The Deaf Child.

Emma E. Mussou, M.D.

I am in hope that the following remarks on the clinical aspects of the deaf child may arouse the interest of the readers of The Esculapian in the early education of the deaf-mute.

A clinical classification of the deaf-mute according to the Dresden School is as follows:

A. Semi-deaf and semi-mute.
B. Ordinary deaf-mutes.
C. All the weak-minded children, or physical deafness.

This clinical classification is of great significance in the education of the deaf-mute according to our present method of oral teaching, the teaching of speech by lip reading.

In class A it is possible by the use of the remnants of hearing to gain an improvement in the tonal quality of the voice and in the language. The hearing remaining the same, these children should not be educated with the deaf-mutes.

In class B, education must be entirely dependent upon sight and touch.

In class C, the physical deaf-mute, the child should be placed in an institution for feeble-minded children, as the methods for the teaching of the deaf-mutes will be of no avail in psychical deafness.

Deaf-mutism is either congenital or acquired. In the congenital deaf-mute there are often found remnants or islands of hearing. In acquired deaf-mutism these areas of hearing are seldom or never found.

Bezold strongly urges that the numerous and extensive remnants of hearing which are found in more than one-third of all deaf-mutes ought to be made use of for the purpose of education. In the institution for deaf-mutes in Munich each pupil is provided with a mirror which allows him to indirectly see the motions of the mouth of the teacher, who speaks directly into his ear; thus the eye and the ear supplement each other. Thus a child in class A will not have to go through the laborious education of class B, the totally deaf, and will not acquire the defects of speech of the latter. A report from this school, established by Bezold in 1898, is as follows:

"These children command a vocabulary that the totally deaf can never obtain. Their manner of expressing their thoughts is equal to that of hearing people. Their readiness to speak is surprising. Similar results can never be obtained in totally deaf children. They are unattainable to partially hearing children who are constantly instructed together with their deaf comrades."

Separation of the partially hearing from the totally deaf, and instruction in separate rooms, or if possible in separate institutions, should be aimed at. Since 1900 the board of health of the German Empire requires a complete qualitative and quantitative hearing test by means of the continuous tone series for all deaf-mute children of school age. According to Politzer, only the education of those cases should be attempted in whom there is hearing for vowels or words.

Passow found among the pupils in deaf and dumb asylums a number of cases whose deafness could be improved by treatment, and several cases who were idiotic, and thought a compulsory law should be passed that at the beginning of every year, in all deaf and dumb institutions, all newly admitted pupils should undergo a thorough aural examination.
Those interested in the education of the deaf-mute in America are trying to establish public schools in the cities for the teaching of the deaf-mute, believing that the life of the home is far preferable for these children than that of an institution; it also stimulates the child to an effort to make himself understood by his companions, thus greatly increasing his command of language. The education of these children in articulation should begin as early as two years of age, for, according to Kerr Love, unless the speech habit be acquired before the age of five years the best oral results can seldom be obtained. This necessitates the education of the mother in methods of teaching and assures to the child a much more continuous education than the few hours at school can give.

It is the physician of the family who can most closely influence the future of the deaf child, for it is to him, primarily, that the child is brought, and it is in his early recognition of deaf-mutism that the effective education of the child in speech depends, as the first lessons in articulation should commence before four years of age.

It is the physician of the family who is the greatest factor in the prevention of acquired deaf-mutism, by his attention to the ears during infancy; it is for the physician to combat the illusion of many parents that the child will outgrow a chronic abscess of the ear, and that tonsils and adenoids become absorbed when he has reached puberty.

Dental Surgery and General Medicine.

I have been asked by the Editor of The Escolopian to set down here a few facts about dental surgery which will be of service to the general practitioner.

Because of the fact that dental surgery requires special apparatus and has technique all its own, many fail to recognize it as a true specialty of medicine, but a little thought will convince one that this specialty is the most important of them all. Both life and health depend directly upon the digestive tract. As no stream can be purer than its source, so no alimentary canal can be cleaner than its beginning. All food must pass through the mouth, and if this cavity is filled with disease germs, what can keep the food from being contaminated? Many general surgeons will not do a laparotomy until the patient has passed through the hands of a dental surgeon and the oral cavity put in an aseptic condition.

There is one special disease, not known to all general practitioners, which is continually working against and is sufficient to undo much of their work upon the stomach. I will speak of this in due time.

Oral Hygiene.

