A Tribute.

This is a tablet of pathos placed reverently on the final couch of a brilliant young man. Joyous Life held out her hands to him, and his profession acclaimed his praise. A keen analyst; a wonderful organizer; a prince among diagnosticians; an intellectual writer; all of these was he. But far more than this—he was a gentleman.

Lest I trespass too long with my own poor words of praise, I fain would paraphrase the thoughts of one of the world's great word painters. "This young man died where manhood's morning almost touches noon, and while the shadows still were falling toward the west. He had not passed on life's highway the stone that marks the highest point, but being weary for a moment, he lay down by the wayside, and, using his burden for a pillow, fell into that dreamless sleep that kisses down his eyelids still. While yet in love with life and raptured with the world, he passed to silence and pathetic dust."

Like all hard workers he was proud of his work. His connection with institutions of learning were to him a joy. His editorial work was a delight. It was with pleasure that he watched the growth of those recent valued books, the infants of his active brain. By his deeds he will be remembered. Of this good soul, as of Sir Christopher Wren, it may well be said: "Si monumentum requiris, circumspice."

ALBERT G. MILLER, M.D.

Written for The Esculapian.
Importance of Examination of the Nose and Throat in General Diagnosis.

MARGARET F. BUTLER.

My purpose in presenting this subject to the student readers of The Esculapian is to urge upon them the importance of cultivating a habit of including the upper respiratory and upper alimentary tracts in their examination of patients.

As we all know, this is ordinarily neglected unless the patient comes as a nose and throat case. The family and personal histories, the laboratory tests, the thoracic, abdominal and pelvic organs are taken into consideration as routine, but alas, the nose, throat, mouth and ears are overlooked. The young doctor may even lose her nose and throat instruments during her hospital service, or in the early years when she is unsettled in work. Where it is not convenient to have a report from a specialist, every general practitioner should have in the darkest corner of the office, a simple light fixed on the wall, and a small table on which are arranged the nose and throat instruments, ever ready for use. There seems to be an inherent dislike or even repugnance on the part of all but the specialist, to look into the nose and larynx. The same prejudice, which the individual physician experiences in the use of the rhinoscope and laryngoscope has been observed in the developmental history of these instruments. It was thought that the larynx was much too sensitive to be examined, and Moritz Schmidt—laryngologist to the German Emperor—narrates jestingly, that he was much astonished not to have lost his breakfast when the laryngeal mirror was first introduced into his throat by Czermak in 1862. It is not a difficult matter to train the eye to see, and the hand to guide the probe into these apparently mysterious passages in order to ascertain conditions therein. It matters not how well the interior and exterior of the house may be kept, it is an unwholesome house to live in if it be poorly ventilated, and if the air which enters must pass over undrained sewers and decomposing matter at the threshold. Every organ of the body depends for its healthy nutrition upon a proper supply of oxidized blood. The nose, which is the door to the breathway, should be of sufficient capacity to supply the normal ratio of air, and its functions of warming and moistening the inspired air, should be sufficient to prepare it for the interchange of oxygen and carbon dioxide in the walls of the pulmonary vesicles.

