daintiest of cakes.

The November meeting was held on November 24.

Miss Catharine Johnston reported a case of salpingitis caused by streptococcus infection, and Miss Ruth Frank an unusual case of tuberculous salpingitis. The cases were discussed by Dr. Catharine Macfarlane.

Dr. John G. Clark, Professor of Gynæcology at the University of Pennsylvania Medical School, gave an interesting account of his trip to China in connection with the dedication of the Peking Medical College last spring. The address was illustrated by beautiful lantern slides, and gave a wonderful picture of the introduction of Western scientific medicine to the Orient.
NEWS FROM THE CLASSES

Senior Class

President, Anna Ruth Winter; Secretary, Lillian Atkins Moore; Treasurer, Beatrice Mitchell.

A survey of the members of the Senior Class shows that many were active in gaining valuable experience last summer. Margaret Richey acted as Councilor in Dr. Gibson’s camp in New Hampshire; Roselia Biedermann was assistant in physical therapy in Walters’ Sanatorium, Wernersville, Pa.; Anna Ruth Winter did nursing in Berkshire, Massachusetts, and Mabelie Sammons in Pocono Manor, Pennsylvania.

Many of our number acted as internes: Beatrice Mitchell and Marjorie Reed in Danvers State Hospital, Hathorne, Massachusetts; Esther Closson and Helen Schrack served at Worcester State Hospital, Worcester, Massachusetts; Clara King and Catharine Johnston at New Jersey State Hospital, Trenton, New Jersey; Ella Duff at Framingham Reformatory for Women, Massachusetts. Maria Mora was assistant to the superintendent at Eagleville Sanatorium, Eagleville, Pa.; Lillian Atkins Moore served as officer at Sleighton Farms, a reform school for girls, at Darling, Pa.

We are glad to welcome to our class Margaret Cuthbertson, who was transferred from the Johns Hopkins University Medical School. In November Miss Cuthbertson was married to Dr. H. M. Powell, of Baltimore, Maryland.

Junior Class

President, Arline Beal; Vice-President, Virginia Beyer; Secretary, Sadi M. Baron; Treasurer, Rosella Popp.

Marion Bottomley was married, on June 21, to Mr. Sherwood Hall, and on the same day received her degree of Bachelor of Science from Mt. Union College.

On June 17, Carroll La Fleur married Mr. Richard B. Birch, Jr. Mary Easby and Erica Deuchler spent the summer abroad; Lorena Welbourne spent two weeks at Eaglesmere, representing the Woman’s Medical College Young Women’s Christian Association. The remainder of the summer she spent assisting her mother, Dr. Edythe Welbourne.

Florence Dodds served one month in gynaecological clinic in the Hospital of the Woman’s Medical College and two weeks at Barton Dispensary.

Katherine Briegel and Hazel Culler were on the staff of Dr. Tracy’s camp at Rocky Pond, Clemons, N. Y.
Sophomore Class

President, G. Marion Stranahan; Vice-President, Helen L. Williams; Secretary, Martha C. Jaquish; Treasurer, Sara A. Hall.

During the summer our various members were by no means idle. This is what a few of them did:

Edith McLeod and Rebecca Patterson taught first-aid classes in Manistique, Michigan. They also had charge of a group of Camp Fire Girls.

Mary Noble Smith, Reuben Alley and Mary McIlvaine spent part of the summer at Dr. Tracy's camp at Rocky Pond, Clemons, New York.

G. Marion Stranahan served as occupational therapist and clinical assistant to the pathologist at the New York State Hospital for the Insane, Binghamton, N. Y.

Sara Hall was employed as assistant in the laboratory and dispensary of the New York Orthopedic Hospital.

Mary Belle Dickson surprised us all by returning this fall as Mrs. William Varker.

Alice North spent the summer in Maine.

Matie Green served as Social Worker, doing follow-up work in the care of convalescent insane for the New York State Hospital, Binghamton, New York.

The class welcomes the following new members to its numbers: Maude S. Pressly, transferring from the University of Virginia; Mary Palmer and Alice Reinhardt, transferring from the University of Michigan; Sarah Maui and Lillian Malone, transferring from the Medical School of George Washington University; and Ann Catherine Arthurs transferring from the Medical Department of Johns Hopkins University.

Freshman Class

President, Alice E. Sheppard; Vice-President, Norma P. Dunning, Secretary and Treasurer, Elizabeth D. Kane.

The entering class, 1926, has twenty-seven members, eighteen of whom have either an A. B. or a B. S. degree. One of our members comes from Russia, where she took her premedical work, and the others come from eight different states.

More than half of the class have come directly from college work, others have taught or have done graduate work along biological lines, while one is a registered nurse. Most of us are too young in medical work to have had interesting experiences to report here.
NEWS OF THE ALUMNÆ

DR. M. ELIZABETH REIFSYNDER, 1881, died at her home in Liverpool, Pennsylvania, on February 4, 1922, at the age of sixty-four years.

