The Objective Point of Medicine.

By Joseph McFarland, M. D.

Oration delivered at the 62nd annual opening of the Women's Medical College of Pennsylvania, Sept. 20th, 1911, 4 P. M.

Your honored and respected Dean has requested me, upon the occasion of this sixty-second opening of your college, to revive an ancient and honorable custom, of late more frequently observed in the breach than in the performance, and deliver a brief oration.

To her invitation I acquiesced by briefer hesitation than she perhaps expected, finding that it afforded me the opportunity to acquaint you with my conception of the ideals and responsibilities of medical life, at the very beginning of my work among you.

I am, however, far more embarrassed than my outward appearance might lead you to suppose, for I speak with the full consciousness of being so new as to be “under suspicion,” and of being the subject of searching criticism. I am to address my remarks to a mixed audience, comprising lay friends, newly arrived students, and students who enjoyed the privilege of listening to my affable, cultivated and distinguished predecessor in the chair of Pathology—Prof. A. O. J. Kelly.

Worst of all, I am to address you in the presence of your learned and distinguished Faculty, which, in itself, is enough to discourage the most intrepid of speakers.

I now address myself solely to the students of the college, asking others to follow as they can, for it is not my intention to profane the shrine of Aesculapius, when I open its doors, by exposing the sacred precincts to the public eye.

Most of you are novices on the way to initiation, and it is but fair that you should know at least the exoteric nature of that priesthood into which you hope to be admitted.

We all have our ideas and expectations, some eventuating in realization, others in disappointment. The better we are informed, the more correct our ideas are.

It is well to start right, to know the truth and to avoid disappointment. It is, above all, to be desired that our ideals shall be right, as we all seek to attain to them. Now for your ideas!

I have little doubt but that those of you who, to-day, for the first time knock at the doors of the Temple of Knowledge, have preformed ideas of what you will find when the portals swing back and you enter upon the first year of your medical studies!

Let us see whether I am not correct in my estimate of your ideas of what you will have to do. You have to learn to cure the sick and heal the injured, and you conclude a course of study in which you will learn to apply time-honored medicines to well-known diseases, by fixed rules.

It is very simple! There are so many diseases and there are so many remedies—perhaps one for each. All you have to do is to remember which fit. The child receives the remedy for measles when you find he has measles, the remedy for typhoid fever when he has typhoid fever. Nothing is simpler! All you have to avoid is mixing things up, when the results might be uncertain. Of course, you must also learn how to know that the child has measles or that he has typhoid fever, but that is a matter of mere detail!

It all seems very simple! Many of your relatives and friends know a great deal about it, and perhaps you do to. The wonder is that we require you to...
stay so long before we graduate you. Four years! How can one put in so much time? Perhaps it is a scheme on the part of the college to relieve you of so much cash!

Poor freshmen! If such are your ideas, I can only say wait! Things are not as you think! At first you will be blinded by the light of knowledge, and then when the scales have fallen from your eyes, you will find your ideas all wrong and you will form new ones!

Lest you fancy me in error let me ask those of the second and third years if I am far wrong? What was your experience? When those doors of knowledge first opened to you, were you not bewildered at the Babel of strange sounds that rushed upon your unexpecting ear? Strange and unfamiliar sounds—histology, embryology, astrology, syndesmology, physiology, pathology, bacteriology and a dozen other "ologies," to say nothing of anatomy, chemistry and diagnosis!—came pouring forth in ever increasing volume, discordant, independent, like the strains of barbaric music, with sounding brass and tinkling cymballs, no meaning to it, no connection in it, now one note, now another dominating, yet never one to give the key!

Have you not been mystified? Have not your ideas changed and your expectation been disappointed?

You looked for simplicity and you found complexity; for coherence and you found incoherence; for product and you found theory!

Despair not! The end is not yet!

And now, to you of the fourth year, who are preparing for initiation to the final mysteries, greeting:

To you, whose eyes and ears and fingers and brains have learned, the discords are becoming transformed into subtle harmonies. The notes are combined in rich and varied chords, following one another in the varied cadences of a great and masterly symphony! You have the true idea of scholarship and you know the true ideas!

But you have still ideas and expectations? What of the profession into which you are soon to enter? Are your ideas of it as erroneous as your others have been?

For those who can bear it preparation is always preferable to sudden disillusionment, and that you may be prepared for the true conditions, I now propose to draw aside the curtain that you may for one moment gaze upon the Aesculapian priesthood—for one moment see the "Medical Profession" as it is.

I ought not to do this incautiously! Disillusionment is sometimes fatal!

Do you suppose that if the curtains of Paradise were drawn aside and we had a glimpse of its glories we would be satisfied? Do you think our expectations would be realized? Do you suppose that the "goodly fellowship of the prophets, the noble army of martyrs and the holy Church throughout all the world" would furnish just the society we coveted?

Perhaps, as I draw the veil, you had better cover your eyes, not lest the dazzling glory of the company overwhelm you, but lest you find that that toward which you have looked as the consummation of happiness, that toward which you have struggled through years of toil, for which you have labored and hoped and prayer may not in the realization measure up to your expectations!

