Commercialized Medicine.

By Abraham Jacobi, M.D., LL.D.


Moral principles are best inculcated in the young. I have small hopes of reforming those older offenders who convert medicine or surgery into a sordid trade or confine their efforts to a crude, narrow and ignorant specialization. My wish is to warn the younger generation by means of many flagrant examples of unethical practice that have come to my attention.

Much dishonesty is exhibited, much harm is done, through the too frequent obsequiousness of the family doctor. Some years ago I was sent for, the evening before his summons to court, by a railroad thief who had made many millions by a transaction which enriched him while impoverishing thousands. The magnate lay huddled up in bed; he complained of weakness and lack of appetite; no, he positively could not go to court next morning, and he wished me to certify to that effect. After examining my new patient carefully, I said: “Mr. Blank, I am happy to tell you that you are not really ill at all. I find nothing the matter with you save nervousness, and (if you will permit me) congratulate you on the non-existence of any ailment that would keep you from business to-morrow!”

That was evening. Now watch the sequel. The morning papers of the following day announced the serious illness of this man and published a certificate given to him a few minutes after I had left him by a doctor practicing extensively and lucratively what he called “medicine.” Somehow I found no reason to envy or admire the success of my rival practitioner, with his made-to-order diagnosis. When he died a dozen years ago he could not take his dishonestly grabbed fees with him, and I doubt whether the angel wings he is wearing are of any more costly material than yours or mine will be.

Ignorance and subservient cowardice make many a diagnosis—or what they call a diagnosis. In other instances—far too many of them—the physician relies not on his own conscientious efforts, but entrusts the examination or bodily products to one of the pathological “laboratories,” whose number has increased immoderately, or turns the whole case over to a specialist when there is no need of doing so. The modern practice of delegating your duty has important results: loss of time, uncertainty of diagnosis, the habit of accepting diagnosis at the hands of men who are no physicians, but sometimes meretricious tradesmen; it imposes unnecessary expense upon the patient and undermines the respect and confidence of the public. Far worse even than this, however, is the occasional lying about a diagnosis.

Quite recently I cured a patient with a sore, inflamed lip by prescribing simple cleanliness and the application of a local ointment. He had previously visited a specialist, so called, who sent away a section of the diseased lip to a pathologist for examination. On his second visit to the specialist the patient was informed that the examination indicated cancer, and an operation was insisted on. He refused. On looking up the pathologist in person, we discovered that the latter had made no such report, and that the specialist, in plain language,
had lied in order to gain a fee for an unnecessary and dangerous operation. It is such men as this who violate the Hippocratic oath and disgrace the honorable practice of medicine.

In Europe they like to specialize more than we do. They set up a specialty by advertising themselves in the newspapers. The pediatrician, the woman’s doctor, the skin doctor, advertises himself, his alleged specialty and his office hours. Our ethics are more refined, and I believe our results are better. Nevertheless, commercialism has invaded our medicine and surgery to an alarming extent, and the evils of excessive specialization have become notorious. For almost every trifling ill we run to the consultant, or if we have a family physician we ask him immediately for a specialist’s address. The doctors have themselves to thank for this situation when the public looks upon general practitioners as a subordinate class of medical employees and considers the word specialist as synonymous with superior physician or consultant.

Some of the nerve doctors, I may add, have gone into partnership with undertone clergymen. The latter publish their neurological associates’ names and office hours; they are expected to reciprocate by swelling the attendance upon the churches. They have learned by experience (or ought to have learned it) that quackery or dense ignorance have emptied many of the churches and evolved a Christian Science denomination. And they are already beginning to learn, after a brief sensational notoriety, that no Worcester sauce or preaching of mingled theology and prelatic medicine fills a church for more than a few Sundays.

The adherents of this cult (like the anti-vivisectionists) are recruited from the well-to-do and idle. Fads and imaginations do not root amongst honest workers, tradesmen, mechanics, business men; it is these that make the bulk of our population and are the prop and staff of the present and future republic.