Dr. Reifsnyder gave the greater part of her life to the development of the Margaret Williamson Hospital at Shanghai, in the service of the Woman's Union Missionary Society. She returned from China six years ago and ill-health forced her to remain in this country.

Space does not permit here of a full account of Dr. Reifsnyder's magnificent professional work, which will be found in the records of the Alumnae Association for 1922.

DR. JANE TEAGARDEN, 1881, died at her home at Waynesburg, Pa., January 11, 1922, in her eightieth year.

Dr. Teagarden was the first woman physician in Greene County, Pennsylvania, and in addition to the demands of a busy practice took active part in the medical and civic affairs of her community. She served as secretary and later as president of the Greene County Medical Society.

She was an ardent suffragist, and, though so frail that she had to be carried to the polling place, took great pleasure in casting the first vote by a woman in Waynesburg.

DR. CAROLINE HEMPSTEAD MARSH-WIKLE FARREL, 1890, died on January 15, 1922, at Jonestown, Pa., in her fifty-eighth year.

DR. HANNA KINDBOM, 1910, died in March, 1922, at her home in Philadelphia, in her fiftieth year.

At the time of her death Dr. Kindbom was Lecturer on Physical Therapy at the College, and her loss from the teaching staff is keenly felt.

As we go to press we have received word of the death of Dr. BLANCHE BARRUS, 1920, in Clinton, North Carolina.

DR. LORETTA MANN HAMMOND, 1871, is the subject of the following clipping from a 1920 issue of a Los Angeles, California, paper which has come into our hands:

The pioneer of yesterday is the conservative of today. A startling mode of dress of sixty years ago revolves through the cycle of
fashions until it becomes not unlike the street costume of the average woman of today. As I write I am looking at the quaintest of old-fashioned pictures, a photo of herself sent me by Dr. Loretta Mann Hammond, a retired physician, now living in Los Angeles, who graduated from the Woman's Medical College of Pennsylvania in 1871.

If I were to describe the costume which was worn by little Miss Hammond back before the Civil War, any reader, even Olive Gray, might think I was picturing in words an up-to-the-minute mode. The skirt of this old dress is eight inches from the floor; it is gathered about a waist none too small, and is fastened—I am still speaking of the skirt—all the way down the front with very obvious buttons. As it is attached to the waist, a one-piece dress effect is had, with the throat encircled by a white linen collar. From the throat the waist opens to reveal a dainty white vest similar to those worn today with suits. The sleeves are long, tight-fitting, with no trimming and no fullness at the shoulder seam.

When the photo was taken, back in the late fifties of last century, young Miss Hammond's hair was cut, yes, bobbed, if you please. But again what a difference! Instead of fluffing up and down Nazimova-like, it is sleek and turns up in permanent question marks, inverted back of the ears to reveal in all their nudity every contour of the aural organs. Then, wonder of wonders, a concession to modesty is a pair of trousers, not bloomers, made of the same material as the skirt, and reaching to very dainty ankles. When this young Philistine, rebelling against the long skirts of her day, appeared on the streets of the city where she was employed learning the printers' trade, which in itself was the act of a Philistine in those days, she was mobbed, snow-balled and hooted at by the boys and even the men.

Immediately the young lady pioneer in dress turned on her assailants, and demonstrated that she could go to her work or to her home without being "all drabbled up." The leader of the mob shouted, "The lady is right," and the crowd faded away. Miss Hammond was never again molested for wearing what she terms "the American costume," which is so identical with woman's dress of today.

Dr. Hammond writes to tell me that she champions me in my defense of the suitability and even beauty of the present style.

"I presume the slavery of the long weighty skirts was before your time, and you never had a personal experience," she writes. "I do not now wear the 'American costume,' but the present mode, with all its faults, is an emancipation. The present mode is not quite warm enough, but an old lady like me does not have to wear openwork hose."

Dr. Rachelle Yarros, 1893, is in charge of the Public Health Institutes on social hygiene, which the United States Public Health Service is organizing in many cities in cooperation with the local boards of health.
Conferences for nonprofessional women have resulted in great local interest, and in Washington, D. C., last February, there resulted the organization of the Social Hygiene Council of the District of Columbia, which is made up of representatives of the Women's Clubs of the Capital.

**DR. JANE BRUCE GUIGNARD, 1904, is Director of the Social Hygiene Council organized in Columbia, S. C., following the Institute and Conference held there in January, 1922.**

**DR. HONORIA ACOSTA-SISON, 1909, has recently enrolled as a life member of the Alumnae Association.**

Dr. Sison continues her teaching and hospital work, and has recently taken part in a national conference at Manila, presenting a paper on "Prenatal and Natal Care of the Infant." In addition, she is bringing up her own two children, the elder of whom, Antonio, is over two years old. She writes: "How is the College getting along? From the last news that I heard, it is progressing steadily, thanks to the activity of its staff. It has a definite mission to fulfil, and I hope that it will ever continue to live a sturdy life despite the handicaps and the increased number of good-standing coeducational schools."