There, the curtain is drawn, and now behold a microcosm! A little world, not unlike the outer world

"that rolls,
with all its freight of troubled souls,
Into the days that are to be."

It is motley company, this Aesculapian priesthood, this medical profession! Look closely as they move here and there, with mind intent upon the sacred rites. See the sacred vestments—caps and gowns and stripes—signifying degree after degree acquired in the Temple of Knowledge. See those hoary heads crowned with the glory of achievement! See the young
and the brilliant active in the holy rites! But who are these who, without vestment, assuming the rite of holy sacrifice—who are they? They arrive by short cuts and uninitiated, pretend to understand the mysteries. See them thrust aside, see them, one by one, driven out. Yet see how stealthily and persistently they climb over the walls and are back again, impudent and insolent, with assurance and vulgar familiarity, greeting the brotherhood and asking for the passwords and secrets they do not know. By whom the temple is profaned and with whom the priests continually strive.

Here comes a priest in saintly robes, but he averts his face, does not participate in the rites, avoids his brethren passing with averted face and furtive eye—a conspirator on some nefarious enterprise intent!

The curtain drops, and now you know through my feeble allegory that when your studies are over, your diploma in hand, and you are M. D.; when you have passed the State Board of Medical Examiners and are duly licensed and registered and are ready to embark upon that great work called Practice, you will find yourself in a little world of medical men and women, dignified by venerable and learned sages, graced by young and brilliant scholars, but disgraced by pretenders and interlopers from without and sectaries and hypocrites from within!

Well, after all, it is only natural for doctors, like priests and lawyers, are only men and women, with the frailties common to such. This is true of every human enterprise. If, therefore, you expected to find shelter in the society of the learned, the cultured, the benevolent and the virtuous only, you are now disillusioned. There will also be ignorance, superstition, prejudice, folly, vice, hypocrisy and crime!

So much for your ideas! Now for your ideals!

A somewhat lengthy experience and extended acquaintance with men medical students has taught me that they commonly begin their medical studies because they were led to believe or led themselves to believe that Medicine is a pleasant and comparatively easy vocation, with relatively large emoluments. They also commonly have for their ideal some successful practitioner, whose fine house, cultivated family, commodious automobile and reputation they covet.

It is money that is back of it! Money, the root of all evil!

The making of money may have been your starting point, and the successful—financially successful—doctor your ideal, but defective must be your education, sordid your motives and debased your ideals, if after we initiate you into the esoteric mysteries of our profession it remains more than an incident in your thoughts and work!

The quacks, charlatans, the advertising specialists, the optometrists, the physiomedics, the osteopaths, the vitapaths, the hydropaths, the eclectics and many of the homeopaths—not all, but many—these seek money! A goodly company, truly! Will you consort with them? Are not your ideals superior to theirs?

If you want only money, why study at all? Simply hang out a sign! The public is easily duped by others, why not by you?

But you will not do that. You have in mind other things, and you are asking questions such as these:—

Who, amid ignorance, prejudice, ridicule and poverty, thought out the means of preventing small-pox by vaccination? Who discovered anaesthetics, by which surgical operations and child-birth can be robbed of their anguish? Who discovered the relation of microorganisms to disease? Who applied the knowledge they discovered to surgery and freed operations from the danger of infection? Who applied it in midwifery for the prevention of puerperal fever? Who discovered the antitoxin for the cure of diphtheria and that for the prevention of tetanus? Who worked out the means by which yellow fever and malaria and plague are transmitted? Who
THE IATRIAN

have banded themselves together to apply knowledge to the preservation of the public health? Who now insist upon compulsory vaccination, upon the registration and isolation and segregation in preventing communicable disease? Who institute the medical inspection of school children, the inspection of dairies, the inspection of slaughter-houses? Who insist upon the destruction of tuberculous cattle and glandered horses? Who give public lectures upon the means of preventing disease? Who insist that physiology and hygiene be taught in the public schools? Who prepare tuberculosis exhibitions for arousing public interest in the prevention of that most frequent of all preventable diseases? Who recommend that the governments, national, State and municipal, provide free hospitals for tuberculosis, leprosy and other special diseases, in order that they may not spread? Who cry out most loudly against poisonous and adulterated foods? Who lead the attacks upon the worthless and poisonous nostrums upon which the uninformed waste their money? Who investi- gate the industries to find means of defending the workingmen from such dangers as lurk in dusts and darkness? Who devised the means of humanely treating the insane? Who urged the gratuitous distribution by city and state of those vaccines and antitoxins by which the poor may be treated free? Who brought about the filtration of the water and the disposal of the sewage, by which typhoid fever, once so common in this city, is now a rare disease? Who checked the spread of the plague from California? Who is checking the spread of cholera from New York?

Surely not by those who seek for money.

Were these things done or are they being done by those animated by the thought of GAIN?

Who are now working silently, patiently, laboriously, intelligently in laboratories and hospitals all over the world, earnestly trying to solve the ever increasing problems of our ever expanding science? Those who work for riches?