Since the development of the rhino-laryngoscope in the past half century, each new decade has demonstrated that this simple device has become of the greatest possible service to medical science. Soon after it came into clinical use, it was observed that certain conditions in the larynx were signs of disease in other parts of the body. Now we know that no case of persistent or recurrent hoarseness, or cough, can be rationally treated without an inspection of the larynx, as well as of the nose and pharynx. Among the first discoveries of importance to general medicine was that of progressive paralysis of the recurrent laryngeal nerve. This suggested studies of the brain cortex, and explorations of the nerve centers by Semion, Burger, Horsley, Krause, Kratzenstein and others, as a result of which the neurologist has come to consider the laryngeal mirror an invaluable aid to diagnosis. Laryngeal crises, with abductor paresis, may constitute the earliest, and for a long time, the only symptom of locomotor ataxia. In this disease we may also have sensory disturbances, and inco-ordination of muscles. The administration of an anesthetic under these circumstances might be fraught with disaster. Laryngeal, as well as esophageal and pharyngeal spasm, is frequently a premonitory symptom of general paresis. In paralysis agitans it has been seen that the cords cannot long be held in the median position during phonation. Intra-thoracic an-
eurysm is often first discovered by the laryngologist, who in looking for the cause of cough, paroxysmal dyspnea or alteration in the voice, finds in the motor disturbances in the larynx, signs of pressure on the recurrent laryngeal or the pneumogastric nerves. Occasionally death occurs with very little warning, caused by pressure on the motor nerves of the larynx by a new growth or by a moderately enlarged thyroid gland, producing abductor paralysis of the vocal cords and asphyxia. A slight persistent laryngitis is often a forerunner of pulmonary tuberculosis and should lead to examination of the chest and the general condition. It may, however, be due to an increased congestion and thickening of the mucous membrane, caused by disease of the heart, blood vessels, kidneys or liver, or retention of toxic substances due to faulty oxidation of the tissues. Very frequently faucial, nasal and laryngeal congestions may be the only signs of gout, rheumatism, indigestion, and beginning degenerations in the blood vessels. Many of the reflex neuroses are of intra-nasal origin, e.g., asthma, hay fever, cough, migraine, epilepsy, etc. Sohier Bryant found obstructive abnormalities in forty-eight cases of epilepsy examined, and even were operated with vast improvement. In his studies he found that the seizures increased with increased congestion in the nose, and did not occur when the mucous membrane was hard and anemic. Students of physiology and workers among defective and backward children fully appreciate the importance of a free air passage, and the following quotation from Ernest K. Coulter, in The Outlook of February 18, 1911, shows that the children are learning to speak for themselves on this subject. Mr. Coulter writes: "It sometimes happens that these defectives know that their afflictions render them irresponsible. A boy whose fiendish outbreaks of temper made it impossible for his parents to manage him was committed recently to a protectory. On having a task assigned him there, he balked, and finally fought with his teachers, declaring: 'I didn't come here to work, but to get my nose cured. I'd be all right if they'd only cure my nose.' It was then discovered that he had growths in his nose and troubles with his throat that created nervousness and a mental condition that incapacitated him from work or study." Until the rhinoscope was discovered it was not known that nasal stenosis or an obstructing adenoid might destroy the hearing, dwarf the intelligence, and deform the face and chest. Bearing this fact in mind, the pediatrician now saves many children from deafness and subnormal development.

The infections of acute rheumatism, influenza and tuberculosis are doubtless many times introduced into the body through the diseased crypts in the lymphatic ring of Waldeyer. The lesions of syphilis are often overlooked in the nose, pharynx and larynx. Gummatas located anywhere in this region may give "only the symptoms" of a persistent cold, until odor and necrosis supervene, by which time loss of tissue either in the bony or soft parts may have occurred, rendering irreparable deformity. The digestion may be seriously impaired by having the food mixed with countless numbers of bacteria and foul smelling secretion forced from the crypts of diseased tonsils in the process of swallowing. The infected food undergoes fermentative changes in the stomach, giving rise to a long train of gastro-intestinal symptoms. Friedreich claims that dyspepsia is frequently associated with atrophic rhinitis and pharyngitis due to the swallowing of fetid secretions, and my own observations would verify this opinion. Braden Kyle and others have demonstrated that there is a diminution in the number of red blood corpuscles, and in the percentage of hemoglobin with nasal obstruction, and the defective nutrition arising from this cause might cause conditions of atony in the intestinal organs. Diseases of the eye, facial neuralgias and chronic coughs are frequently
caused by the pressure of a large middle turbinal against the septum, by deviations of the septum giving rise to occlusion of sinuses, defective ventilation and many other evils. Indeed, the list of symptoms arising in the nose and throat is by far too long to be included in such a brief paper as this, it is so long that very few medical cases should be treated without an understanding of conditions in this important territory. Dr. Docent Hajek is responsible for the remark that the nose is the most neglected and the most exposed organ in the body, and in his lectures he quotes case after case in which patients have been treated for years without the underlying cause in the nose having been discovered. As an illustration, I will quote two of the many cases that have come under my observation.

A woman, aged 32 years, came to one of our clinics, complaining of headache, backache and general debility. Because of the backache she was referred to the gynecological clinic. After a few weeks of treatment there she remarked to one of the attending physicians that she thought she must have catarrh, for she had so much dropping in the back of her throat. She was then referred to the nose and throat clinic. In the history of her case we learned that her illness began two years previously, with an attack of typhoid fever. Until she came to the hospital she had been under the care of her family physician constantly. He had given her tonics and various treatments, but the expense had impoverished her and she grew no better. On examining the nose and throat we found that one of the maxillary sinuses was full of very foul pus. When this was drained and the carious teeth were repaired the patient promptly recovered.

