The Relation of the Laboratory to the Practice of Medicine.

W. Taylor Cummins, M.D.

Not many years ago the subject of this paper would have called forth a limited discussion. Although many important discoveries in the world of medicine had been made, including those of Semmelweiss, Jenner, Lister and Pasteur, and those of ancient Greece and Rome, all immortalized in the history of Medicine, the era in which research began to receive its greatest impetus was the time when the specific causes of disease were being found by the aid of the higher microscopic powers. This era began in the eighth decade of the nineteenth century when a number of important organisms were discovered, viz., the spirillum of relapsing fever (Obermaier), the bacillus of malignant edema (Pasteur), the actinomycis bovis (Bollinger) and the gonococcus (Neisser). During this decade a diligent search was being made for the cause of tuberculosis, but it remained for Koch to discover the tubercle bacillus in 1882, immediately prior to which the micrococcus lancedatus (Sternberg), the bacillus typhosus (Eberth), the micrococcus tetragenus (Koch and Gaffky) and the bacillus pyocyanus (Gessard) were discovered.

Among the important organisms which were discovered between 1882 and 1900 (in chronological order) are the bacillus of glands, the streptococcus pyogenes, the bacillus lanceolatus, the cholera vibrio, the staphylococcus aureus and albus, the bacillus of diphtheria and tetanus, the bacillus coli, the bacillus aerogenes, the micrococcus intracellularis meningitidis, the bacillus of influenza and the bacillus of bubonic plague. One of the last discoveries of note (along these lines) was that of the treponema pallidum (syphilis) by Schaudinn and Hoffmann in 1906. Furthermore, it was during this period that Laveran discovered the plasmodium malariae and, at a later time, the anopheles mosquito was found to be the intermediate host of the parasite, whereas in yellow fever the stegomyia fasciata was found to be the intermediate host. Investigations showed that elephantiasis and certain other tropical affections are due to various forms of filarial parasites for which special insects are intermediate hosts. Further investigations revealed that sleeping sickness and surra, diseases peculiar to the tropics, are due to trypanosomes, in the former condition the tsetse fly being an important carrier of infection.

In certain other diseases, as typhus fever and epidemic poliomyelitis, the infectious agents have not yet been isolated, but it has been suggested in both cases (especially the former) that insects are important carriers of infection. Investigation has shown that ticks serve as carriers for several diseases, among which are the African tick fever, Texas fever and Rocky Mountain spotted fever. It has been shown that the ordinary house fly may be a potent factor in the dissemination of such diseases as tuberculosis, typhoid fever, cholera, and simple gastro-intestinal infections of diarrheal character. The discovery of the various infectious agents and the means whereby they are disseminated constitute but a fraction of the work which has been accomplished in the laboratory.
Various methods from time to time have been perfected by means of which the diagnosis of disease is facilitated. It has been found that the serum of patients suffering with certain infectious diseases (typhoid fever, Malta fever, tuberculosis, bubonic plague, cholera, etc.) will agglutinate the organisms which produce the specific disease. The Gruber-Widal reaction (discovered independently by the two investigators) is noteworthy. By appropriate methods of treatment the tubercle bacillus and bacillus mallei yield tuberculin and mallein, respectively, and when these are injected into a diseased animal there develops a specific reaction with rise of temperature, prostration, etc. Laboratory research has also shown after the study of fatalities due to the inoculation of diphtheria antitoxin that a lower animal or human being may become sensitized—rather hypersensitized—to certain substances, such as alien sera and proteids. A second inoculation after a variable intermission may cause death. This condition is known as hypersensitization or anaphylaxis. A recent discovery is that of the Wassermann reaction for the diagnosis of syphilis and metasyphtilitic diseases (tabes, general paralysis, etc.). This employs the complement-fxation test discovered by Bordet and Geison. Either syphilitic antigen or lipoids may be used; either anti-sheep or anti-human hemolytic system, dependent upon whether one prefers the original Wassermann or the Noguchi modification, in which also antigen and amboceptor papers are used. The syphilitic serum shows an absence of hemolysis.

The treatment of disease has been more or less improved upon by laboratory workers. Along the lines of prophylaxis Haffkine's vaccines have been of some value in cholera and bubonic plague; specific vaccines in typhoid fever and anthrax; whereas diphtheria and tetanus anti-
schools of the United States and research laboratories form an important part of the departments of health. In all of the large cities well equipped private laboratories are to be found to-day and to these the physician may have recourse for the examination of material at a nominal charge. The laboratory is an essential without which the practice of medicine loses its scientific standing.