When called to see a patient, the first thing that the general practitioner does is to clear the alimentary canal. The next thing that he (or she) should do is to establish a clean mouth. A close examination should be made of the tongue, gums and teeth, the nurse instructed to brush the teeth, and the patient, if able, to thoroughly wash the mouth many times a day with an antiseptic. A good wash, to be effective and not injure the mucous membrane, is hard to find. Warm salt water does wonders if used often enough. The best germicide, perhaps, is alcohol. Alcohol with equal part of borallyptol or listerine makes an excellent germicidal wash if well used.

The physician should press with
finger upon the gums downward and see if there is any pus oozing from under the free margin edge; if so it is probable that his patient has

RIGGS DISEASE.

This is the most troublesome thing the dental surgeon has to contend with. The cause is hard to find, and the treatment and cure more difficult still. It is generally found associated with rheumatic and uric acid troubles.

As intimated above, with any stomach trouble you may be treating, this patient will be swallowing many drops of pure pus every day. Would you expect to effect a cure of indigestion if some one were administering to your patient a third of a teaspoonful of pus every twelve hours? If this patient can walk he should be referred to a dental surgeon for treatment.

ODONTALGIA.

If you should practice in the country you will be called upon very often to relieve toothache. Of pains in the teeth there are many kinds, but the two most common troubles will be described. Odontalgia is the most frequent. This is caused by an inflammation of the pulp, commonly called the "nerve." As a matter of fact, there are many nerves and many blood vessels that go to make up this pulp in the centre of the tooth.

If disease has encroached upon the pulp it becomes inflamed, the blood is being sent there by the heart, the pulp tries to swell, but being encased by a bony wall it cannot enlarge and the result is one of the worst pains known to mankind.

For acute cases you may prescribe the holding of cold water in the mouth. At first this may increase the pain, but the cold will cause the blood vessels to contract and thus relieve the pressure. Sometimes the relief is instantaneous. If the cavity is accessible a small pellet of cotton saturated with chloroform or oil of cloves or carbolic acid may relieve.

PERIODONTITIS.

If, upon examination, you find the tooth sore to the touch, or the gum tender above the tooth, you have an entirely different cause for the pain. No need to "pin something in" this tooth. You want to get something out. This pain is not so violent as the other, but more persistent. Nor will cold water be of any benefit. You have here an incipient local blood poison. There is a dead "nerve" in this tooth, and the germs from a putrid pulp have found their way through the foramen at the end of the root and caused an inflammation of the periosteum, which is the beginning of an alveolar abscess.

The physician is more at home with this trouble if he knows how to diagnose it. Hot applications come first. Hot water bag to outside and the holding of warm water in the mouth. Stir up the liver with proper doses of calomel, at the same time giving of such anodynes as will help to alleviate the suffering. Of course the dental surgeon should open this tooth as soon as possible and let out the gas caused by the putrid pulp inside; but the chances are that the trouble must "run its course" and the patient helped along as much as possible. When the face begins to swell there is generally some relief from the pain.

LANCING.

The swelled face usually means that the pus sac is ready to open. There is a sac at the end of the root, but this cannot be gotten at with a lancet, and time must be given for the pus to force itself through the outer plate of bone. The tender puffed gum will show where to open with the small blade. If pus comes freely relief is at hand. Should you fail to get it, the cut can do no harm and may help to open the way later.

CAVITIES.

The so-called "decay" of the teeth is a germ disease, and not decay at all. This can be proven by extracting the tooth; if decay, it should continue. As a matter of fact, a tooth lasts almost forever when separated from the body. The teeth of extinct animals are found intact ages after all the bones of the
body have returned to their original elements.

We have cavies of the bone and cavies of the teeth. The tooth has upon its crown a coat of mail known as

THE ENAMEL.

This covering is by no means as thin as many seem to suppose. It cannot be brushed nor hurt by a pin "picking the teeth." In fact, the dental surgeon finds it a difficult matter to cut through it with the very best of steel instruments. Thus has Nature done her best. But alas, the acid saliva, caused by improper food or bad indigestion, eats out a small place in this coat of lime, and the ever-present germ finds its way through to the softer structure known as the dentine, or main body of the tooth. Thus begins the destructive work. This is done by the secreting of an especial acid which dissolves the dentine and the germ thrives by absorbing this substance into its organism. This work goes on as long as any of the tooth structure is left. Nature helps the dental surgeon here not at all. He must curette away the diseased parts and then restore the lost structure by an artificial substitute called a filling. The cutting is done with a bur in the dental engine and is often a painful process, the sensation being conveyed to the pulp through microscopic canals which pass through the dentine. The filling is put in for two reasons: first, to try to prevent a return of the disease by hermetically sealing the cavity; and second, to restore the tooth as nearly as possible to its normal condition. Hence the filling of teeth is a fight against the most universal of all diseases.