Another patient who came to the clinic to be treated for "catarrh" gave in her history that she had had several attacks of facial erysipelas. A subacute sinusitis was present, which on being cured left her free from subsequent attacks of erysipelas.

In the past few years wonderful progress has been made in the development of the bronchoscope and the esophagoscope. Already many lives have been saved by the removal of foreign bodies and new growths by means of these instruments, and undoubtedly the future has a vast field of usefulness for this addition to the armamentarium of laryngology.

The Woman in Medicine.
Harriet L. Hartley, M.D.

Surrounded as she is in her college days by only the successful of her calling, professors, almost too busy to fill the scheduled hours, the student of medicine often looks forward to much more rapid returns in her medical life than usually fall to her lot.

The blue moments, the periods of waiting, the poor pay for good work, bound to be part of her experience, are all unforeseen.

Armed with a knowledge of disease and its treatment, made clearer and more comprehensive by a year's residence in a hospital, she feels she has only to establish an office, erect a nice brass sign on the window sill and the bell will merrily peal. Yes, it will peal, but the batteries are not apt to need replenishing the first few months.

The public notices the advent of the sign, then it seems to forget. After a time an emergency or two in the neighborhood claims the newcomer's attention. All the men doctors in the vicinity have been sent for, but they are all out.

After she has stitched up a gash in little Johnnie's forehead in a nice aseptic manner, the mother politely tells the doctor: "We have sent for our family physician and he will continue the case." Being ethical, the doctor assures the mother that she was glad to be of assistance, and retires in favor of the family physician.

The second call looks as though it would result in more permanent practice. Here is a family of several children. The doctor loses many nights' rest attending a poorly nour-
ished child, suffering with pneumonia. She takes care of the other sick ones in the house and brings about successful cures.

In due time she sends her bill, which comes back marked “Not at”; the family has moved, a habit in which it has perfected itself.

Then comes a day when little Johnnie’s mother, talking to her next-door neighbor, Mrs. Jones, tells how the doctor saved little Johnnie’s life by stitching up his wound, and Mrs. Jones being very much in favor of women doctors decided to talk to her husband about it, with the result that the new doctor is engaged by Mrs. Jones.

As this patient has sought the doctor because she wants a woman, and because her husband respects her wishes in the matter, the new physician enters upon the case with the confidence and good wishes of the family. She gives the patient her best attention, everything turns out well and this little family is a firm rock in the foundation of her practice.

This good case has a sister who rather thinks she would like to employ a woman physician. This time a few little things go wrong, nothing serious, or the doctor would have asked for consultation, but the mother-in-law has arrived on the scene. The young doctor’s up-to-date technic does not meet with the visitor’s approval. That lady announces that she has no time for her sex in anything. The husband’s emotions are worked upon, with the result that a note is dispatched to the doctor that they have decided to employ a man.

The dream of success suffers a temporary downfall. In a few days, however, the landlady, whether from motives of her own or from the admiration of her tenant’s ability, interests the grocer’s wife. This lady calls and is quite pleased with the doctor, whom she immediately begins to praise and advertise throughout the neighborhood.

Old ladies, too, are often a young doctor’s best asset. The family doctor is a busy man. Grandma likes to tell her troubles in her own way, and does not care to be hurried. The young doctor has plenty of time to listen, and her fee is within grandma’s means. Her bill is always paid, immediately upon being rendered. These old ladies have few wants and almost always have a little money tucked away to pay the doctor bill.

Practice comes slowly; some days are very bright and others very dull.

If hospital and dispensary practice are open to the physician, she derives much benefit from daily association with more experienced doctors—she keeps abreast of the new ideas in medicine. Her connection gives her prestige in the neighborhood. A good clinician is usually followed to her office by the best of her hospital patients. Thus the time of waiting for a practice is made much easier by keeping busy.

The student who reads these lines may say, “If the road is so long and hard, why spend so much time and money preparing for a profession in which the returns are so slow?”

Of course, music, art and literature have brought honor and remuneration to women, but the road to success here is very long and costly, and the percentage of failures large.

Law is open to women. The preparation is just about as long as the preparation for medicine. The returns, however, are even slower. The public is much more apt to trust the young doctor with its ailments than the young lawyer with its money.

Women command very fair salaries in offices to-day, and these positions are gained with very little expense in preparation. The lack of responsibility and the easy hours are very tempting, but the height is soon reached. A woman early becomes too old to be of use in an office. Medicine is the only profession in which middle life, with its wrinkles and gray hairs, brings increase in a woman’s earning capacity.