In professional competition with those of high and noble ambitions you will find stimulation, elevation and delectation. In competition with the money getter you will experience vexation and perhaps some temptation. Unless your ideals transcend his, you may be tempted to stoop to his methods—and how insidious they are and how appealing to the pusillanimous soul!

The temptation to advertise that people may think you better than you are.

The temptation to magnify the importance of the simple ailment, that you may appear to possess the greater skill in treating it.

The temptation to deceive the patient or permit him to deceive himself into believing himself ill when nothing is the matter with him.

And worst of all—

The temptation to perform that operation whereby human frailty more easily condoned than condemned is relieved from social and domestic condemnation and ostracism.

This temptation presents itself in the guise of a benefaction, rather than malefaction, and sometimes blinds the eyes, perverts the judgment and obscures the moral sense.

Take not the money-getter for your ideal! Rather set up for contemplation and emulation the lives and the works of such as Jenner, Pasteur, Lister, Koch, Morton, Simpson, Behring, Ross, Reed and Ehrlich! Fill your minds with their thoughts, and as you reflect upon their happy achievements, you will gradually discover a new and fundamental principle of action that has worked and is working in them and will work in you. A principle unifying, energizing, elevating and luminating, that pervades the very being, impelling and compelling one to render service to his fellow man!

I am no sentimental dreamer! I
hope I never lose sight of the real in the ideal. You must, of course, get money. Nobody can live without it. It is honorable to demand it. But it is dishonorable to take it except for service rendered.

In all of your work you ought to be, and after you finish your education with us I am sure you will be, animated and dominated by those higher motives that lead to unselfish service.

It ought to be, and I foresee that it must be, part of your life work to combat ignorance and superstition, to overcome prejudice and vice, and to wage unending warfare upon every form of quackery, knavery, charlatancy, chicanery and mendacity.

You have found how little we know and how much remains to be known. It is your duty to set about finding out the much or little that you can add to that previous store of knowledge, by which mankind and womankind may be saved from suffering and death.

Let your motto be, Ich dien—I serve. You must serve. You must sacrifice for the common good.

Such is the objective point of medicine.

Dr. Abernethy, the famous Scotch surgeon, was a man of few words, but he once met his match in a woman. She called at his office in Edinburgh one day with a hand badly inflamed and swollen. The following dialogue opened by the doctor took place:

"Burn?"
"Bruise."
"Poultice."

The next day the woman called, and the dialogue was as follows:

"Better?"
"Worse."
"More poultice."

Two days later the woman made another call:

"Better?"
"Well. Fee?"
"Nothing. Most sensible woman I ever saw."

The Hospital and its Opportunities.

It is frequently urged, and the proposition is beyond dispute, that the medical profession bears an undue proportion of the burden of charitable service in the time, labor and skill given by the members of the honorary staffs of our public hospitals. Calculated on a commercial basis, these factors would, indeed, represent an annual charge of no mean amount. They involve unprofitable labor by those who thus render the service, and they carry inestimable benefits to the sick and injured poor. Of recent years it has been recognized, at least to some extent, that the benefits resulting from the existing hospital system are by no means restricted to those who are in immediate attendance as patients. The gratuitous attendances by the staff and the clinical instruction offered to students and junior practitioners, mean opportunities for improved medical knowledge and skill, the influence of which reaches all classes. It must be remembered that much of the clinical instruction is undertaken by members of the staff without either fee or reward. Hospital physicians and surgeons may, therefore, claim a striking record of time and effort spent gratuitously in public service and in charitable relief. There need not be any attempt to emphasize this statement, for no one at all acquainted with the facts will dispute or qualify it. Not that medical men in general, or hospital staffs in particular, are, or pretend to be, more philanthropic than their neighbors, but their opportunities in this direction are more numerous, and, with rare exceptions, they do not avoid the appeal.

There is, however, another aspect of the question of hospital service which ought to be borne in mind. It is true that the medical staff of a hospital aids especially the poor who form the bulk of the patients, but it cannot be denied that some contribution is made in the opposite direction. A position on the staff gives dignity and distinction, and,
in a greater or less measure, special experience. These elements, all will admit, will carry weight with the public and have no insignificant influence on the attainment of success. It would be an idle task to attempt to strike the balance between what is given and what is gained. All that is necessary for our immediate purpose is to secure a recognition of the proposition that whilst hospital service means much gratuitous and thankless labor, it has, even in the world of practical success, some measure of compensation. Yet, it may be reasonably contended that the duty of a member of a hospital staff is not limited to the mere treatment of patients coming under his immediate care. He enjoys large professional opportunities, and therefore, to a corresponding extent, responsibilities are required at his hand. Insofar as fortune has given to him chances above his fellows, he is debtor to his profession, and to his art in proportionate measure. In all justice and fairness he may be called upon to give an account of his stewardship, and to show that he has used wisely and to good purpose the opportunities attached to his position. Possibly this cannot be done in the form of a formal inquisition, but the somewhat vague, though not unreal, tribunal of general professional opinion will certainly not fail to record a verdict. The repute of a hospital and its staff is without question judged by the amount and quality of the work they produce. It is a fair test and a reasonable demand. The criticism is perchance well founded that the present generation suffers from an excess of medical, as well as of other classes of literature. But this in substance, if not in form, refers to quality rather than quantity. In any event, it is proper to ask the question whether the enormous clinical material of our hospitals is as fully utilized as it ought to be for the advance of medical science and the instruction of the general body of the profession. Upon every hospital staff many responsibilities press, and not the lightest of these is the duty of adding to the realm of exact knowledge contributions commensurate with the opportunities fate and fortune have placed in its hands.—National Hospital Record.