**DR. AMY A. KAUKONEN, 1915, is mayor of her home town, Fairport, Ohio, where she is waging an active campaign against bootleggers.**

**DR. ISOLDE T. ZECKWER, 1919, has recently been appointed research assistant in the Department of Pathology in the Harvard Medical School. She is also pathologist to the Long Island Hospital, in Boston, Mass.**

**DR. RACHEL SHARP, 1921, has announced her marriage to Mr. Charles Rafferty and is now living in San Francisco, California.**

**DR. ELLEN HOLMES, 1921, has announced her marriage to Mr. Willard J. Sutton and is living in Pittsburgh, Pa.**

**MEMBERS OF THE CLASS OF 1922 received hospital appointments as follows:**

At the Hospital of the Woman's Medical College of Pennsylvania: Mildred Rogers, Elizabeth L. Ewing, Mary Cabell Warfield, and E. Lois Van Loon.
At the Woman's Hospital of Philadelphia: Hannah V. Mueller, Henrietta T. Tanner, and Isabel C. De Pons.
At the Philadelphia General Hospital: Julia Deming.
At the Polyclinic Hospital, Philadelphia: Miriam Bell.
At the Western Pennsylvania Hospital, Pittsburgh: Emily Gardner, Lillian E. Shaw.
At the South Side Hospital, Pittsburgh: Mary A. Hipple, Grace K. Martin, and Caroline Vetkoskey.
At the Cleveland City Hospital: Marion Collins and Ruth Carpenter.
At the Grace Hospital, Detroit: Alva Gwin, Matilda Maerz, and Mary Bailey Sloan.
At St. Luke's Hospital, San Francisco, Calif.: Isabella M. Clinton.
At the Worcester Memorial Hospital, Worcester, Mass.: Marian S. Morse, and Doris Tuttle.
At the Chester Hospital, Chester, Pa.: Rita Knopf.
At Mercy Hospital, Pittsburgh, Pa.: Helen M. Manning.
At the Newark Memorial Hospital, Newark, N. J.: Marcia V. Smith.
At the Harrisburg Hospital: Frances E. Shields.
At the Community Hospital, New York City: Adele E. Streese-man.
At the New York Infirmary for Women and Children: Martha Russell.
At the Allentown Hospital: Ruth N. Miller.
At the Passaic General Hospital, Passaic, N. J.: Katherine Rader.

From letters received by the Dean's office at the present time it is clear that members of 1922 are making good as interns, and physicians of the same quality are being sought by the superintendents of these hospitals to fill 1923 appointments.

Dr. Julia Deming has the distinction of having passed the National Board Examinations in Part I, last June, with the best average in the United States.

Dr. Katherine Rader, 1922, has been married since graduation, last June, and is now Mrs. Albert Hohab.

Dr. Ruth Carpenter, 1922, has just been married to Mr. Victor W. Hart, of Cleveland, Ohio.
REGISTER OF ALUMNÆ

In March, 1923, the College will issue a new edition of the Register of Alumnae, for which a charge of twenty-five cents a copy will be made.

We urge upon all graduates of the College to return immediately to the Dean's office the following form, properly filled in to date, together with twenty-five cents (stamps accepted) if you wish a copy of the Register.

Unless we have your cordial cooperation we cannot avoid omissions and errors.

MARTHA TRACY, Dean.

OFFICIAL FORM

Woman's Medical College of Pennsylvania—January, 1923

Alumnae are requested to fill in the blank as completely as possible, with dates, using supplementary sheets if necessary, and to return it without delay to the office of the Dean, Woman's Medical College of Pennsylvania, 2101 N. College Avenue, Philadelphia, Pa.

Full Name.................................................................

Permanent mailing address..................................................

Present address..............................................................

Academic college, with degrees and dates..................................

Date of graduation from Woman's Medical College of Pennsylvania..............................

Internship, with dates........................................................

Postgraduate study: Institutions, courses of study, with dates............................................

Are you in active practice or other phase of scientific work?..........................................

26
Nature of present work or specialty

Medical appointments held, or scientific work done since graduation, with dates

Membership in scientific societies, with dates

Social or civic work and societies, with dates

Books or articles published, with full titles, place of publication and dates

Are you married? Yes No Date... Husband living? Yes No
Husband's name in full... Occupation...
Children... Names Sex Date of birth If not living, date of death
FORM OF GIFT OR BEQUEST

I give (or bequeath) $............................to the Woman's Medical College of Pennsylvania, to be used at the discretion of the Board of Corporators.

I give (or bequeath) $............................to the Woman's Medical College of Pennsylvania, for..........................(specify object)

While gifts and bequests for specified purposes are always greatly appreciated, nevertheless any one who wishes to benefit the College most promptly and effectively can best do so by contributing funds to be used at the discretion of the Corporators.