At forty years the average woman
doctor has an established practice, she is earning a good living. She may have had others to support and has been able to perform her task well. Her patients have confidence in her, and her practice is increasing.

Fifty years finds her more active. Besides a good living, she has been able to store something away for a rainy day, unless she has been foolish enough to listen to all the gilt-edged schemes revealed to her as a special privilege by smooth-tongued promoters of mining and other get-rich-quick schemes.

As her practice grows, the busy doctor can weed out and get rid of a great deal of hard and poorly paid work, by increasing her fees. She can now refuse to make night calls, thus obtaining her rest. Her patients generally realize she is getting older and are glad to consider her comfort and take her time and energy only for their most urgent needs.

Doctors often fail to realize until it is too late that patients can be educated to take care of them. After a doctor has been associated with a family for many years she becomes a part of it, and it takes a great deal more than a few inconveniences to make that family change to another.

Very few women have been failures in the practice of medicine. When they have failed there has been some serious underlying cause which would have made them failures in any other vocation.

Nor is a woman doctor's life all work. She gathers a few good friends about her, finds a little time now and then to enjoy their society; she even takes well earned vacations. She is prosperous, loved and honored. She is also a factor for good in the family into which she is called, and in the community in which she lives.

Obstetrical Patient (regaining consciousness after anesthesia)—"Oh, I have been hearing the most horrible noises. I heard your voice, Dr. Tal-lant."

The Soothing and Beneficial Effect of the "Long Neutral Bath" on a Child.

It is a theory sufficiently proved by experience that irritability and unreasonableleness in a child are caused by its being tired and needing rest. Often, but not always, such a condition can be met and the child's temper controlled and spirits restored by compulsory rest. The late afternoon is a trying time for a child, especially one who has just outgrown the afternoon nap. This is also an impracticable time of day for a child to lie down. It may be sleepy, but instinctively resists sleep by every method its ingenuity can devise. In summer the room is warm and the child, if forced to lie down, tosses and tumbles, and when it succumbs and is quiet, it is from sheer exhaustion. At the evening meal the child does not relish his food, and appears weary and uncomfortable until bedtime.

After working on this theory of rest cure for some time, with varying results, it occurred to me that in case of a patient who seemed to feel as the child acted, a "long neutral bath" had always given relief.

As an experiment such a bath was given a child who was in a very resistive frame of mind. When placed in the water his spirits rose immediately, he called for his rubber balls and his boats, and was soon his old happy self, sailing the ocean. At the end of a half hour he was full of play, and came to dinner with a smiling face and good appetite. At bedtime he dropped off into a quiet sleep.

The next time that the child showed signs of being abnormally unreasonable, and would respond to no diversion, he was hurried off to the bath before the nerve storm had reached its full force. Visions of a long swim in his bathing suit, with his balls and boats and water-wings, looked very attractive to him. His little brother pleaded to have on his bathing suit and join in the bath, and they were soon two jolly little sailors.
The bath thermometer was one of their boats, and they took great pride in helping keep the water the right temperature. Not long after, a young mother asked me what to do for her little Marjorie, when she was cross. My original theory of rest cure brought the response, “Put her to bed?” “She will not stay there.” Then it was proposed to lock the door, to which she answered, “she kicked out one of the panels.” The long soothing bath seemed applicable to the case, and advice was given to try it. The mother afterward told me the results were most happy.

Another patient had exclaimed that such a bath was “heavenly,” and she would never feel so nervous again, for she would know now just what to do to prevent it.

In this short article we can only state a few facts, and cannot go into the scientific consideration of what is known in the medical world as the “neutral bath.”

The skin is full of little terminal nerves, all connected with main nerves like a system of telegraph wires. In case of undue excitement the circulation is increased and the activity of every nerve seems to be reinforced a hundred-fold. In the “long neutral bath” we have a potent remedy which is immediate, direct and always soothing in its effect, without any damaging influences. This result is obtained through surrounding and protecting these myriads of little over-sensitive nerves by immersing the body in water near its own temperature, and thus almost entirely shutting away from it a variety of aggravating influences.

The bath restores the nerve tone by decreasing the heart’s action and checking the loss of energy. In about fifteen minutes in a bath at this temperature perspiration is suspended, so that water accumulates in the tissues about the little nerve endings. In this way the nerves of the skin become water-soaked, as it were, and the sedative effect is carried back to the nerve centers, producing a general soothing influence. Muscular irritability is quieted, and permanent good is done the whole system.