PREGNANCY.

The most destructive agency in the loss of the teeth in women is pregnancy. Most women think that they must submit to this great misfortune and do nothing during this period to save these important organs. There could be no greater error. The patient should consult the dental surgeon just as soon as knowledge of pregnancy is assured. He will carefully examine the mouth for cavies and test the saliva.

All cavities should be filled with some "plastic" material; first, because these materials will be best until after delivery, and second, the patient should be subjected to as little nervous strain as possible. Both the physician and the dentist should then work together in keeping the mouth as free as possible from the excessive amount of acid which almost invariably appears during gestation. The teeth of the mother become very sensitive, especially at the neck, and the dentine changes its structure, making it an easy prey for the disease germs.

LIME-WATER.

Plenty of lime-water should be used as a mouth wash many times a day, and prepared chalk packed between the teeth at night, thus neutralizing the acid as far as possible. This treatment should be kept up for several months after the birth of the child. Modesty should not prevent a woman from going to the office of the dentist as often as necessary to save her teeth. There is a superstition that no dental operations should be done during pregnancy. Especially, it is thought, that no tooth should be extracted. It should be the business of the physician to correct these errors. Instructions properly carried out will not only keep any of the teeth from being lost, but the patient need not suffer at all from toothache, which is so very common during the period previous to the birth of a child.

FRACTURES.

Some of the most difficult cases of fractured bones are those of the maxilla. The dental surgeon is, in every way, fitted to handle these, and generally with the greatest ease. With proper hands cemented to the firm teeth he can usually hold the broken parts in perfect apposition until union takes place, and with least discomfort to the patient. Whenever you are called in the case of a broken jaw, the best thing that you can do is to get the help of a dental surgeon.
IRREGULAR TEETH.

Irregular teeth in children should be straightened. The health of the child may depend upon this. Do not extract the first, or temporary, teeth. When taken out before they are ready to shed, the jaw contracts and there is not room for the new ones.

SIXTH-YEAR MOLARS.

There are four teeth which are erupted between the years of five and six which belong to the second set. They should be carefully watched for any appearance of cavies. Should the disease reach the pulp the child will suffer very severe pain and perhaps lose the most important tooth he will ever possess. They are often allowed to go because the parent thinks that they belong to the first set and will be "shed." Up to the age of twelve they are the last teeth back. They will never be replaced.

DECIDUOUS TEETH.

The first teeth should be carefully treated and filled for many reasons; two will suffice: First, the child needs these teeth as much as an adult needs his; second, much suffering will be saved for the little ones. When small spots of cavies appear, excellent treatment will be to touch them with the crystals of nitrate of silver; if done in time the disease is absolutely checked and no fillings will be necessary.

ADENOIDS.

Mouth breathing, a narrow roof and adenoids go together. These growths should be removed and the child urged to breathe through the nose. Mouth-breathing narrows the roof and thus contracts the air passages. The dental surgeon can spread the arch and thus give room for more oxygen and more vigorous health. The attention to the teeth of school children shows marked improvement in their effectiveness as students. The same is true of the soldiers.

NEURALGIA OF THE FACE.

Many stubborn cases of neuralgia of the face and head may be traced to the teeth. The pain is often reflex, and the seat of it may be a long way from the cause.

THIRD MOLARS.

The wisdom teeth give no end of trouble. In the process of evolution, the change in the shape of the cranium, caused by increase of size of the brain-box, has encroached upon the space necessary for the full and easy eruption of all the teeth. The third molar is often impacted, sometimes never coming into view, but is there to press upon the nerves and give great pain. In fact many cases of melancholia and other forms of insanity have been caused by these teeth. When located by a radiograph and extracted sanity has returned. This reminds me to speak of the necessity of lancing the gums in young children. In some of the medical books the eruption of the teeth is put down as a "physiological process," hence needs no help and can do no harm. They deny that this "process" may produce fever and the upsetting generally of the nervous system. This comes from ignorance of the anatomy of the parts. The "back pressure" of the tough gum tissue, which acts like a stout rubber band, is quite enough to produce all the dreadful symptoms of teething. The gums should be freely lanced again and again, if necessary. Do not let any book nor any professor persuade you otherwise. Thousands of children have suffered and many have died because of this nonsensical "physiological process" idea. The giving of birth to children is also a physiological process, but the "professor" generally thinks that it is necessary for him to be there.