One of the sinister means of obtaining a foothold in crowded communities has turned out to be contract and society practice. In New York City alone there are more than five hundred doctors—perhaps a thousand, who either have it or crave it. Competition for such appointments is eager. What it results in is the degradation and demoralization of both the public and the doctors. To earn at the rate of one dollar a year for an individual member of a society, and three dollars a year for a family, they underbid each other, they coax and flatter and treat and otherwise bribe a society president or influential member. They arrive at mutual jealousy and hatred among themselves, and contempt and despicable treatment at the hands of their customers and patrons.

Let me add, right here, that the “services” rendered by the so-called lodge doctors are just about equivalent to the ridiculous pay. They must go here, there and everywhere, travelling continually from one end of the city to the other, they hurry to patients, they hurry away from patients: careful diagnosis or watching the progress of cases is impossible for want of time. Furthermore, these lodge doctors have no time in which to improve. The constant rush of attending to the wants of several score or several hundred families robs their study hours, and as a consequence they never learn anything. The public know well it is getting inferior service. Often patients come to me from New York’s overcrowded East Side, and when I ask “Who is your doctor?” they reply: “A little lodge doctor over on the East Side!” If these “little doctors” were “big doctors,” charged decent fees and rendered careful, adequate service, their patients would not be obliged to run to Fifth avenue or Madison avenue the first time something really serious happened. Make up your mind that
you will not be "little doctors," that you will do your best and give the best that is in you.

By this new practice of "lodge doctoring," the noblest of vocations is so contaminated as to become the meanest of trades. May the present efforts to efface that stain on the profession be successful!

Worse remains to be said: There are those in the practice of medicine who demand and take commissions. Do you know what that is? An agent receives it when supplying a new customer. Is it difficult to say who pays it? Is it the employer? Is it the customer? The person insured or the purchaser. It is an indirect tax to be paid by the latter, the consumer, who is robbed in order to sustain a high tariff. Commissions are asked and given from and by apothecaries, truss and bandage manufacturers, even by poor nurses. Do not ask for proofs unless you want them, for proofs are in plenty.

There is also a rumor—that call it a rumor for euphemy's sake—that consulting specialists are called because they offer or grant commissions; that practitioners call in specialists on that condition; that a surgeon, for example, is given a particular case because he consents to be robbed of a big percentage of his fee, which is raised correspondingly.

Who is robbed, did I say? The surgeon? Or the patient who is unfortunate enough to fall "amongst thieves which strip him of his raiment?" The words are not mine; they are taken from the gospel of Saint Luke, himself a physician. And furthermore, there is also a rumor—that many of these fleeced and fleecing consultants, medical and surgical, are quite capable members, adjuncts of faculties and hospitals, and, what is still more perilous, teachers of the future physicians of this republic.

I love my profession; I want it to be respected and to respect itself; I want it to be without the blemish of bribery or mendicancy. And this privilege it no longer has. The time when every family, rich or poor, had its own family physician who knew the illness and health of its members and enjoyed the confidence of the up-growing boys and girls during two or three generations, is gone. What I have just referred to is no longer a mere unauthenticated rumor; it is the contemptuous gossip and common knowledge of all familiar with latter-day medical and surgical practice.

In many sections the specialist employs medical practitioners, much as he would employ hired agents to drum up "trade." By custom the commissions to be paid are fixed upon in advance, sometimes amounting to 10 per cent. of the fee for the specialist's call and 25 to 33 per cent. of the fee when he operates. I would not be misunderstood as saying that the custom of dichotomy or the division of fees has become universal. On the contrary, there are honorable-minded specialists and physicians of integrity who still regard a proposition to partition professional fees as an insult. But the evil has spread widely notwithstanding, and the very sparrows on the roof gossip of doctors as of bribe takers and bribe givers, as flesh cutters and shavers for the purpose of sordid gain.