An anaemic or bloodless skin is more sensitive than a healthy skin, and a fretful, delicate child should be benefited by frequent treatment of this character. To secure the desired results, the “neutral bath” must be prolonged at least twenty to forty minutes, the temperature of the water accurately sustained between 92 and 97 degrees F., and the child kept in the house for an hour afterward.

Dr. Elsie Longacre, ’10, has begun a promising practice at her home in Tannersville, Pa. She drives her own horse and buggy over the mountains for a radius of fifteen miles about her home, and already she has the reputation throughout the country of being “a mighty fine doctor.”

Dr. Sheplar is devoting her time to laboratory work in pathology, while Dr. Alsop takes up work in obstetrics and on eye.

Dr. Honoria Acosta, ’09, has an excellent position as assistant resident in obstetrics in the School of Medicine, Manila, P. I.

After several weeks spent in London, Paris and Switzerland, Dr. Alsop, ’08, and Dr. Sheplar, ’09 have now settled for the winter in Vienna.

Dr. Reddie (at Barton, to patient suffering from the lack of aqua Schuylkilliensis)—“Now take this medicine every night, and before you go to bed take a warm bath. Use plenty of soap and rub yourself briskly. Do this every night for one week and let me see you again next Saturday morning.”

Patient (skeptically)—“Doctor, a doctor here ordered a bath for me last year, and it didn’t do me a bit of good.”
A Hepatic Study.

Great organ, group of protoplasmic cells.
In man a marvel, common in the beast;
And cooked with onions, pleasant to the taste:

But Man, great Man, becomes slave to Thee—
Prey to the man of pills or horrid pads,
A steady income to the Quack. Great Gland,
When Thou dost run Thy bases Lo! we laugh
And sing with joy; but when Thou strikest out
The world is draped in gloom so deep profound,
We court seclusion and the books of James—
He of the solitary horseman fame.
Monopolist, Thou art of all within:
Heart, Soul and Spirit in the kick unite.
Till we refuse Ten-Dollar loans to friends,
Hurl pallid book-flecks from our palace steps
And curse the venders of the county maps
In raucous terms, renewing in our minds
Dark modes of murdering the hore,
Who tells us we look bad. Have we become
A jaundiced nation? Often in our dreams
We see the Capitol, with Hepatic bulge
Like stagnant liver, and we long to draw
A mighty liver-pad with floating strings
From Nicaragua to the Behring Sea,
Around the inert mass and make it work.

HEPATICA B. VERDEN,
W. M. C., "??"

Dr. Cushing—"The cerebrum is enclosed within three membranes. Yes (seeing student glance up questioningly from ancient-looking note book), I know last year there were four layers, but this year I only give three."

Miss Smith (earnestly)—"Do they change every year, Dr. Cushing?"

Professor (lecturing in surgery)—"The surgeon imitates nature."

Student (sotto-voce to next student)—"Well, he must be a monkey!"

The Students' Association.

RESOLUTIONS.

Whereas, Death has removed from our midst Dr. Aloysius O. J. Kelly, our beloved teacher.

Resolved, That in his death we, the students of the Woman's Medical College of Pennsylvania, have suffered an inestimable loss.

Resolved, That his example as a brilliant teacher will ever be an inspiration to his pupils.

Resolved, That we extend our sincere sympathy to his family in their bereavement.

Resolved, That these resolutions be spread upon the minutes of the Students' Association of the Woman's Medical College of Pennsylvania and a copy be sent to Dr. Kelly's family.

Progress of the Scalpel.

The Scalpel continues to meet with success in every department, and we are now prepared to say that the final success is insured.

Especially worthy of attention is the interest with which the book has been received by the Alumne of the College, subscriptions from them being received daily, which is an evident proof of the good will of our Alumne towards any progressive movement made by our student body.

In a recent meeting the Senior Class elected a committee from the Faculty, to whose authorized criticism and judgment the reading matter of the Scalpel will be submitted before being published. The Faculty members appointed were: Dr. Henry Leffmann, chairman; Dr. Alice W. Tallant, Dr. Arthur A. Stevens.

The Scalpel will be sent to Alumne upon application anywhere in United States for $2.50.

EDITORS OF THE SCALPE.