Report of a Case of Tetanus.

The following case is reported by courtesy of the Memorial Hospital of Worcester, Mass., in which the patient referred to was seen.

N. P., a white girl, aged seven, with nothing notable in either family or personal history, was brought to the hospital September 1st. She had apparently been well until a week previously, when she had fallen backward from a fence, striking her left shoulder. The next day she began to show a strange posture when walking, this lasting for two days without other symptoms, when she was seized in the night with sharp abdominal and epigastric pains. This recurred the following night, accompanied by vomiting and a choking sensation, and then attacks came with increased frequency, patient "stiffening up" and biting her tongue when they occurred. The next day she began to show a strange posture when walking, this lasting for two days without other symptoms, when she was seized in the night with sharp abdominal and epigastric pains. This recurred the following night, accompanied by vomiting and a choking sensation, and then attacks came with increased frequency, patient "stiffening up" and biting her tongue when they occurred. Patient had never been unconscious in any of these attacks. She had been under medical care for two days, and was then sent to the hospital, with a diagnosis of meningitis, caused probably by the fall.

Physical examination showed a well-nourished, well-developed child, with clean skin, coated tongue and palpable lymphatic glands. No lung symptoms of moment. The heart was rapid and irregular, both sounds roughened. The eyes were tightly closed, the eyeballs rolled upward, pupils slightly dilated but equal and reacting to light. The knee jerks were exaggerated. Kernig's sign was absent. Over the left scapula was a region of fading ecchymosis about the size of a hand. A small punctured wound was noted in the bottom of the right foot. The patient seemed to suffer great pain on
motion, and on the slightest touch along the region of the spine.

The case was diagnosed as tetanus; the punctured wound was opened in its entire length (one and one-half inches) cleaned and drained. A small piece of tissue was removed from the depth of the wound and planted in deep glucose-agar. No growth resulted. Under the same anaesthesia, a lumbar puncture was made and about 40 c.c. of clear spinal fluid drawn off. It seemed to be under moderate tension. The examination of the fluid gave negative results. Through the same puncture 20 c.c. of sterile Magnesium sulphate solution were injected (strength 1:10). The patient had relief from spasms for about twenty-four hours, accompanied by a rise in temperature from 100.2 degrees to 102.4 degrees, with the pulse remaining about the same.

Successive injections of the same solution were made, as follows: September 4, 15 c.c.; September 8, 10 c.c.; September 13, 10 c.c.; and September 18, 8 c.c. Each injection was followed by a cessation of convulsions for twenty-four hours, when they recurred, but each time with lessened severity. These intervals were accompanied by a fall in temperature and a rise in pulse rate, the extreme limits of temperature being 98 degrees and 103.2 degrees. The pulse ran from 104 to 148 per minute. Each injection was also accompanied by retention of urine, and as there was increased secretion, frequent catheterization was necessary. Unfortunately a cystitis followed: a more serious complication than cystitis would ordinarily be, since the least tension in the bladder increased the spasms. These would come on with increasing frequency until nicturition or catheterization relieved them.

Treatment was not very extensive; feeding was by gavage from September 1 to September 17, when patient became able to eat. For stimulation, brandy and strychnine sulphate were given throughout the illness. Some hypnotic was necessary at all times—potassium bromide and chloral were used in association, until they ceased to be efficacious; then opium alkaloids were given in small doses; when these in turn failed paraldehyde was tried, but was not used long, as the patient ceased to need it.

On September 15, three weeks after the first symptoms, the patient was very weak, pulse rapid and feeble, and spasms so continuous that they could not be counted. Little hope was given for her recovery. But after twenty-four hours she rallied a little, and two days later showed signs of consciousness. Three days later she was able to ask for water. Improvement was constant then until on October 1st she talked in monosyllables, took an interest in her surroundings, and though unable to form sentences, seemed to understand all that was said to her. The convulsions had abated, so that there were only occasional twitchings. She seemed to be well on the road to recovery. The fact that the patient had lost the ability to form sentences was rather interesting, since she used single words correctly, and comprehended all that she heard.

AMY A. METCALF, '12.

Two Facts Regarding Vaccination.