The medical papers have been calling attention lately to the increasing inroads of commercialism in the hospitals. In many such institutions it is not the physicians and surgeons of greatest skill and experience who are valued the most, but rather those able to bring the largest cash income into the hospital coffers. Some of them are commercialized to such an extent that the tenure of a visiting physician's appointment depends on his keeping a certain number of the private rooms supplied with pay-patients. As Dr. Bristow, editor of the Journal of the State Medical Society, has pointed out, this means bringing the methods of the auction room and the market place into hospital administra-
tion. Furthermore, it forms the entering wedge for the outright sale and purchase of hospital appointments to the highest bidder. The results of mercenary control of these institutions will inevitably be that a large number of mediocre and oftentimes incompetent physicians will be foisted upon the public as experts, while those of possibly greater skill but of less commercial shrewdness or without wealthy connections will be forced into the background.

Lastly, one conspicuous cause of recent medical demoralization is elementary ignorance of the Pharmacopoeia and the methods of prescribing, and increasing reliance upon proprietary remedies. We, the doctors, are responsible for a great deal of the injury that is done to the people by proprietary dosing. We take medical journals that advertise nostrums, that print "reading notices" of proprietary medicines old and new, that sell pages of their issue to the trade, that print eulogies in the shape of "original articles" about factory products, that alternate their medical with advertising pages. Thus it is that even the mind of the medical man is gradually poisoned. What these sheets do not perhaps accomplish, the glib agent will complete. He dumps his wares—his blotters, inkstands, paper knives, pencils, blank books and almanacs—on your table either personally or through the post office. Well, he can afford it. For the poisonous anilin preparation with sodium bicarbonate which he baptizes with a hybrid name and which is prescribed by thousands of us, yields him a thousand per cent. profit. That is why you find thousands of doctors' offices and hundreds of apothecary shops with stacks of advertising sheets and quackish booklets, but without a United States Pharmacopoeia or the American Pharmaceutical Association's formulary. That is why a friend of mine found the expensive prescription of a prominent New York practitioner to read "Remedium Spon-
taneum Radway," which being interpreted is our old newspaper advertising nostrum of "Radway's Ready Relief." In a large drug store, one of the gaudy ones to which the prescriptions of our fashionable doctors are sent. I was told that 70 per cent. of the prescriptions sent in by reputable physicians contained either nostrums pure and simple or as a part of a compound.

Perhaps it would lead us too far to examine all the reasons for such demoralization. But one of them should be generally known and appreciated, which is that there are very few medical schools which a graduate will leave, diploma in hand, with the knowledge and practice of writing a prescription. Many of our medical schools neglect their duties by thus omitting to teach the art of medicine in combination with what is extensively and pompously called "science." The financial crisis now confronting the practice of medicine—the "hard times" and the inability of many practitioners to make a comfortable living—is partly caused by the evils I have narrated, partly symptomatic of them. The cure lies in a return to old-fashioned ideals, in a higher standard of competence and excellence for the general practitioner, and in due subordination of specialization. Though I have long practiced and taught pediatrics, I do not desire to be known as a specialist in children's diseases, but as a physician.

Try to remain in or improve your contact with all the branches of medicine. Go in for general practice first, and build a specialty in later years on the strength of your general knowledge and attainments. And, above all things, bear in mind that medicine, your choice of a walk in life, is the most honorable and most punctilious of professions and not a mean, money-grabbing trade.

The report comes that Dr. Olivia Salamanca, '10, is quite ill at her home, Cavite, P. I.
Dr. Charles A. Oliver.

The following appreciation is written by Dr. Mary Buchanan, our Associate Professor of Ophthalmology, and a pupil of Dr. Oliver.—En.

On April 8, 1911, after two weeks' illness, our former Clinical Professor of Ophthalmology, Dr. Charles A. Oliver, died of uremia in the 57th year of his age. He will be remembered by his former pupils as one who was friendly to women in medicine. For several years before he was connected with our College he became interested in it, and while Dr. Gertrude A. Walker was our Professor of Ophthalmology he invited our students to his eye clinic at Will's Hospital, and to the Eye Wards at Blochy during his service. He was always willing, even eager, to demonstrate the cases to the students, and later invited all who displayed any interest, to the post-graduate lectures which he gave in his own office. Those of us who developed into oculists during this period have to thank Dr. Oliver for the introduction to Ophthalmology, which his teaching and his clinic afforded, and also for the practice in systematic examination and recording of cases. He himself had an "infinite capacity for taking pains," and demanded it of his assistants—a training which was irksome but invaluable.