Anatomy instructor:
The ophthalmic vein throws off all its coats but one before it starts to run out into the cavernous fossa.
Six cents was found in our contribution box which hangs beside the bulletin board. It is greatly appreciated by the staff, but items of interest, jokes, public opinions, etc., which will promote the standing of our paper and stimulate the students to write, will be more to the point.

SOCIAL.

Of course, we all feel the need of exercise in the rather isolated college life, which we hen-neds lead, but we rarely have the courage of our convictions. Realizing this, one of our versatile and energetic girls solved the problem by organizing a dancing class, where girls, who couldn't dance, learned the art, and those who could, became more proficient. When the former felt a bit confident, and the latter promised to assist, Miss Wells and her class decided to have a small informal dance, enlivened by men, to prepare the novices more thoroughly for the annual ball.

The date for the affair was Friday, February 3, and after quite a little work on the part of the girls, the company assembled around 9 o'clock in the gym, decorated for the occasion, where we danced to the music of violin and piano until the wee small hours.

About 9:30 Dean Marshall appeared, and greeted us with many compliments, but left early. After her departure Dr. Noble was appointed official chaperone, and the dancing became more spirited.

Besides the students we had guests other than “men,” some of our recent young graduates honoring us by their presence.

After the intermission, during which delightful refreshments were served, we again took to the floor until the musicians would honor us no longer, and we wended our way homeward through the rain and sleet, joyful over the evening's success.

That success showed us that, after all, we are really truly girls, and that we do need a good time once in a
while to brighten us, even if we do miss breakfast or classes next day.
Let's do it again.

**GOOD FUN AT BRIGHTON HALL.**

A baby show with seventy entries, and never a cry from any quarter! The fact is, the Social Committee thoughtfully gathered together photographs only, thus removing all anxiety as to the possible behavior of the contestants. Individuals of all walks of life were represented, from freshmen to faculty, but all in a pre-freshmanic stage of their career, or, to be exact, under five. And such guesses! Sometimes correct, but more often so wild that we were afraid to trust them to paper! The most modern photographs had to be freshmen, and the Daguerreotypes faculty, but who? A skilful sophomore, with characteristic confidence, guessed forty-four correctly, carrying off the honors. Dr. Everett and Dr. Wiggins tied for the negative honors, each claiming four correct guesses. In lieu of judges each one voted for the prettiest baby, and the fattest, and the one she would adopt, if she might. The results were slightly confusing, for the prettiest baby proved to be the fattest sophomore, the fattest baby the thinnest freshman, and for adoption we chiefly desired the faculty, preferably the professor of chemistry, or his associate, though some chose to begin earlier with their own brand of training and chose a wholesome-looking freshman. The presence of several of the faculty and doctors gave the students an appreciated, but too rare, opportunity for better social acquaintance.

Dainty refreshments relieved us of any possible traces of brain fag and sent us home in continued good spirits. Incidentally, a silver offering helped.

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**The Mid-Winter Dance.**

The mid-winter dance, under the auspices of the Students' Association, was celebrated Tuesday evening, February 28th. The gymnasium, most artistically decorated in palms and daisies, lent a harmonious background for the brighter hues of the gracefully-gowned women and the sombre black of the men.

Dr. Clara Marshall, Dr. Ruth Webster Lathrop, Dr. Alice Weld Tallant and Dr. Harriet L. Hartley honored the receiving line.

The scene was one of gaiety from the first strain of the overture to the last of the good-night waltz. About one hundred persons participated, and all pronounced it a most enjoyable evening.

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**Fashion Notes.**

It was observed, at a recent assembly of forty-eight students, that the festive rat is fast disappearing. Only fifteen were present, some being much in evidence, while others were coyly concealed among the fair or raven (as the case might be) tresses of the frivolous wearers. Among those who have joined the ranks of the sanitary and sensible we notice Misses Sweet, Blair and Wells (except on special occasions). Miss Coyle has compromised with a wire "trap," considering it sanitary yet sufficiently frivolous to be feminine. Plaster paris neck dressings will be much worn this spring, as they give the desired stiffness and immobility to the neck, without the possibility of wilting on a hot day. A very neat one was observed at clinic, trimmed with bias folds of gauze, with a cotton ruching. The pantaloon skirt will be much observed on North College avenue. Its advent was hailed with delight by a majority of the hennieds. Hats are getting smaller and closer-fitting. It is expected that many of the Easter bonnets will be of Panama straw, shaped like a time-honored Derby, which has been monopolized long enough by the insignificant half of humanity.