The Treatment of Pulmonary Tuberculosis by Artificial Pneumothorax.

Mary E. Lapham, M. D.
Highlands Camp Sanatorium, Highlands, N. C.

An artificial pneumothorax is made by injecting nitrogen into the pleural cavity. This is as easy as the withdrawal of a pleural effusion. The needle is inserted, the nitrogen turned on, the needle withdrawn and the puncture sealed with adhesive.

What does the nitrogen accomplish? Pressure. A steady, even, elastic pressure, like that of a compress, over all the surface of the lung, gradually forcing it up together into the smallest possible space; crowding out all caseating, decomposing materials;obliterating all tubercular processes; converting the tubercular lesions into firm cicatricial tissue and leaving the sound portions of the lung unaffected, and able to resume their function after the pressure is removed. The clinical effects correspond to the compression of the lung. At first there may be an increase in temperature, pulse rate, respiration, coughing and amount of sputum, which is followed by a corresponding reduction in all the symptoms, accompanied by a gain in weight and strength. Typical cases for the method are those with the whole of one lung involved and riddled with destructive foci. High fever, drenching night sweats, profound exhaustion and emaciation, and profuse, purulent expectoration containing quantities of elastic fibres and tubercle bacilli. If an artificial pneumothorax can restore such a patient to health and work does it not deserve careful consideration, rather than a sweeping rejection as "too radical"?

If a case of pulmonary tuberculosis does not do well under symptomatic or tuberculin treatment shall we let the patient die or try to remove the foul contents of bronchiectatic areas and cavities just as we would drain an abscess in any other part of the body? If we can possibly accomplish, by a bloodless operation practically devoid of danger, the removal of a diseased lung, gradually and imperceptibly and almost without the consciousness of the patient, is not this worth trying?

The technic is not difficult and the apparatus is simplicity itself. Murphy's apparatus is described in the J. A. M. A. for 1898. The points of most importance are: First, the production of a pleural cavity. Second, the maintenance of the correct amount of pressure upon the surface of the lung until the tubercular lesions are converted into scar tissue. A pleural cavity can always be produced if there are no pleural adhesions, that is, if the pleural surfaces are free so that they can be easily separated. Normally there is no pleural cavity, but as soon as the costal pleura is punctured so as to transmit the outside pressure of the air, it enters promptly—the lung collapses and falls back out of the way. With free pleural surfaces there is practically no danger of puncturing the lung, but if they are adherent the needle pierces the pleurae as if they were one and enters the lung. There is, however, very little harm done. You know that the needle is in the lung because no air is heard passing through its head and you simply withdraw the needle and make another trial elsewhere. The lung is not injured and the pleurae are not injured because their surfaces do not exist. If they are universally ad-
herent no cavity can be produced, but adherent and non-adherent, surfaces are found in the closest proximity and many attempts may have to be made before finding a cavity. Murphy made three attempts upon a case of mine. Forlanini tried twenty-eight times upon one case before succeeding.

The greatest probability of free surfaces is over good resonance and breath sounds. Keep as far from the diaphragm and cardiac area as possible. Avoid the thicker muscles and choose a wide intercostal space. Paint the perfectly dry skin with tincture of iodine. With the left hand stretch the skin tightly across the interspace, freeze with ethyl chloride and make a small incision, just large enough to admit a medium size aspiration needle, which is thrust through the pleura. As soon as the pleura is pierced air is heard hissing through the head of the needle. If not, withdraw the needle a little and have the patient cough in order to open up the needle. If after repeated trials, no air enters the needle another attempt must be made elsewhere, possibly not more than an inch away. When the air is heard, turn on the nitrogen and admit just enough to keep the pleurae well separated, but not enough to cause any discomfort to the patient—from 200-400 c.c. Seal the wound with collodion and draw the edges together with adhesive.

The subsequent maintenance of a persistent even pressure so as to compress the lung without inconveniencing the patient, requires an adjustment between the amount of force used and the resistance of the tissues transmitting this force.

The amount of infiltration in the lung and the extent to which it is held out by pleural adhesions determine the amount of force and the length of time necessary to compress the lung.