PNEUMONIA.

The germs of pneumonia are readily found in the mouths of healthy persons, and the more uncleanly the mouth the greater the number of germs. With the condition a little below normal these organisms multiply rapidly, thus invading the throat and lungs.

SYPHILIS.

This trouble in its early stages often manifests itself in the mouth. The
teeth are affected through heredity, and thus are produced the peculiar notches in the cutting edges known as "Hutchinson's teeth."

I might mention many other diseases to which the teeth are subject, but space is limited. If I can impress upon the student the fact that the mouth is a very important part of the human anatomy and that its condition is an important factor in the cure of all diseases. I shall feel fully repaid for writing these lines.

You should work with the dental surgeon to produce clean mouths. In some states the M.D. degree is required of the dental specialist, and in all states a liberal medical education is required to obtain the degree of Doctor of Dental Surgery; hence you should find him an intelligent person to deal with, and one who can help you out of many difficulties.

The Advantages of An Interneship.

Mila A. Jackson Kinney, M.D.

When a doctor is called to testify in courts, the judge often inquires into her reading, observation and experience. While this is seldom done by patients, a doctor's success depends, likewise, upon her reading, observation and experience. The first of these is acquired in college, and the second is there stimulated, but it is in a hospital that it is developed and the third obtained.

The experience gained might be termed active and passive. By passive experience we mean that acquired by association with one's chiefs. Points in diagnosis and methods of treatment which they have learned after years of practice are, as it were, absorbed by personal contact. Matters of detail which may mean success or failure, and which are not found in text books, are daily demonstrated at the bedside. The opportunity of watching the chief's meet and combat complications, and of hearing of their early failures because of lack of observation or lack of knowledge becomes a valuable asset to the intern. In this way the older physicians try to guide the recent graduate through the shoals of professional inexperience.

Some one has well said that more is learned in one year of hospital life than in five years of private practice. During a year, the resident watches the course and treatment of a greater variety of cases and more serious complications than she would meet in years among her own patients. Thus in twelve short months one has had a large active experience.

It may be well to consider a few of the things one learns during an internship.

One of the most important of these is the ability to recognize and to comprehend the significance of nature's signals of distress. A certain expression of the face, or a particular posture may tell more to the practical eye than could be ascertained by much questioning. The ability to detect slight rigidity of a muscle or a change in the quality or tension of a pulse, comes only after an education of the finger tips.

The various drugs cease to be mere names in a textbook and become individuals with certain characteristics and the power to meet particular conditions. For example, she may have seen one cardiac condition benefited by digitalis, while it was useless or detrimental in another which at the first appeared to be similar.

A hospital experience teaches one her limitations. One learns to know when medical treatment is useless or even fatal, and when surgical interference is imperative, or when "masterful inactivity" alone should be employed. This comes from working over the autopsy table, or better by working over the operating table, the "autopsy in vivo" as it has been called.

Perhaps the greatest advantage of an internship is the legitimate self-confidence that is developed as a result of experience. The young physician can approach her private patients without fear, realizing that she has seen treated the majority of conditions
that will arise, and what is more, she can do justice to them.

It is safe to say that when her diploma is five years old she will find she has made fewer mistakes, saved more lives and made more money than she would have had she spent all her time in practice and sacrificed her internship in a hospital.

What the Scalpel Will Be.

As it has been said in the preceding number of The Esculapius, the name of the first annual edited by the students of the Woman's Medical College of Pennsylvania will be "The Scalpel."

We must acknowledge that the publishing of such a book is quite a daring enterprise, for as it has been said, "literary talents do not thrive in a medical school," and, moreover, "money is scanty now-a-days." But our "Scalpel" is succeeding, and we expect to see it out early in the spring.

Being published under the auspices of the senior class, the staff was elected from that class.

The book will follow the general plan of the customary "annual" of other colleges. It will represent all the different activities at W. M. C., and it will embrace every phase of our college life.

We need not repeat that the book affords the best opportunity for the promotion of college spirit, for college spirit grows of itself when the classes, clubs, associations, fraternities and all organizations connected with a college are brought into harmonious relations. Such relations our "Scalpel" will insure, and through it we all will join in one voice to greet our sisters of the future and those of the past alike, for "The Scalpel" will be the spirit of our Alma Mater.