In the Philadelphia Public Ledger, May 21, is a letter from Dr. W. W. Keen, in which he presents some facts regarding vaccination against small-pox and typhoid fever. What he states regarding small-pox vaccination is worth quoting: “One of my old students at the Jefferson Medical College, Dr. Victor G. Heiser, is in charge of the sanitation of the whole of the Philippine Islands. He has accomplished a work which can be favorably compared with that of Colonel Gorgas on the isthmus. When in this city about eighteen months ago he told me that in seven provinces in and around Manila there were annually about 6,000 deaths from small-pox, which would mean 25,000 to 30,000 cases every year. But in the
twelve months following the completion of the vaccination of all the population, there was not a single death from small-pox in the same provinces. Could there be a better demonstration of its value as a preventive? Moreover, he stated that in over 5,000,000 vaccinations in the Philippines, in spite of their frequent neglect of the slight sores which are necessarily produced by the operation, and the uncleanly habits of a large number of the inhabitants, not a single death had occurred, the finest record of any similar wholesale vaccination in the world.

In your issue for May 7, also, in the first page of the Magazine Section in Professor Turner's paper on the 'Abolition of Slavery in Pennsylvania,' are published fac-similes of some advertisements which appeared in Philadelphia before the days of vaccination. Among them is one which today would be utterly absurd. It reads, 'Lately imported from Antigua (as though they were cigars or coffee) and to be sold * * * a parcel of likely negro women and girls from 13 to 21 years of age, who have all had the small-pox.' Such an advertisement at the present day would be unthinkable. It added to the value of a slave in those days to have had small-pox. Today nobody thinks of any one ever being liable to small-pox, except those who neglect vaccination. I commend this experience of Dr. Heiser in the Philippines and this advertisement from your paper to the attention of our anti-vaccination friends."

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**Anatomy for Beginners.**

**By Thomas L. Masson.**

Anatomy is the science of knowing all our parts and telling them from one another, while at the same time we treat them with equal consideration.

When we have conscientiously learned all the parts that belong to us, then we can add them up and find out just what our sum total is.

There are some people so ignorant that they cannot discriminate between their stomachs and their brains. This shows us the importance of the study of anatomy.

When we have learned our parts by heart, we can add them up. Subtracting the result from ourselves, we have our soul as a result.

We cannot see our soul, but by this simple arithmetical calculation, we know that it is there. This should convince us of the power of numbers.

Beginning with the main parts of the body, we have first the torso.

The torso is plastered with ribs to keep it from caving in; also to prevent the insides from breaking out. No respectable person could do without a torso, upon which all the other parts are placed. When people are murdered the torso is always the one talked about most.

Above the torso are the arms, which hang alongside and sometimes swing wildly in their sockets; the shoulders, the neck, and the head, which sometimes contains the brain.

The brain is the headquarters of the nervous system and contains the central offices of the Anatomical Telephone Company.

When the suburban nerve-centre says, "Hello, Central," the brain either replies, "What number?" or "Busy," or "Out of order," as the case may be. Sometimes the wires are crossed and the company fails to declare any dividends, thus placing the entire brain in the hands of a receiver.

From the brain issues the spine, which is sometimes useful in matrimony, although rarely strong enough in man for practical purposes, and constantly growing weaker the longer he is married.

On top of the head the hair grows, or is supposed to. In some cases, however, it fails to grow despite the most painstaking efforts.

In ladies there are two kinds of hair: viz., imported and domestic; in gentlemen also two kinds, namely, permanent and transient. The permanent is seen in wild men; the transient in civilized men, when young.
At one time all the hairs were carefully numbered, but the practice has been discontinued owing to great pressure of other matters.

Around the head, arranged in the utmost disorder, without any evidence of design, are grouped the ears, the nose, the eyes, the eyebrows, and other well known features.

The ears are firmly fixed at the side, and although every small boy would like to remove them and have them laundered once a week, this has hitherto been found impossible. In ladies they are often used in place of show windows, to display jewelry.

The nose projects beyond the head in front, and is used by many to steer with. Other people are led by it. It varies in color from light pink to deep purple.

Above the nose are the eyes, by means of which we read the stock quotations; and below the nose is the mouth.

The mouth is the main boulevard of the system, and travelers of all kinds are passing each other on their way in and out, from the conversation band-wagon to the dyspepsia caravan.

At the end of the arms are the hands. Although constantly shaken, they are always present.

Proceeding in a southerly direction from the torso, we have the hips, useful for padding, and the legs. The legs hold up the body, and are sometimes used in walking, but when riding in automobiles they take up valuable space which otherwise might be employed to better advantage.

Attached to the legs are the feet. Some varieties of feet are cold. Some people are born with cold feet, others acquire cold feet, and still others have cold feet thrust upon them.

The surface of the body is covered with cuticle, which either hangs in graceful loops or is stretched tightly from bone to bone.

On the face it is known as the complexion, and is used extensively for commercial purposes by dermatologists, painters, and decorators.

Between the cuticle and the bones are the muscles, which hold the bones together and prevent them from falling out and littering up the sidewalk as we walk along.

Packed neatly and yet compactly inside the body are the heart, the liver, and the lungs; also the gall, which in Americans is abnormally large.

These organs are used occasionally by the people who own them, but their purpose is to furnish surgeons a living.

"Has Anybody Here Seen Pussy?"

The true and hitherto unpublished history of

THE CUSHING CAT.

A cat so hungry and lone and lean,
Arrived one day on the College green,
And spread itself out on the campus.

At once Mrs. Manship adopted the beasts
And three times a day prepared it a feast
Of dainties from Sawyer's table.