The mediastinal pleura is relatively unsupported, and if too much pressure is used it will leak and the nitrogen will escape into the mediastinal tissues. This will cause deep emphysemas, with a sense of pain, oppression and suffocation, reaching from the diaphragm to the throat, and an uncomfortable heart action, while the nitrogen will also force its way through the tiny puncture wound, causing subcutaneous emphysemas which are disagreeable, although not dangerous. The frequency and the amount of the subsequent fillings are determined by clinical and physical findings. We try to abolish the breath sounds. First the rales disappear, then comes loud, metallic breathing, then a metallic click, and finally the sound as of a drop falling into a metallic space. If, in trying to abolish the breath sounds, we run the risk of upsetting the heart action, the digestion and respiration; if the patient feels weak, tired, nauseated, cannot eat or sleep, and complains of difficulty in breathing, then nothing more should be attempted until the patient has recovered. Nothing is gained and all lost by trying to force the process. Begin every other day putting in small quantities of nitrogen, because, until the lung is compressed, it will yield a little and this removes the pressure, which must be frequently renewed.

This means, theoretically, every other day or twice a week, but, practically, clinical signs may interfere, and say when the next filling shall be made. Throughout the course of the treatment avoid upsetting the patient and depressing the action of the heart. Slowly and persistently compress the lung, with as little consciousness as possible on the part of the patient, and then hold the lung firmly together until an anatomical recovery makes relapses impossible. After the lung is once compressed and does not yield any more, once a week, then once in two weeks, and finally once a month will be often enough to repeat the fill-
ings. No incision is necessary for the fillings. Paint and freeze the skin, then slowly thrust in a fine hypodermoclysis needle, which will cause no more pain than a hypodermic injection. If the chest is small and the lung a good deal infiltrated 200 cc. of nitrogen will be enough—seal with collodion. Sometimes the passage of even so small a needle through the costal pleura will cause sufficient irritation to arouse a pleural reflex, or pleural eclampsia, as the French call it. Before the nitrogen is turned on the patient cries out, "I feel badly. I cannot see." Then follows an appalling condition. The pupils contract, the respiration shallows and slows, the pulse fails, the skin mottles and the patient is cold and clammy. This condition may be over in a few moments or persist for thirty-six hours. It is best met by morphine, stimulants, and especially by breathing ammonia. Its occurrence does not necessitate giving up the treatment. Have the patient's bowels well moved; avoid the diaphragm, and give a preliminary hypodermic of morphine. The lung must be held well compressed for about a year in order to be certain that the lesions are well organized, so that no relapse can ever occur. Otherwise they will tear open when the lung re-expands and everything be lost.

Not all this time is necessarily lost from work. It may be quite practicable to go on with one's work after the lung is well compressed.

A young lawyer, with a relatively slight central lesion, could not hold his recovery. For a year under symptomatic and tuberculin treatment the physical signs would disappear only to return in full force whenever too much strain was put upon the lung. As he had a family to support and could not live in a glass house all his life, we compressed the lung. In two months he went back to work in his native town and has had no further difficulty.

A married woman, fifty years of age, was in bed with fever, hemorrhages, etc., for eighteen months. The left lung was totally involved and in the third interspace, an inch from the sternum, there was an area, about two c.c. in diameter, that rose and fell with inspiration and expiration. Over this area was amphoric breathing and large, wet rales. It seemed dangerous to attempt the compression of this lung for fear of bursting the walls of the cavity. Very cautiously and gradually we succeeded in abolishing the cavity and getting the lung well crowded up together. After two months the patient was able to walk, to do the cooking for herself and daughter and felt better and stronger every day.

A young woman of twenty-five was so reduced in weight and strength, so frail and emaciated, that it seemed worse than useless to attempt any help. Fortunately the husband insisted and we began trying to compress the left lung, which was totally involved. Aside from the pain of tearing open pleural adhesions she suffered no inconvenience and her return to health and strength was little short of miraculous. After two months she was driving, picnicking, going out to tea. And this after a history of three years' steady loss.

An artificial pneumothorax is indicated in any case of pulmonary tuberculosis that cannot make, or cannot hold, a good recovery. It is simple in its application and not dangerous. It is logical in theory and precise in its results. So why should it not be tried in all cases not counter-indicated by some complication, such as diabetes, sufficient in itself to inhibit recovery? Slight involvement of the second lung is not a counter indication, as the removal of the toxins helps the second lung to recover.
Dr. Harvey W. Wiley, M.D., B.S., Ph.D., LL.D., whose name will go down to posterity as the father of pure food and drugs, is known all over the world. Born in Kentucky in 1844, his early life was spent in Indiana, and the Hoosiers claim him as their own. He has held six professorships, is the author of 70 Government Bulletins, 225 scientific papers, member of many foreign and American societies, and has addressed hundreds of meetings in the interest of pure food and drugs; as a government chemical expert in many legal encounters, he is acknowledged to be without a peer.