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**Dr. Ethel Mary Maya Das, '08, has accepted a year's appointment as pathologist and instructor in materia medica in Ludhiana Woman's Medical College, Ludhiana, India.***
Hospital of Woman's Medical College.

First Annual Commencement.

On Friday evening, February 10, 1911, the Hospital of the Woman's Medical College of Pennsylvania held the first annual commencement of the Training School for Nurses.

The graduating exercises were held in the East Lecture Room, which was prettily decorated for the occasion.

Diplomas were presented by the Dean, Dr. Clara Marshall, to the following:

Miss Annie McIntyre,
Miss Lillian E. Britton,
Miss Carrie C. Pearson,
Miss Elizabeth Johnston,
Miss Mary P. Benge,
Miss Adah M. Mears,
Miss Blanche C. Murray,
Miss Elizabeth W. Robinson,
Miss Elizabeth V. Oechsler.

Through the liberality of Mrs. Charles F. Taylor, a member of the Board of Managers, the Dean was also able to present a graduating pin to each member of the class.

A very inspiring address was given by Dr. Ella B. Everitt, and at the close of the exercises a reception was held in the gymnasium, followed by refreshments and a dance. There was a large attendance and the enjoyment seemed very thorough.

We hope that this is the beginning of many annual commencements and that the number in the graduating class will yearly increase.

Annual Donation Day at Maternity.

Saturday, February 4, was the Annual Donation Day at Maternity, 335 Washington avenue. Dr. Alice Tallant heartily received the guests and proudly exhibited the babies.

Those babies were perfect marvels, that is, for real live babies, for not a hint of a cry did we hear in the hour we remained! They surely must have fully realized that it was their day, and the presence of the "chief" demanded their silent respect, so irrespective of race, age, sex, or color, they unanimously gave it.

The day was evidently a success from a donation point of view, for there was a pile of pretty and useful articles on the table in the reception room, and we hoped that before 6 P. M. arrived the pile would contain all that was needed.

After we had admired the babies sufficiently, refreshments were served and we came away fully persuaded that we wanted to see more of the Maternity, and the babies and Dr. Tallant.

The New Amphitheatre.

At last the new amphitheatre, so long hoped for, has been completed, and the first operation was performed in it on Friday, February 17th, at 1 P. M., by Dr. Harry C. Deaver.

On Wednesday, the 22d, a photograph was taken of a large number of students, and on Wednesday, also, many students had the pleasure of seeing Dr. Ella B. Everitt operate.

The amphitheatre will henceforth be a great addition to the thoroughness of the training given by the Woman's Medical College.

Woman's Hospital.

Dr. Frances R. Sprague, recently of San Francisco, Cal., has been appointed attending surgeon at the Woman's Hospital, to succeed Dr. N. Toland Sime, who has left the city to take up surgical work at Hayti, W. I.

Dr. Edna S. Valentine has been doing substitute work at the hospital during the past month.

The Ladies’ Auxiliary held a bazaar and oyster luncheon at the hospital February the 16th, which was voted by all who attended a marked social success, and which netted the ladies a neat little sum.

At a meeting of the Hospital Medical Society, held in Clinic Hall Monday evening, February the 20th, papers were read by Dr. Baldwin and Dr.
Van Gasken, and discussed by those present. A number of interesting surgical cases were reported, among which were an exceptionally large lateral hernia in a woman passed 60, operation on which was successful; cases of necrosis of the tibia and empyema successfully treated with bis-muth paste after operation, a case of pin-worms in the appendix, a marked hematoma in the new-born, following a normal delivery, and a case of neglected dislocation of the shoulder, which had resulted in the formation of a new socket with good use of the arm following. The medical cases reported were those of para-typhoid infections, one case complicating pregnancy; the report of the cases being followed by an interesting discussion on the relation of the typhoid, para-typhoid and colon organisms.

A social hour in the hospital parlor followed the meeting.

The services of the internes were changed February, the 16th, the appointments being as follows:

Senior Surgery, Dr. Updyke.
Junior Surgery, Dr. Hart.
Senior Obstetrics, Dr. DeLand.
Junior Obstetrics, Dr. Dranga.
Medical, Dr. Beaty.
Clinic, Dr. Whaland.
Laboratory, Dr. Kinney.
Out-Practice, Dr. Morris.

Dr. Kline-Weber has recently been appointed assistant to Dr. M. Louise Diez, member of the obstetrical staff of the Woman's Hospital.