He was the co-editor of Norris & Oliver's "System on Diseases of the Eye," also of a text-book of "Ophthalmology." He served on the editorial staff of Annals of Ophthalmology, Ophthalmology and The Ophthalmoscope, and contributed numerous articles himself.

He was one of the chiefs at the Will's Hospital, the Philadelphia Hospital, the Presbyterian Hospital, and several others.

Anomalous Development of the Pelvic Organs.

I am indebted to Dr. Everitt for the privilege of reporting in brief the following unusual case from her clinic:

The patient, B. M., 23 years of age, a Russian peasant, came to Barton Dispensary complaining of severe colicky abdominal pain recurring monthly, accompanied by nausea, vomiting, prostration and pain in the breasts, but no menstrual discharge. She had been married eleven months and had experienced none of these symptoms previously, nor had she ever suffered from any vicarious menstrual flow. She also complained of great suffering after coitus—backache, nausea, pain and numbness in the legs; weakness, which sometimes lasted several days. She had lost weight rapidly.

The abdominal examination was negative, labia majora were normal, labia minora slightly hypertrophied, posterior commissure unusually well-developed, hymen and vagina absent, but instead of the latter a pocket of mucous membrane was found, which was elastic and could be depressed below the skin surface about two inches. The urethral orifice was very much relaxed, as were also the tissues posterior to the urethra, and the patient in consequence had poor control of urine. On examination through the pocket (which took the place of the vagina) nothing was palpable. Through the rectum one could palpate what appeared to be the fold of the broad ligaments extending from side to side of the pelvis, with a thickened portion at the center, but ovaries and tubes were not palpable. An exploratory operation was advised, as it was thought that some ovarian tissue was present and that its removal might relieve the patient of her distressing symptoms.

On the 11th of April the patient was operated upon and the pelvic findings were as follows: Fallopian tubes were present and were abdominal rather than pelvic organs. They were unusually long, tortuous and congested. Each tube was attached to an ovoid muscular structure about the
size of a hazel nut, from which a well-developed round ligament passed to the internal ring. Traction upward on the tubes developed a U-shaped fold of broad ligament, between the layers of which could be demonstrated the undeveloped Müllerian ducts, continuous with the well-developed Fallopian tubes above, and continuing downward into the thickened middle portion of the broad ligament. They were not fused at any point. The right ovary was cystic, the size of a hen’s egg, and some small non-pathogenic cysts were also present. The left ovary was slightly cystic. An anomalous blood supply was ligated, and the ovaries, tubes, and undeveloped structures were removed. The appendix was congested and a few adhesions were present; the latter were broken up and the appendix removed. The patient is now well on the road to recovery.

Sophie Ostrow, 1911.

Precepts Promoting Physicians’ Permanent Popularity.

From The Medical World, February, 1911.

1. Cultivate a willingness to work tirelessly, zealously, and with pertinacity; there is no other road to success.

2. Be a gentleman; respect the rights of others, but if your rights are not respected, suffer in silence.

3. Maintain your honor, your health, and your industry; then you will be a success, even if you have no money.

4. Never wear soiled clothing. No matter how cheap the quality, let it be neat and clean. Careful grooming will win patients, and slovenly appearance will lose patients frequently regardless of deep therapeutic knowledge.


6. Never criticise another physician’s medication or methods, nor “damn him with faint praise.”

7. Do not be disheartened by the death of a patient; if you could save all of them other deserving physicians would starve.

8. Don’t tell a patient you saved his life; let him do the telling, for then he may believe it.

9. Don’t let severed ears, fingers and toes lie on the ground to be lost; stitch them in place, apply moist antiseptic dressings after sterilization, and watch results.

10. Talk little; the less you say the less you may need to retract.

11. Always be cheerful and sympathetic in the sick room, and never recount the maladies of yourself or others; only a neurasthenic appreciates this line of talk.