His briefs are convincing and conclusive. In one case, before Judge Thompson in Cincinnati his brief (sic) of 800 pages (legal cap) was the direct cause of changing the judge’s views.

Aggressive, uncompromising, witty and genial, he towers above his opponents.

He is acknowledged the champion of scientific truth and honesty, and his great mission is to reform the business methods of the world in food and drugs; and his sterling motto is “Let the label tell the Truth.”

Public Opinion

[This Department gives opportunity for the discussion of all questions of interest to the Students.]

CLASS LOYALTY.

Class loyalty denotes constancy and fidelity not only towards your class as a whole, but towards each other as well; constant in your desire to serve, and faithful while serving.

To be loyal signifies that you should stand up for your class when its good name is challenged by an underclassmen or when criticisms (very often just) fall from the lips of those instructing you. Your class should stand for the right, faithful-
ness and integrity in all tasks performed.

How are you to make these qualities manifest? First, by being loyal to yourselves and among yourselves. There are so many interests, so many cares and duties to attend to while in college that many consider class matters as secondary affairs.

It is an easy way to shirk your duty by imagining that your next door neighbor will be present at the class meeting and then run into her room after all is over to find out what happened and what they voted upon. But some day your next door neighbor may not go, nor your third door neighbor, nor any of your classmates who were going to vote your ticket. What happens then? Your side loses, but whose fault is it?

When a class meeting is posted, try and arrange your work so that hour may be spent with your classmates. Go to your meeting with some opinion formed on the subject to be voted upon and vote accordingly. Don't vote because your nearest friends voted thus and so, or because your enemies voted on the opposite side.

Be loyal to each other and if you believe a girl is capable of filling an office, don't fail to nominate her and give her a chance of being elected. If a duty is given you to perform, be it a great or simple task, see that you fulfill that office to the best of your ability.

I think each of you students understand that loyalty to your class does not only mean that you shall appear with your class colors at class basketball games; it doesn't signify that you are obliged to flaunt your class' superior qualities before the members of other classes; to be loyal doesn't necessitate blindness and deafness to your classmates' faults (for we all possess them); but it does mean that each one shall take an active interest in all class matters. Attend your class meetings and when you get there vote and vote for what you think is right.

**Physical Training.**

To our personal knowledge the last five annual announcements, popularly known as "catalogues," have heralded the following prophecy:

"It is hoped that advanced work, which shall include the application of physical training to the prevention and correction of deformity and disease, will in the near future become a part of the required college course."

To a casual observer it is a faithful saying and a worthy presentation of an ambitious ideal by a great and noble college.

We, however, would know more.

Anticipating the stony glare of a faculty, strained to the point of poverty by the maintenance of a large and comprehensive course of instruction, we tactfully waive a longing request for a course in corrective gymnastics and content ourselves with one pertinent query:

If some time in the dim future the faculty intends to correlate "the application of physical training," etc., with "advanced work" in the gymnasium, how will they expect the students to be "advanced" if every hour is carefully planned for mental work and any opportunity for physical exercise is as carefully excluded from the weekly roster?

If this college stands for anything, it is for the complete preparation of women for the grandest of all professions—medicine; incidentally for the greatest service, the most complete self-sacrifice and some of the hardest work to be found in any calling known among men. And we're rather proud of the way we do it. State board records are most satisfactory, and we hold up our head with the best medical schools of this or any state.

However, there are a few minor points overlooked by state board examiners and so, pardonably enough, by our own faculty: matters which really merit a share of attention. A nurse, to enter training, must pass a physical examination. Any kind
of a physical wreck who can hold a pen and answer the proper questions may become a licensed physician. Just why health is more important in the nurse than in the physician does not, for the moment, appear. Must her head be clearer, her nerves more steady than those of the one from whom she has her orders?

There are countless reasons why any girl should take serious thought for her health. There are much greater reasons why a woman physician should do so. A girl owes it to her body to care for its needs in much the way she owes it chastity. A physician owes it to the people who will sometime trust their lives to her keeping to have head and hands and nerves strong and in perfect control.

Some day the life of a woman will depend on how long you can hold out; on how much sleep you lost with headache when at school; on how many walks you did not take; on how many good recitations you made Saturday morning when you should have been flunking with those who had played basketball the night before. It will not so much depend on whether you made seventy-five or one hundred in your chemistry exam.