ALUMNAE NOTES.

Dr. Clara A. Swain, '69, the first woman medical missionary to India, died December 25 at Brookside, where she had lived with friends the last few years of her long life. The beginning of her enterprising work in India dispelled all doubts as to the success of women physicians in that country. She planned and built a dispensary, taught medical classes, and treated as many as six thousand cases in one year. For fifteen years she was a missionary under the Methodist Church at Bareilly. Later she became private physician at the palace in Khetri, where she also had charge of a girls' school. Her life was one of constant devotion and self-sacrifice.

A recent letter from Dr. Anna Reynolds, '85, who is now in Los Angeles, tells of her joy in the sunshine and beauty of her new home.

Dr. Florence Murcutt, '07, is also in Los Angeles for the winter.

Dr. Anita Franco-Mauck, 1900, has been a recent visitor at the Woman's Hospital.

Letters from Dr. Laura McComb-Müller, 1908, tell of her first Christmas in her new home in Urumia, Persia, where she has gone with her husband, Rev. Hugo A. Müller to do missionary work.

In a reply to a letter sent Dr. Isabel Bogan, 1910, we hear that she is one of two internes at St. Luke's Hospital, New Bedford, Mass. One interne is on surgery service, the other on medicine and obstetrics. Some chiefs allow the internes great freedom on the treatment of cases, and more patients are admitted there than in some hospitals with three times the number of internes.

Y. W. C. A.

NEW OFFICERS.

At the annual election of the Y. W. C. A., Wednesday evening, February 23, the following officers were elected: President, Miss Blair.
Vice-President, Miss Sassen.
Recording Secretary, Miss Hinkhouse.
Corresponding Secretary, Miss Baldwin.
Treasurer, Miss Dayton.
Librarian, Miss Swan.

IMPRESSIONS OF THE JUBILEE.

One has often heard it said that in tramping through the woods "one cannot see the forest for the trees," and
it is only as one stands on the edge of a precipice or on the tip of the summit of a wooded mountain that one gets the broad view of the waving tree tops and the sense of vast expanse and solidity.

It is an experience such as this which the jubilee meetings have brought us.

We have tramped through twenty or more years of life with our horizons crowded in upon us by the events of every day, and not until meetings such as those of the jubilee have taken us to the open spaces of the peak, have we been able to see behind us the achievements of women during the past fifty years in organized effort for the spiritual, intellectual and physical uplift of the women of the East, and before us the boundless opportunities for service.

The jubilee has left us with certain definite impressions:

First.—That women are not lacking in power to organize and execute on a large scale, as shown by the precision with which the general program was carried out; the splendid development of the young people’s supper and meeting, at which more than twelve hundred young women were roused to enthusiasm; and by the extraordinary skill with which Miss Martha Barry developed in one rehearsal the efficiency of a splendid chorus which lifted the singing of an audience which crowded the Academy, to a level far above that of the ordinary.

Second.—(a) That the greatest force in the evangelization of the world to-day rests in the hands of women physicians and nurses, as they come into touch with the women and children of the East; (b) that the lack of candidates in this particular field is one of the most serious problems which our Mission Boards have to face; (c) that our own college is pre-eminently fitted to give the best training to women who contemplate medical mission work.

Third.—That the women of this country control vast financial resources, which, when the need is properly presented, find their outlet in foreign mission work, as evidenced by their gift of more than $600,000 in less than five months, this being an offering in excess of their annual contributions, which total many hundreds of thousands.

Fourth.—That as individuals we have a definite obligation to fulfill in the development of the ideals set by the jubilee.

It was an inspiration to hear and to meet such women as Mrs. Lucy W. Peabody and Mrs. Helen Barrett Montgomery, and we may be pardoned a just pride in Dr. Everitt as she presided at the young women’s supper, and Miss Tsao and Miss Hooker, who represented our volunteers at the mass meetings which followed.

Not the least of our impressions were to be traced to our alumna, Dr. Mary R. Noble, whose vital personality and vivid addresses added much to the power of the meetings; and the lost list of our Alumnae who have served and are serving at the front, filled us with pride and with humility.

One often fails to realize that one is part of history in its making, yet within this student generation we have seen the inception of the layman’s movement; we have had a part in the jubilee, which is an expression of that same idea in the hearts of women, and we are sure that a new era has dawned in woman’s work in the far East and at home, and that “The end of the jubilee is the beginning of the campaign."

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