So pussy grew rapidly, sleek and fat;
And forgot to watch for the mouse or rat,
Supposed to be haunting the College;
But just lay sunning itself all day,
And eating the dainties that came its way,
An ornament unto the campus.

One afternoon in histology,
Dr. Cushing announced, with evident glee,
A cat is donated for Science;
And then from the sections given we'll see
We'll give him a dose of CHCl3
How much you can learn from his tissue.

The dose was ready and pussy might fear,
For his end seemed speedily drawing near,
And somebody went to fetch him.
The oil can stood on the box as before,
And locked was the window and locked
was the door,
But pussy had vanished completely.

That eve once more on the College green
The cat lay plainly to be seen,
Until Miss Downie spied him,
And cried, "Oh, come away, my dear,
You are in deadly peril here,
They want your stratified squamous.
Your glands of Brunner they'll find right
And also the crypts of Lieberkühn,
And your little Peyers Patches;
Your papillae both fili and fungiform,
And your areas of Langerhans,
And your columns of Goll and Burdach,
Your organ of Corte and rods and cones,
And the system Haversian within your bones,
All these they'll get in my pussy;
And what will be left of you, my dear?
I fear me 'twill be only a tear,
Unless I come to your rescue.

So I'll take you away from 'Cushy land,'
And together we'll go down Thompson Strand,
And look for a haven of refuge.
But see, here comes Miss Mary McFall,
She'll help us if there's help at all,
For you're neither a smoker nor drinker."

And Miss McFall took it home, you know,
But again it escaped—this time in the snow.
So she called it the "Lady Slipper;"
And gave it to a Dr. friend,
Who endeavored its slippery ways to mend
By giving it a companion.

But it could not be cured and again slipped away,
Though no one knows how to this very day,
For the cellar seemed prison most perfect.
But alack, for my story his last little slip,
Was right off the earth with pneumonia grippe,
Caught from his wife so ungrateful.

And now he looks down from the cat heaven in State,
And ponders the great and the very near great,
As labelled by Dr. Cushing;
And wonders whether 'twere all real gain
To have come so near to the edge of fame,
And missed it just by slipping.

And poor Dr. Cushy has seen ne'er a trace
Of the cat since he vanished away into space.
But Miss Waidelich sent him a picture;
A beauty drawn from life, they say,
Of the cat contentedly smoking away.
And "There's no place like home" in the vapor.

**Burning Questions of the Hour.**

What Mrs. Manship wants to know:
"Who gave her cat to Dr. Cushing?"
What Dr. Cushing asks:
"Who let out his cat?"
What I would like to know:
"Where is it now?"

"'Tis the mind that makes the body rich."
vania. They are unable to refuse such honors. Soon thereafter a poster on the college bulletin board informs the student that she is a member of a medical society which will be addressed on the following Saturday evening by Dr. ————, on (say) “Spinal Anesthesia.” The student naturally feels no particular loyalty or enthusiasm toward an organization of which she has heard nothing and of which she did not even know that she was a member; and, anyway, she has been attending medical lectures all week, and consequently would much rather go to a play or have a little party in her own room. The natural result is that about one-third of the student body, with their “bright and smiling faces,” greet the noted and renowned speaker, suppress a few yawns during the lecture, and the next morning at the breakfast table pretend before the truant ones that “they certainly enjoyed such a profitable lecture.” That is the society of the past.

What is to be, or rather what ought to be its future?

First, let us consider what the object of such a society ought to be. In the handbook of the Y. M. C. A. for 1911, p. 24, under the title of the Undergraduate Medical Society, are these high-sounding words: “The Society bears the same relation to the student as will the County Medical Society of later years * * *” Now, that is what the object of the society should be,—“bear the same relation to the student as will the County Medical Society of later years,” but is it or has it been so? No. And again no. In the County Medical Society the members report cases, present papers, and take part in the discussions. Occasionally, perhaps, there may be a lecture by some one “of recognized ability in the profession.” Our Society has no such methods, and, therefore, most unfortunately does not prepare our graduates to take an equal footing in the County Medical Society with the men who have had such training.

Hence, O! sister medical students, let us be so disrespectful and irreverent as to not follow in the steps of the classes who have gone before, but live up to the object of the society and thus make it actually and really practical and have it mean something to the student. Boost up some enthusiasm! Make the society such that every student will want to be a member, and will voluntarily and with anticipation of some pleasure attend the meetings.

Let the meetings consist of reports of cases in the hospital giving the laboratory work done in connection with the same. Let papers be read and discussed; all this to be done by the students. Dr. Tracy made a suggestion last year, which is a good one, namely, that each department be responsible for one program. For instance, the chemistry department prepare its own program, the physiology its, etc., all the work being done by the students under the supervision of the professor of that department. Thus there will be a chemistry meeting, a physiology meeting, a pathology meeting, etc., and occasionally there can be a lecture by some one “of recognized ability in the profession.”