Public Opinion.

The subject of cutting classes is one on which all students have opinions. Some have had wide experience in putting the word into deed. Contrary to the convictions of many estimable persons, I hold that cutting is very often a permissible and good thing.

Many students appear automatically at every possible appointment, no matter how tired they are, how stupid the lecture, nor how interesting the counter attractions. Of course, if there were not some of these persistently faithful ones, with the insatiable desire for knowledge to keep them ever agog for fear of missing an item, some of the lecturers in this place would have more holidays than the roster allows. The time of day may have something to do with the interest and value of a lecture. Late in the afternoon a student can receive more benefit from a walk, or from relaxation in her room, than from the exposition of a subject which she can better obtain by application to her medical volumes when she is feeling fresh and vigorous.

For instance, a thorough knowledge of anatomy is gotten by "grinding" over Gray, but listening to extracts recited from Gray when one is tired and hungry, helps but little on the road to the final exam. If we compare those girls who never cut with confirmed cutters, we will find as many brilliant students among the latter as among the former class. The best students are very often the independent ones who think and work alone, who are not afraid of what the professor may say or think if they are absent at roll call and meet him on the street later; in fact, the students who are interested in work, not in grades. If a girl occasionally attends a concert instead of histology laboratory, she shows not so much a lack of interest in histology as the existence of an interest in other things, which is natural and right. The fact that she leaves the medical atmosphere for the musical one makes her no less a medical student. After her return she can go to work with a clearer mind and keener perceptions than can the girl who has been at laboratory all day. Hard work, interspersed with hard play, shows better results for many girls than does a continuous round of work.
Finally, the matter of automatic attendance at class appointments is a personal one on the part of the student. If a girl chooses to be free from her schedule now and then it is her own affair. She will probably make as worthy a physician as will the girl who conforms ceaselessly to the routine mapped out for her on paper.

**On Cutting Quizzes.**

What are our reasons for cutting quizzes? Perhaps we are not prepared. But we have deliberately undertaken to fit ourselves to become physicians and can we honestly ask the confidence of our fellows if our preparation is marked by neglect or laziness? Few of us, I fear, make up a quiz unless required to do so for the finals.

Or we wish to use the time for something else. If for extramural matters, again let me insist that we have come here for a definite purpose and we must make other interests of secondary importance. Nor is it much better to sacrifice one subject for another. We know our schedule days ahead, and should make a strict reservation of the time due each quiz.

Or do we not enjoy the subject, or the quiz-master. Then take pains to attend, if for no other reason than to gain growth in character by doing each day something that is irksome. But if the subject bores you, then there is all the more need of taking advantage of every legitimate means of mastering it, for undoubtedly quizzes fix it in your mind as no other method can do. After all, do we feel entire confidence in the validity of these reasons for cutting when we happen to meet the quiz-master later in the hall?

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Miss Davies, '11, has been confined to the hospital for the past week.

Miss Love, '11, spent the holidays with Miss Dayton, '12, at Remsenburg, N. Y.
HOSPITAL NOTES.

Woman's Medical College Hospital.

Among the interesting pediatric cases in the Hospital during the past month was a case of broncho-pneumonia, with kidney complications, and a double otitis media. Although the child was extremely ill for several weeks, he has now recovered and will be discharged in a few days.

We have had many instructive surgical cases in the Hospital during the last two months. Quite a number of accident cases have been referred to us, one of the most important ones being a depressed fracture of the skull. The patient was operated upon by Dr. Deaver and is doing splendidly.

Among the gynecological cases this month was that of a large ovarian cyst. Three gallons of fluid was withdrawn at the time of operation.

Dr. Faughnan, the resident at Maternity, spent a few days at home during the holidays. Miss Caffrey, one of the senior students, acted as her substitute.

WOMAN'S HOSPITAL NOTES.

An exceptionally interesting medical meeting was held December 20, 1910, at which we also had the privilege of hearing an address by Dr. Neff, of Boston.

Program:

Frontal Sinus Case. . . . Dr. Butler.
A Series of Surgical Cases.
Dr. Lockery
The Use of the Colporemeter.
Dr. McFarland
Two Cases of Pernicious Anemia.
Dr. Dercum

Dr. Beaty spent the holidays at Warren, Pa. Mrs. Wellbourne, '11, had charge of the out practice during her absence.