There's a really fine gymnasium going almost to waste in connection with our college. Now, if we had no gym, how wronged and poverty-stricken we would feel! But having one for the using, we neglect it, perhaps because it cost us nothing; more probably because we are a thought lazy about coming out.

We ought to have a good sized class for an hour, two days a week. A half hour of light exercise, Swedish drill perhaps, and then a half hour of basketball. Many of the girls who need the exercise most have neither taste nor strength for so strenuous a game and they should surely have what they require. They could have it if they cared to ask for it.

The universal excuse is “no time” and “too busy,” utter nonsense, of course. It certainly does require an effort to dress and wander over to the gymnasium, and afterwards you are too tired to study well, but it's worth what it costs. You get the curl out of your shoulders, the squint out of your eyes and a little healthy color in your face. Come out and see what a variety of things may be done profitably with those tiresome tendons and muscles and joints Dr. Morris tells of. Study a little applied anatomy at first hand in the way of stoved fingers, bumped noses and bruised knees.

It is possible to waste time in pleasant exercise, but not to exercise at all is wasting something far more valuable than time. You know some of us would do nicely without any body at all if we had some handy support for a head, say a couple of sticks, and a book bag.

So be advised, girl on your gym suit and rubber shoes and come with us and we will do you good.

To the Editor of the Esclapian.

My Dear Editor:

I should like to call attention to a matter that is being much discussed among the students at this time.

It seems that the dancing class asked permission to use the gym for a small dance among themselves and their friends, and they were refused on their own merits, but promised consideration if the request came through the Students’ Association.

Such an action savors of favoritism. Class groups and basketball parties may be held in the gym without once reference being made to the Students’ Association. There are about fifteen members in the dancing class, a small organization in itself. Why should a distinction be made against them? Cannot something be done to regulate the use of the gymnasium?

A Student.
The Dean informs us that Dr. Harvey W. Wiley has kindly consented to deliver the address at the graduating exercises next June. Dr. Wiley's name in connection with the pure foods and drugs laws is of world-wide distinction, and we feel that the class of 1911 is to be congratulated upon the honor thus conferred upon them.

In another column we print a short sketch of his life, very kindly contributed by Joseph P. Remington, Ph. D., of this city.

Although it is our invariable custom to give our proof sheets the closest scrutiny possible, there occasionally appears in the merciless type of the magazine a typographical error which stands for all time a silent witness to our negligence.

Several such errors appeared in the last issue of The Esulapian, for which we humbly apologize, but for the presence of which we can offer no adequate excuse, viz., Dr. E. P. Bradles wrote the able article on “Dental Surgery and General Medicine,” not Dr. Bradles, and he writes respectfully of the “decay” of the teeth as “caries” not “cavities,” as proclaimed on pages 3 and 4. Instead of “physical” deafness in Class C of her article, “The Deaf-Child,” Dr. Musson in reality wrote “psychical” deafness. Finally, we feel sure that Dr. Peckham will pardon us for limiting her name to one syllable.

No one is more acutely aware of the deficiencies of The Esulapian, as a college magazine, than are the members of the editorial staff.

We wonder how many of our good friends realize the difficulties we encounter in seeking material from the pens of the students. We are convinced that many can write who have never attempted to prove themselves, and we but offer the pages of this magazine for the cultivation of their literary instinct.

The Esulapian is yours! You can make of it what you will! If there is a dearth of material of interest to you remember it is because you have not given us what we continually ask for.

Opportunities with wide open doors surround us on all sides did we but possess the subtle power of observation and discernment to step in and take advantage.

One hears every day of some eminent woman who has earned her education by her own individual efforts. Such an education is a precious possession, indeed.

There are so few opportunities for self help in our college that it is surprising to hear of one lying at hand unthought of and unseen. Two enterprising and energetic girls going in to it with business zeal and with but small outlay of funds, would undoubtedly prove successful in undertaking to supply light lunch in the college.

Such an act, to those who must carry lunch from home or prepare it themselves during lunch hour, would be hailed as a boon. The advantages to all concerned are easily recognized; the disadvantages, being few, are as easily overcome by careful forethought and well-placed energy. The lack of a good restaurant in the neighborhood cries loudly for a light lunch counter in the college. Who is willing to accept the challenge?
The Student Association.

The annual dance given by the Students’ Association will be held Friday evening, February 24. An informal dance will be held on February 3, under the auspices of the Dancing Class.

A request has been sent to the faculty by the Students’ Association that the final examination questions be printed or typewritten, as a number of the students have had difficulty in seeing the questions when written on the board.