The society conducted, as suggested above, would prove of valuable assistance to the student, not only while she is in college but also after she enters the profession. Aside from the knowledge gained, she will learn how to preside parliamentarily over a meeting, how to prepare and present papers, how to report cases properly, and how to take part in discussions. Very few students have had such training before entering the college, and if they do not get it here, will probably never acquire it, and may not become creditable members of medical societies, nor valuable contributors to medical journals.

Is the Undergraduate Medical Society doing these things for you today? If not, whose fault is it? It is yours. Boost up some enthusiasm! Get busy! Don’t hang around and wait for some one else to start something. It is up to you. Get busy.

HATTIE FRANK LOVE, ’11.
The Medical Society.

Did some one say that the Medical Society died a natural death? But not a single natural death, for after it died the first time it was roused again, given a few props and a big push, and expected to do the duties of a live society. It could not, poor thing; it was dead, not merely faint or feeble, but "daid," as our Southern sisters would say. So why try to prop the poor corpse up again?

It was alive at one time, doubtless, when there were students who wanted and time and interest to make it worth while; when there were students who wished the benefits to be gained from such a society, for there are undoubtedly benefits. Now, strength and time and interest are lacking in this student body, or why is the gymnasium standing unused, or why must THE IATRIAN staff write its own copy, or if it does not write it, get it from the students by a process that can be compared only to a dental operation?

Society has been classified as "those who lift and those who lean," and it is our opinion that the "lifters" in this institution have sufficient burden, no matter what leverage they use; and that any new organization or project is only going to weigh more heavily on these, the faithful. If it were going to enlist new energy or lead out talent hitherto concealed, we would admit its possibilities of good. But past experience points to no such development. If our students, not all of our students, but any of them, want to hear scientific lectures, let them go to the College of Physicians, where they may hear lectures that are valuable—but more—lectures that they cannot afford to miss. If they want individual development of their powers of reporting cases, experiments, etc., let them make use of the pages of THE IATRIAN, which are open and crying for just such use. Until these last opportunities are improved, let us not dissipate our energies in multiplying inefficient organizations.

Around the College.

Recent appointments in the faculty and teaching staff are:

Dr. Joseph McFarland, Professor of Pathology; Dr. Kraker, Associate in Obstetrics; Dr. Potter, Associate in Gynaecology; Dr. Weidman, Demonstrator in Pathology; Dr. Bickings-Thornton, Demonstrator in Anatomy; Dr. Metheny, Prosector and Curator of the Anatomical Museum; Dr. Brethauer and Dr. Jamison, Assistant Demonstrators of Anatomy; Dr. Donnelly, Assistant Demonstrator of Clinical Gynaecology; Miss Clark, Assistant Demonstrator of Physiology; and Dr. Meine, Assistant in Histology and Embryology.

The additional members of the senior class are:

Dr. Slattery, College of Physicians and Surgeons, Boston; Dr. Willmering, University of Illinois; Dr. Lubben and Miss Freile, New York Medical College and Hospital for Women; Miss Christie, University of Toronto.

Additional Juniors are:

Miss Lee, University of Michigan; Mrs. Adamian, Tufts Medical School.

The entering class has thirty members, six college graduates, representing Allahabad University, India, Presbyterian College of South Carolina, Bates, Colorado College, Vassar, Wellesley and Columbia University and four Normal School graduates. Students are here from Russia, Cuba, India and Trinidad. The majority, 40 per cent. of the class, live in Pennsylvania, four in New York, three in New Jersey, two in Ohio, one in Massachusetts, one in New Hampshire, one in South Carolina, one, in Montana, and one in Texas.

Greetings 1911-12.

College opened on Wednesday, September 21, at 4 o'clock, with the usual exercises in the west lecture room. Dr. Marshall read a report, summarizing the work of the year and setting forth our rank and place among medical
schools. The report was informing, interesting and encouraging. The Dean is always happy in her interpretation of facts, and is blessed with the gift of witty speech.

An innovation or rather a return to an old and delightful custom was made by asking Dr. McFarland to deliver the opening oration. This masterly treatment of the ideals of the medical profession was enthusiastically received. The students were touched by the appreciative tribute paid by both speakers to the character and life work of Dr. Kelly. Tea was served in the gymnasium and the many new students were given the opportunity to see moving about, like merely charming mortals, that august Olympian host, the teaching corps.

When the bells of Girard College chimed 6 o'clock, the Woman's Medical College, with its ideals and courage, had entered upon the pathway of another year.

"Not to the strong is the battle,
Nor to the swift is the race,
But to the true and the faithful
Victory is promised through grace."

F. P. M., '12.

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ALUMNAE.

What the members of the class of 1911 are doing this year:

Dr. Marguerite Bailey, clinical work in Philadelphia.

Dr. C. Clementine Bash, clinical work in Seattle, Washington.

Dr. Mary Evelyn Brydon, hospital work in Wilmington, Delaware.

Dr. Anne R. L. Caffrey, interne in College Hospital, Philadelphia.

Dr. Carolyn A. Clark, interne in Woman’s Hospital, Philadelphia.

Dr. Sarah M. Davis, interne in College Hospital, Philadelphia.

Dr. Effie B. Dunlap, interne in College Hospital, Philadelphia.