Among our recent guests we welcomed Dr. Edith Flower-Wheeler, '07, of Mansfield, Pa, and Dr. Alice S. Steffans, '05.

We are soon to have with us Dr. Anna M. Fullerton. Dr. Fullerton was superintendent of the Woman's Hospital in 1887. Since then she has been active in India, and has gained the reputation of being "one of the most capable physicians."

The Christmas spirit reigned supreme at the Hospital. The entire house was decorated for the occasion. Each ward had its Christmas tree, its wreaths and its holly. The greatest enthusiasm was displayed in the children's wards, where each little patient had their special gifts. There were dolls and toys for all—"The Night Before Christmas." The nurses had two trees in their parlor. Here Dr. Seabrook played Santa Claus, and distributed the gifts. Christmas noon the interns had a Christmas party. Dr. De Land, senior surgeon, carved the turkey. Then came the treasure hunt, after which Dr. Hart entertained with games.

ALUMNAE NEWS.

Dr. Ella B. Everitt, who is a member of the attending staff of the Philadelphia General Hospital, has the months of April, May and June for her term of service. She is also one of the clinical lecturers on gynecology, holding clinics which are attended by students from all the medical schools of the city. Dr. Everitt is the third woman to hold a staff appointment in the Philadelphia Hospital.

In 1854 Dr. Elizabeth Shattuck was refused admittance to the wards of several hospitals, obtaining only the position of head nurse in "Blockley." In 1882 Dr. Clara Marshall was elected to the obstetrical department, and lectured to students from the many colleges of Philadelphia, until her resignation in 1895. Dr. Elizabeth L. Peck (1885) also served a number of
years on the staff of the Philadelphia Hospital.

In a recent number of the American Medical Association Journal is to be found a short note of appreciation of one of our alumnae, Dr. Mary C. Conant, of the class of 1890. The Warren County Medical Society adopted the following resolutions on her departure: "We, the members of the Warren County Medical Society, very much regret the departure of Dr. Mary C. Conant and hereby tender our appreciation of the many valuable services rendered us as members of the society and individually, during her term of service as pathologist to the State Hospital for the Insane. We wish her the success her earnest and thorough work so richly deserves."

Dr. Adelaide Ward Peck has resigned her position as director of the clinical laboratory of the Woman's Hospital.

Two of the most successful women physicians of Scranton, Pa., are graduates of this college: Dr. Alice Lillibridge, '00, who is assistant surgeon at Dr. Burns' private hospital, and Dr. Alma Wehlan, '06, who, besides attending to a good private practice, does a large amount of clinical laboratory work with her father.

Y. W. C. A.

Special Jubilee Celebration.

This year, owing to the fiftieth anniversary of organized women's work for foreign missions, a special jubilee celebration, extending over a number of months, is taking place throughout the United States.

The "Western Circuit" of the jubilee occupied October and November, and touched some fifteen cities, where special meetings, including "drawing rooms," young people's mass meetings, general mass meetings, special missionary lectures, and "Jubilee Luncheons" were features, which proved of extraordinary interest, and were the means of awakening new ideas among many hundreds of women who have never realized that missions were either interesting or worth while, not to say imperative and a privilege.

Beginning at the Pacific Coast with Oakland, Portland and Seattle, and then taking a group of central western cities from Denver to Detroit, large results in enthusiasm and jubilee thank-offerings were achieved.

The "Eastern Circuit" will begin in January and will include another Chemistry Student Assistant (seeking orthophosphoric acid)—Where is that orthopaedic acid? fifteen cities. Philadelphia's turn coming February 13 and 14.

The chief personal interest in the conferences has centered in Mrs. Helen Barrett Montgomery, of Rochester, Mrs. Montgomery is a graduate of Wellesley College, and a woman who has been associated with the most progressive movements, socially and intellectually, in her own State, and is widely known in all parts of the country as a lecturer and writer of rare charm. As she goes from city to city, speaking of the opportunities and privileges for women of today, she wins a most careful hearing by her clear and convincing way of putting vital issues before her audience.

Dr. Mary R. Noble, W. M. C., '01, of Ludhiana, India, will also be one of the speakers at the Jubilee.

The students of our College, as well as students throughout the city, will find that the opportunity to share in this jubilee celebration will be a great treat.

HOSPITAL CLOTHING

White Uniforms, Aprons, Caps, Kersey Caps &c.

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