A request has also been sent to the faculty for a statement of the rules and regulations governing the use of the gymnasium.

To the Upper Jaw.

Breathes there a man with mind so dazed
Who on his upper jaw hath gazed,
And cannot tell with half a look,
That here we have a nasal hook;
While here are holes, in number eight,
Which, with the teeth, articulate;
That here we have a nasal spine;
A fossa here, its name canine;
Below this edge called orbital,
The infra orbital canal;
And now within, see through a door,
We have the Antrum of Highmore,
The palate process here is shown,
Behind which is the palate bone;
While in the nasal wall is tucked
A channel for the nasal duct,
Breathes there a man with mind so dazed,
Who on this upper jaw hath gazed,
And cannot tell these points at once?
Why, such a man must be a durance.

H. L. Northrop, M. D.

The Success of the Scalpel

The advance news of the first W. M. C. Annual, the Scalpel, which is now being published under the auspices of the 1911 class, has been heartily greeted by faculty, alumni, and students. So much so, that there are promises of a much larger circulation than was at first anticipated, many copies having already been ordered. A large amount of material has gone to press, thus proving that the literary as well as the financial side is also meeting with the best of success.

Besides being a book of interest it is going to be the best of advertisements for our alma mater, giving the general public a fair idea of our splendid corps of teachers, the course of instruction, the position our college holds in relation to other schools, the type of students, and the general college life.

The Scalpel will be sent to alumni upon application, to any place in the United States for $2.50.

Editors The Scalpel.

SOCIAL.

“The Inevitable Freshman”

Nothing is more true in human life than the persistence of type. A college class may be recruited from the ends of the earth, and made up of people of great dissimilarities, yet in ten short weeks the many will be welded into the whole, which entity will repeat accurately every stage of freshman evolution.

Saturday evening, January 14, Miss Smith and Miss Ingersoll, 1914, entertained a number of the upper classmen.

About 9 P.M. the freshman class, having been omitted from the invitation list, took possession.

A prologist of great dramatic ability set forth the intent of the class to present that soul-searching tragedy, “Pyramis and Thisbe.” One freshman, wrapped in silver paper and carrying a fenestrated waste paper basket was declared to be the Moon; another, in fur coat, ambled around on all fours, roaring prodigiously and was introduced as the Lion, and yet another in a grey robe and carrying a piece of mortar represented the Wall, after which stage setting there entered Pyramis, brave in smalls, slashed doublet and befeathered cap.

He lifted up his voice and harangued the wall, and presently on the other side of that structure there arrived Thisbe, gracefully draped in
yellow portieres and wailing for Pyramis.

The precious pair contrived to communicate between the middle and ring finger of the wall. The most important feature of the conversation was the making of a date to meet by moonlight in the cheerful precincts of the family burying ground—then exit players. An electric bulb had meanwhile been introduced into the waste paper basket and the moon was persuaded to rise and shine. Then entered Thisbe bearing in her arms an immense steamer rug, the lion roared, the lady dropped the rug and fled, the lion viciously shook the rug, leaving upon its surface a small bright red college banner. Presently appeared Pyramis, and, after a few gallant compliments to the moon, cast his eye upon the steamer rug.

He recalled it as the graceful outer garment of his beloved and the red banner as her blood, and after sundry stampings and howlings, produced a paper knife from the doublet and stabbed himself somewhere in the region of the anterior third of the axillary space. He perished neatly and with dispatch.

Then came Thisbe to keep her belated tryst, found her lover, and after a superficial post mortem of the deceased, bewailed his departed lily lips, cherry nose, and yellow cow-slip cheeks, spied the paper knife and proceeded to follow his example.

The lion and the moon, with considerable exertion, removed the cadavers.

The epilogue was rendered by Puck and a number of fairies dressed in white, whose singing was pretty and whose dancing imperilled the foundations of the house.

After this the whole freshman class sat down in the centre of the floor and solemnly dined off the contents of a cracker box. Then with another song they departed, leaving two lemons marked '14 as class cards for the hostesses.

The presentation of the tragedy was excellent, the acting unusually interpretative and appreciative, and the spirit of mock gravity never broken for a second.

Everybody was delighted, and after the whirlwind the guests settled down again to card playing and other games and consumed quantities of refreshments. Nobody left until compelled to do so by the proprieties.

"Here's to all freshmen everywhere—the real owners of the fountain of eternal youth—what should we do without them?"