12. Never promise a cure.

13. Never promise to call at an exact hour.

14. Never promise that a malady will not return.

15. Never assert that medicine is not “nasty,” or that the knife or forceps will not hurt.

16. Never permit the patient to dictate remedies or methods.

17. Never become ruffled by criticism of friends of the patient, nor flattered by their praise.

18. Never make ostentatious display of your equipment; that is rank quackery.

19. Never touch your lips to liquor; the odor on the breath of a modern physician can never be forgiven.

20. Never render a professional service without rendering a bill later, even if you send a receipt with it.

21. Never render a professional service without rendering a bill later, even if you send a receipt with it.

22. Patients are fastidious; when they come back to you after “trying” another doctor, let them know that
you have been so busy you have never missed them.

23. The patient who is too exacting and despotic probably never intends to pay your bill.

24. Send statements regularly, and insist upon prompt payment or promise to pay something at some definite time. If you are satisfied that it is a strictly charity case take the matter up with the poor directors.

Students' Association.

Report of meeting held at 12 o'clock, April 10, 1911.

Meeting of Students' Association called for purpose of discussing advisability of student body attending the commencement exercises with or without the cap and gown. Also to discuss college paper business.

Present, 45.

Meeting called to order by President, Miss Conover.

Voted to dispense with report of Secretary.

By closed ballot it was decided to send a letter to the Dean, from the student body, requesting that the undergraduate students as a whole be permitted to attend the annual commencement exercises in a uniform garb, to consist of a white waist and a white skirt. This request to be transmitted by the Dean to the Secretary of the Faculty.

Ballot return in favor, 37; negative, 9.

The college paper business.

It was unanimously agreed by those present to change the name of the paper from ESCULAPIAN to IATRIAN, which means “the woman physician.” This change is to be made with the October, 1911, issue.

Amendment for The ESCULAPIAN staff.

That an exchange editor for the staff be appointed by the Students' Association. This amendment was accepted.

The position of the editor of the ESCULAPIAN staff to the Faculty was brought under discussion. It was voted that a request be sent to the Faculty to allow the Association to appoint one member of the Faculty to serve on the ESCULAPIAN staff.

It was also voted that a request be sent to the Board of Corporators asking that the College seal may be used on the college paper. Also stating that in each issue of the paper it could be printed that the Board of Corporators did not hold themselves responsible for the contents of said issue.

It was suggested that the proper self-government of the Association did not exist; there should be regular meetings, at stated intervals, with fines imposed for absence, unless a sufficiently good reason could be given. In this way it was thought that “college spirit” might be aroused.

It was also stated that there was no time on the roster which permitted all classes to be free at any given scheduled college hour, and it was suggested that one hour a week be asked from the Faculty for this purpose.

The motion was made and carried that a committee of five be appointed by the President to look into this matter and report at a later meeting.

Motion to adjourn.

Respectfully submitted,

MARGARET E. FARR,
Secretary.

Bon-Fire Song.

Tune, “Little Sally Waters.”

Gay and festive Seniors, dancing on the green,
Wondering where our shingles shortly will be seen;
Sing, Seniors, sing, let our worries go,
All the world is waiting, longing for us so;
Look to the east, look to the west,
Look to the city where the fees are best.

E. W. A.
EDITORIAL.

As we all know, there is, at the end of each year, a considerable number of examinations that must be passed. Perhaps we all know, also, that the Seniors have, to a limited extent, a choice of examinations. There is a ruling which requires that two of the following subjects must be passed for graduation: Dermatology, Orthopaedics, Medical Jurisprudence, Neurology, Laryngology, Ophthalmology and Otology. No one will question, we think, that a knowledge of each of these subjects will be very valuable to the practicing physician—yet does the graduate have a knowledge of each? Presumably not, for frail human nature studies that which it must, and lets go those subjects in which no examination is to be taken. This doesn't speak well for human nature, yet it is true. Would it not be well, therefore, to consider the virtue of having a compulsory examination in every subject? This is mentioned here because it is a subject that may well be brought up for consideration.

WANTED!

A new cover for The Esculapian! Does not every artist in school want to make her name immortal? You may not be able to do it by your excellent surgery, but we guarantee that the designer of the new cover will not be soon forgotten.

PUBLIC OPINION.