Dr. Adelaide Ellsworth, interne in Woman’s Hospital, Philadelphia.

Dr. Sarah M. L. Garrett, opened a practice in Philadelphia.

Dr. Agnes Hockaday, interne in Woman’s Hospital, Philadelphia.

Dr. Emile C. Jamison, demonstrator in anatomy in college, Philadelphia, clinical work also.

Dr. Ora H. Kress, interne Loma Linda Sanitarium, California.

Dr. Edith M. Lehms, practicing, 250 Peckham Street, Buffalo, N. Y.

Dr. J. M. Lewandowski, clinical work.

Dr. Mary R. Lewis, interne in Woman’s Hospital, Philadelphia.

Dr. Harriet F. Love, interne in Memorial Hospital, Worcester, Mass.

Dr. Mary J. McFall, interne in Woman’s Hospital of Pennsylvania.

Dr. Berta M. Meine, laboratory assistant in histology and embryology in our college and also assistant in laboratory of Woman’s Hospital.

Dr. Caroline L. Moeller was married on October 9th to the Rev. James Stuart Neill. They will live in Lynn, Mass.

Dr. Sophie Ostrow, Jewish Maternity, Philadelphia, Pa.

Dr. Dolores Perez-Marchand, Municipal Hospital, Ponce, Puerto Rico.

Dr. Olive Pippy, clinical work in St. John’s, Newfoundland.

Dr. Gisela von Poswik, State village for Epileptics, Skillman, N. J.

Dr. Dorris M. Presson, interne Woman’s Hospital, Philadelphia.

Dr. Maria P. Ryan, clinical work in Philadelphia.

Dr. Elizabeth C. Smith, practicing in South Fork, Pa.

Dr. Helen M. Stewart, interne in College Hospital.

Dr. Mary I. Sullivan, practicing, New York City.

Dr. Liyuuin Tsao, interne Mary Thompson Hospital, Chicago, Ill.

Dr. Josefina M. Villafane, practicing in Yabucoa, Puerto Rico.

Dr. Florence R. Weaver, Baptist Training School, Philadelphia.

Dr. Edythe M. Welbourne, interne in Woman’s Hospital, Philadelphia.

Dr. Sarah I Morris, ’10, has been elected to a position in University of Wisconsin and assumed her duties, October 8th.

Dr. Florence I. Staunton, ’05, of
Utica, N. Y., sailed with her father, Rev. John Staunton, from San Francisco, October 25, for a journey around the world. She will visit her brother, a clergyman and missionary, who is doing splendid work in the Philippine Islands.

Y. W. C. A.

The first meeting of the Association was of an introductory nature. The chairmen of the various committees presented reports in their respective fields of activity, inviting all the former students to enter with enthusiasm into the new year's work and extending to the entering student a hearty welcome to co-operate in all ways.

Dr. Ella B. Everitt began her course of lectures on "The Harmony of the Testaments," Thursday evening, Oct. 5th. This course includes ten talks and will occupy the regular Thursday meeting hour until completed. About 40 were present at the opening lecture and more plan to come.

The Rummage Sale Committee is getting busy, and would appreciate a similar movement on the part of each association member and friend. The Sale is planned for the latter part of December or early January, so it behooves us all to get donations ready. Contributions from near-by alumnae and friends would be very welcome. Either send directly to Brinton Hall, 1300 N. 22nd St., or a card to Miss Downie, at same address will facilitate in making arrangements.

The series of weekly teas have begun and we hope each student will avail herself of the opportunity to meet other students and forget for an hour the ever-present thoughts of class work. All are invited to Brinton Hall, from 5 to 6 P. M. on Friday.

Y. W. C. A. Reception.

On the last evening of September, a large number enjoyed the reception at Brinton Hall, given in honor of the new students, by the Young Women's Christian Association.

All appeared in happy mood and on arriving permitted themselves to be labeled with their own names. The incessant buzz of conversation and much laughter during the evening indicated that the company had genuine pleasure in making new acquaintances, as well as in meeting old friends.

Miss Blair, the association president, Dean Marshall, Doctors Everitt, Potter and Tracy, graciously welcomed the guests.

The parlors were festive with dark red dahlias. The cherry ice was most pleasing to the palate. The kind thought and care on the part of the reception committee was appreciated by all.

The occasion was a time when bonds of fellowship were formed which we trust will be strengthened with the passage of the years.

HOSPITAL NOTES.

College Hospital.

Miss Rea, superintendent of the hospital, has returned, after spending a very pleasant vacation in Connecticut. During her absence, Miss Woolridge, head nurse, was in charge at the main hospital. Miss Johnston, superintendent of Maternity and Barton Dispensary, has also returned to duty. Miss Robinson, who substituted in her place, has since taken the position as operating room supervisor in the main hospital.

At the present time the accommodation for patients in the hospital is being taxed to its very limits. We are feeling greatly the need of the new building. We feel that the clinical material placed at the disposal of the students is very good and promises to remain so during the whole term. It is our desire to have the students feel that this is truly the "College" Hospital, and that they are at perfect liberty to come in in their spare time and study the cases in the house.