Still 'Freshmen'

The first bell had rung and the "freshmen" were assembled for their first anatomy lecture in the Year of Grace 1911. Suddenly the dean entered accompanied by a strange gentleman and thus greeted the class:

"Girls, I wish you a happy New Year and am very glad to see you here, also I hope you will have many more "Happy New Years," but not here. I hope to see no member of this class return next year."

The freshmen held their breath and wondered at this deep and dark saying of a dean, till the hush was broken by the entrance of Alfred carrying various bones. The sight of those bones seemed to fascinate the dean and she gazed alternately at the class and the bones until suddenly the light dawned and she exclaimed, "Why this is not the senior class, is it; too bad, now I have to say that all over again!"

The freshmen are still pondering whether to take the mistake as a compliment or not.

Every one is glad to welcome Miss Lydia Bauer back to college after a year's unavoidable absence.
Hospital
Woman's Medical College

The work of the college hospital in all of its departments is most interesting at the present time.

The main college hospital and the maternity department are filled to their utmost capacity and the dispensary and clinics are well attended.

We have had quite a number of interesting surgical operations during the past few weeks, one of the latest being a very severe case of suppurative appendicitis. The operation was performed immediately after the patient's arrival at the hospital, and she has had an uninterrupted recovery.

Dr. Musson did a radical operation last week for the cure of chronic otitis media. The patient, a little girl five years of age, is doing remarkably well.

The internees will change service again on February 4.

Dr. Minthorn becomes Senior Resident.
Dr. Faughnan becomes Junior Resident.
Dr. Pruitt, Interne at Barton Dispensary.
Dr. Gibson, Externe at Barton Dispensary.
Dr. McDonald, Resident at Maternity House.

The following students have received appointments in the college hospital for next year:
Miss Sarah M. Davies.
Miss Helen M. Stewart.
Miss Effie B. Dunlap.
Miss Anne R. Caffrey.

WOMAN'S HOSPITAL.
The Students' Bed.

Some sixteen years ago the question of care and accommodations for sick students forced itself upon the attention of all interested in their welfare.

Three of the students in the college at that time, now Drs. Anne Walter-Fearn and Sarah Poin Dexter, both now in China, and Dr. Brewster, initiated the movement to secure a bed for their use. The managers of the Woman's Hospital when appealed to, generously responded by offering the students a bed, for which the endowment in perpetuity should be but three thousand dollars. The agreement was, that on the payment of one thousand dollars the students should have the use of the bed for three months in the year, six months when the second thousand was paid, and the entire college year when the endowment was completed. Of this sum two thousand dollars have been paid, and all dues, collections and contributions go toward the last payment.

The bed is available for any student, provided the disease is of a character that can be admitted to the hospital. The hospital management has never limited the number of days the bed may be used to that set forth in the agreement.

The fact that a student was ill and needed care was sufficient to admit her, and it has not infrequently happened that several were patients at the same time, and the total number of days far exceeded the number allotted.

There is no expense whatever to the student thus cared for.

Many, desiring to do something in return, make a special contribution, but this is neither asked nor expected.

All contributions should be made through the class committee or treasurer, who in turn remits to Dr. Eleanor C. Jones, who is the treasurer of the fund.

The student who is a patient may be attended by the physician of her choice and has all the perquisites and privileges accorded to private patients.
Several changes were made in the attending staff the first of January, those on duty at present being as follows:

Surgery, Dr. Baldwin.
Gynecology, Dr. Purnell.
Obstetrics, Dr. Griscom.
Medicine, Dr. Van Gasken.
Nose and Throat, Dr. Musson.
Ophthalmology, Dr. Getty.
Skin and X-Ray, Dr. Weyl.
Pediatrics, Dr. Jones.

The interns for next year have been recently appointed and are as follows:

Miss Agnes Hockaday, Woman's Medical College.
Miss Carolyn Clark, Woman's Medical College.
Miss Mary Lewis, Woman's Medical College.
Miss Dorris Presson, Woman's Medical College.
Miss Adelaide Ellsworth, Woman's Medical College.
Miss Mary MacF'All, Woman's Medical College.
Mrs. Edith Welbourne, Woman's Medical College.
Miss Roberts, Toronto, Canada.

Dr. Elizabeth Lovelace Pickett, '95, who has been successfully conducting a sanatorium at Alden, Pa., was a recent visitor in the city.

Dr. Virginia Fickes, substitute anesthetist of the Woman's Hospital, has been enjoying a brief vacation and, during her absence, the anesthesias have been in charge of Dr. Nellie Craig.