To have one hour during the week when all four classes would be free from college appointments would be a decided advantage to the college. As the roster now stands there is no time excepting the noon hour when the student body can meet together. For obvious reasons that is not a favorable time for business meetings without the attraction of refreshments. The Students' Association, if it is to be the power which it ought to be in the college, must be well attended, but as things are now this is practically impossible.

The free hour would also be a boon to the social side of the college. We need occasionally to gather for other purposes than business or class appointments. The Social Committee of the Y. W. C. A. would add its plea to the weight of the argument in favor of this improvement.

At other times, if neither Students' Association nor social committees demanded this hour, it would be sought after by committees of various sorts, which are often made up of all classes and which find it hard to gather their members for meetings.

A Vacant Hour?

Did you ever ask anybody what was most needed in our college? If you did you received this one unvarying reply: "College spirit!" Perhaps if you are a Senior you have vague reminiscences of having come here with high ideals, and of having immediately set out to develop a college something, only like all other such, to give up in the course of time and settle back with a sigh. Or if you are a Freshman now you may still have hope that sometime, somewhere, somehow, that spirit for which we are all waiting and hoping will creep out from its hiding place and revolutionize things at W. M. C.

Why are we suffering from the lack of this thing that seems an indispensa-
ble and inseparable condition for all college life? Many legitimate and truthful reasons might be given, and are given constantly. Only one is to be brought forward here though—the fact that the four classes have so little in common—so little mutual interest, and so little time together. If it were possible for the whole student body to come together for only ten minutes at a time each day it would better the condition in a very short time. The chief purpose which the much-abused "Chapel" serves in college life is the unifying of the life of the students who attend. It would be impossible, of course, to have such a service in a professional school like our own, but is there not some other way of gaining the same end?

Why would it not be possible for our schedule to be so arranged as to give an hour each week when all classes would be free at the same time? Then, and not until then, will it be possible to arrange the proceedings of the Students' Association in a satisfactory way, and with that Association rests the making or breaking of a proper spirit in the college.

We might urge also the need of a free time for a gymnasium class, for social teas, for basket-ball, and the many things that go to make up what is commonly known as college life, and must now either be dispensed with or else held in the evening. And even if held in the evening the undertakings must be supported entirely by the students resident in the neighborhood—those whose homes are away from college are of necessity shut out from those things to which, as college students, they have a right.

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**ALUMNAE NEWS.**

Sara Tew Mayo, 1898, has been awarded the Picayune Loving Cup for the year 1910 for gratuitous professional and other services in connection with the New Orleans Hospital and Dispensary for Women and Children. Dr. Mayo is held in high esteem by the medical profession throughout the Southern States.

Dr. Calista V. Luther, 1885, is collecting data for a report on the work of medical women in foreign fields, to be presented at the next meeting of the American Medical Association at Los Angeles, in June, 1911. She will be grateful for any information of interest. Address, South Orange, N. J.

Dr. Mary McClain, of St. Louis, is to be present at our annual commencement this June, and has consented to read a paper before our Alumnae Association.

Dr. Mary R. Noble, 1901, sailed from this city April 15th for India, where she will resume her work in Ludhiana Medical College for Women. Dr. Noble's return was delayed several months in order that she might devote herself to the Jubilee Missionary movement. She has, in her travels about the country, not only gained for herself a national reputation, but has done much to further the interests of this medical college.

Dr. Annie Veech, 1909, has received an appointment to Holt's Baby Hospital in New York for the months of June, July, August and September, 1911.

Graduates of W. M. C. hold offices for the ensuing year in various medical societies of Pennsylvania, as follows:

Philadelphia County Society—Dr. Mary Buchanan, Membership Committee; Dr. Elizabeth L. Peck, Library Committee.

Tioga County Society—Dr. Mattie Berry Longwell, Reporter.

Chester County Society—Dr. Mary H. Smith, Treasurer.
Lancaster City and County Society—Dr. Mary R. Bowman, Reporter.

Lycoming County Society—Dr. Ella N. Ritter, Treasurer and Trustee.

Monroe County Society—Dr. Esther W. Gulick, Secretary.