Dr. Emily Oberlin, recently of the Mayo Laboratories at Rochester, Minn., has been appointed pathologist at the Woman's Hospital.

ALUMNAE NEWS.

Dr. Mary Fulton (class of 1884) has finished twenty-five years of medical service in China. Her work has been constructive and executive to an unusual degree. She began by establishing a dispensary in very meagre surroundings. Plan after plan formed itself in her brain, and developed into material form. Canton now rejoices in the successive benefits of these plans, which have resulted in the David Gregg Hospital for Women, Hackett Medical College for Women, and the Julia M. Turner Training School for Nurses. Dr. Fulton not only established these institutions, but to-day, through them and her dispensaries, promises a fair sequel to the story of the past twenty-five years' success.

It is easy to see that our alumnae are more than doing credit to our College, when we find such facts as the following:

In the report of the June State Board examinations in Texas, the Woman's Medical College of Pennsylvania ranks higher than any other in the grade per cent. One hundred and thirty-nine candidates, from thirty-five institutions, took the examinations.

In the American Medical Association Journal for June, our College is placed in "Class I" for State Boards and in "Class A" for general efficiency.

At the annual meeting of the Oil City Medical Club, held December 1, Dr. Winnie K. Mount (W. M. C., 1905) was elected vice-president.

Dr. Nellie E. Waclde (W. M. C., 1908) was married on December 21, 1910, to Dr. Frederick H. Hollinsworth. Their home is now in Council Bluffs, Iowa.

Y. W. C. A.

Mrs. Welbourne, the librarian of Brinton Hall Library, with a great deal of care and work, has recently finished cataloguing the three hundred books there, using the best modern sys-
These books are at the disposal of all the students at any time. There are books of medicine, fiction and missions. Donations of books, especially of fiction, will be gladly received and appreciated.

A weekly Bible Class of nine girls has just been organized to study "The Political and Social Significance of the Life and Teachings of Jesus" by J. W. Jenks.

Student Volunteer.

We are all greatly interested in the work our alumnae are so honorably carrying on. We want to share with others, from time to time, some of the good news these friends send us. The following are extracts from a letter by Dr. Ruth P. Hume, Ahmednagar, India:

"Women doctors have a very large field to fill in the Orient and will continue to have for a long time. Frequently a patient comes, saying that the men doctors have told her to come to us for diagnosis, at least. We are the only doctors who can do proper gynecologic work. The East needs many more women doctors. . . . The more educated people do not want anything but foreign medicine. The others want it when they see good results. As our work is wholly for women and children, who are more ignorant than the men and cling to their age-long customs, we get some very sad cases. Then they say: 'What could we do? We did not know any better.'

"The character of my work—general in every sense of the word—surgical, major and minor; obstetrics, normal and abnormal, most emotionally the latter. (If any one wants practice in abnormal obstetrics, let her come to India. I say her, for the men won't get much of it.) Medical in all its branches, pediatrics most assuredly, with the rachitic and opium-fed babies and all the complications and associated diseases, especially congenital syphilis, which they can conjure up, skin diseases, gynecology, ophthalmology, as much as one wishes, otology, until one is sick of otitis media. One ought to be a specialist in everything—but cannot."

Woman's National Foreign Missionary Jubilee.

1860—1910.

Philadelphia, Penna., Feb. 11-14, 1911.

Theme:

Woman's Share in the Task of Evangelizing the World.

Saturday Evening, February 11th,
Illustrated Lecture,
Western Women in Eastern Lands,
Witherspoon Hall, Walnut and Juniper Streets,
Tickets, Thirty-five Cents.

Monday Afternoon, February 13th,
Conference with Workers,
Calvary Presbyterian Church,
Locust Street, above 15th Street.

Monday Evening,
Young Women's Sessions,
Supper, 6.30 P. M.,
Scottish Rites Hall, Broad and Race Streets.
Tickets, Forty Cents.

Tuesday Evening,
Mass Meeting at Academy of Music,
Chorus of 600 Voices,
Pageant of Missions,
Addresses by Mrs. W. Peabody and Mrs. W. A. Montgomery.

HOSPITAL CLOTHING

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

C. D. WILLIAMS & CO.

246 S. 11th St.

Philadelphia

Notice.—Students and Nurses of the Woman's Medical College are allowed a discount of 10% on Trunks, Bags, Physician Cases and Fancy Leather Goods made by Simons & Co., 700 Arch St. Estab. 1864.