Reports of the erection and opening of our amphitheater are to be found in the Journal of the American Medical Association for April 1st.

The late Miss Annie Shoemaker, of Swarthmore, Pa., left a bequest of $3,000 to this college.

Dr. Katharine B. Leidich, of Harrisburg, died recently at her home in that city. Though she had been practicing but ten years, she had one of the largest and most successful practices in Harrisburg. She was a graduate of the Woman’s Medical College in New York of the Class of ’99.

To aspiring students and young doctors, also to members of our profession away from this vicinity, it may be of interest or encouragement to note a list of women, all graduates of our college, to whom prosperity has granted the privilege of owning automobiles, which are seen almost daily on our block: Dr. Caroline Purnell, Dr. Catherine Macfarlane, Dr. Emma E. Musson, Dr. Eleanor Jones, Dr. Lida Stewart-Cogill, Dr. Mary W. Griscom, Dr. Elizabeth Peck, Dr. Susan Corson, Dr. Ellen C. Potter, Dr. Marianna Taylor.

Dr. Eleanor Stephenson, 1904, who was stationed at Ahmednagar, India, has been transferred to Shanghai, China. She writes: “The women here are so interesting and wonderfully intelligent, at least those I’ve met, while India seems so pitiful by comparison.”

Y. W. C. A.

Two new members have recently been added to the Advisory Committee, Mrs. J. H. Haslam, 1513 North Nineteenth street, Philadelphia, and Miss Elizabeth A. Scott, 5951 Overbrook avenue, Philadelphia.

The candy sale held by the Intercollegiate Committee, April 8th, was a decided success. We all enjoyed the “sweetness,” for its own goodness, and in addition helped to send a delegate to a summer conference.

The following chairmen of committees have been appointed for the coming year: Membership and Welcoming—Helen J. LeMaistre; Finance—E. B. Dayton; Missionary—Mary E. Smith; House—Lora G. Dyer; Brinton Hall Prayer Meeting—Ellen Hooker; Intercollegiate—Edith Morehouse; Hospital Prayer Meeting—Helen H. Taylor; Bible Study—Louise Ingersoll; Social—Alice H. Cook; Hand-book—Clara L. Homer; Rummage—Regina M. Downie; Ways and Means—Ethel Polk; Apron Sale—Mabel Thomson.

SUMMER CONFERENCE.


Why? To bring together about 800 of the best, jolliest, most whole-hearted girls of our Eastern colleges to meet for ten days in Christian conference. Is it worth while for you, as a W. M. C. girl, to consider attending such a conference? Everyone who has gone says its privileges and opportunities cannot be equaled. The conference needs you and you need the conference.

Mission Study Course.

A course of missionary talks has been given recently in Brinton Hall under the direction of the Missionary Committee of the Y. W. C. A. The meetings were at 1 o’clock, when very few students had college appointments. Rev. Floyd Tomkins, of Holy Trinity Church, spoke first (February 24th) on “Why We Should Know
About Missions.” On March 6th, Dr. Vanneman, a graduate worker at the University of Pennsylvania, told of his medical practice in Persia.

March 13th, Rev. Charles A. Watson, secretary of the United Presbyterian Board of Foreign Missions, talked on “Egypt—Civil, Political and Religious.” March 20th, the subject was “India,” the speaker, Rev. V. S. Gillam, now on furlough from that country. March 30th, Dr. Andrew Woods, for seven years connected with the Canton Christian College, China, and now practicing in Bryn Mawr, presented to us a broad and clear view of China and of the greatness of her future, emphasizing the value of the educational work of missions.

The meetings were well attended and were thoroughly enjoyed.

WOMAN'S HOSPITAL.

The wards and private rooms of the Woman’s Hospital have been well filled with patients during the last two months, and there are many patients waiting to enter.

Dr. Valentine is now an interne at the Hospital, finishing the term left vacant by the resignation of Dr. Morris.

Dr. Dranga has been obliged to resign on account of ill health, and Dr. Goss is finishing her term of service. Dr. Dranga left April 6th for her home in California.

Dr. Caroline Peterson, who for many years was Registrar of this Hospital, is at present visiting here.

Dr. Mary Lawson Neff, of New York, one of the editorial workers on the staff of the Woman’s Medical Journal, is delivering a course of lectures in Psychology to the nurses of this Hospital.

An interesting case in our Children’s Ward is a child one and a half years old, with no iris. The pupils fill the space left vacant by the absence of the iris, an anomaly called “coloboma of the iris.”

COLLEGE HOSPITAL.

The internes have just changed services again. On April 18th Dr. Minthorne went to Barton; Dr. McDonald came to the Hospital as Junior resident; Dr. Gibson went to Maternity; Dr. Faughnan became Senior resident; while Dr. Pruitt went to be externe at Barton Dispensary.

Miss Elizabeth Johnson, a graduate of the College Hospital Training School, is now the Superintendent at Maternity.

Miss Mary Woolrich has succeeded Miss Spence as head nurse in the College Hospital.

AROUND THE COLLEGE.

Miss Cook spent the Easter vacation visiting friends at Trenton and Lawrenceville.

Dr. K. (quizzing)—“What are the symptoms of this condition?”

Miss B. (hesitating)—“Why, er—one symptom is paradoxical pain!”

The Juniors are rejoicing in the chance to get off some of their “cases” before exams begin.

Several of the students took advantage of vacation and visited the battleships at League Island. Another party went down to Wilmington by boat.

The engagement is announced of Miss Ellen Hooker, ’14, to Mr. Douglas Davidson, Harvard Medical, ’13. The wedding will take place early in June.

The Hospital Appointment Committee of the Students’ Association has been making worthy efforts to increase the list of hospitals offering internships to women. If the students know of any likely hospitals the committee will be glad to hear of them.
The Iatrian's Cover.

The staff of The Esculapian hereby desire to announce the opening of a competition for a cover for The Iatrian. As all the students know, but as few of the other subscribers are aware, The Esculapian, with the October, 1911, issue, changes its name to The Iatrian (the woman physician).

A dignified, simple cover is wanted. To that end the competition is open to any student or to any alumna, and all having any artistic ability are earnestly requested to enter the lists.

The following points must be strictly adhered to:

1. All contributions must be in color. The College colors, red and gray, are desired.
2. The design must contain the following:
   (a) The Iatrian.
   (b) In smaller lettering, either “Woman's Medical College of Pennsylvania” or “Published by the Students of the Woman’s Medical College of Pennsylvania.”
   (c) A space for volume, date of issue, and number.
3. Each design must be made to fit cover, 6 1/8" x 9 1/4".
4. Each design must be accompanied by a sealed envelope containing name and address of owner, the outside of the envelope to bear a distinctive design or sentence which is also shown on the back of the submitted design. No initials, or other distinguishing feature, to appear on the face of the design.

The competition will close September 1, 1911.

Contributions may be sent direct to Helen J. Le Maistre, Business Manager, 1918 Fairmount avenue, Philadelphia, until September 1, or may be deposited in box in the College Hall before May 25, 1911.

Those designs which are not accepted will be returned to the competitor if adequate postage is provided in envelope bearing name and address.

The reward for the successful artist will be:

1. A life subscription in her own name.
2. A year's subscription for a friend.
3. The privilege, if she is so desirous, of having either her name or initials appear on the design when used.

Hospitals Receiving Only Women Internes.

Woman's College Hospital, Philadelphia.
New England Hospital, Boston.
New York Infirmary for Women and Children.
Woman's Hospital, Philadelphia.
Memorial Hospital, Worcester, Mass.
Woman's South Philadelphia Hospital (Homeopathic).
West Philadelphia Hospital for Women.
Children's Hospital, San Francisco.
Northwestern Hospital for Women and Children, Minneapolis.
Hempstead Hospital, Hempstead, Long Island.
Mary Thompson Hospital, Chicago.
Childs' Hospital, Buffalo.
Syracuse Hospital for Women and Children.
Reformatory Prison for Women, South Framingham, Mass.

Watch!

Watch for “The Scalpel!”

It is expected out by the first of May, and it brings many surprises to you all.

The number of copies for sale is limited, but you still have time to place a few orders.

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

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