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EDITORIAL

In Memoriam

DR. MARGARET F. BUTLER

On October 16, 1931, at the end of a busy day, Dr. Margaret F. Butler died suddenly in the operating room of the Hospital of the Woman’s Medical College while completing a tonsillectomy.

Dr. Butler graduated from the Woman’s Medical College of Pennsylvania in 1894. She was appointed to the teaching staff in 1896 and has served on the Minor and Major Faculty for thirty-five years. She was appointed Clinical Professor of Laryngology at the Woman’s Medical College of Pennsylvania and Chief of the Nose and Throat Department of the Hospital in 1906. In 1922 she became Professor of Laryngology, and held this position until her death.

Dr. Butler loved the Woman’s Medical College and served it with unwavering loyalty through all of its vicissitudes. In 1927, as Chairman of the Finance Committee of the Graduate Council of the College, she labored with a marvelous enthusiasm to raise money for the new building at Henry Avenue and Abbottsford Road. The generous response of the Alumnae was a direct outcome of her zeal. The new building is her monument.

At the stated meetings of the Staff of the Hospital on October 19, 1931, of the Faculty of the College on November 13th, and of the Corporation on November 18th, the following Resolution was spread upon the records of these bodies:

WHEREAS in the death of Dr. Margaret F. Butler, the Corporation and the Faculty of the Woman’s Medical College of Pennsylvania and the Staff of its Hospital have lost their senior member, a surgeon of rare ability and a beloved friend: therefore

Be It Resolved, That the Corporation and Faculty of the College and the Staff of the Hospital hereby record their keen appreciation of Dr. Butler’s devotion to the College and to the Hospital, their realization of the great loss which the institution has sustained in her death and their personal sorrow.

Be It also Resolved, That this resolution be spread upon the minutes of the Corporation, of the Faculty and of the Hospital Staff, and that a copy be sent to Dr. Butler’s family.
MEMORIAL MEETING

On November 18th a short memorial meeting was held in the College auditorium and many friends, patients and students of Dr. Butler joined in paying a tribute of admiration and affection to her.

Dean Tracy presided and brief addresses were made by Dr. Lida Stewart Cogill, Dr. John Stewart Rodman, Dr. B. Alexander Randall, Dr. Carl E. Grammer, Miss Edith A. Goodwin and Mrs. James Starr.

DR. COGILL said:

"I deem it a privilege to have the opportunity of saying a few words tonight concerning the professional life of my friend and co-worker, Dr. Margaret F. Butler who was Professor of Oto-laryngology at this College.

"I have known Dr. Butler since her graduation in 1894. As I look back over her medical activities certain characteristic traits stand out very distinctly, her earnestness, faithfulness, devotion, interest and ability toward any selected undertaking; and I am impressed with this fact, that while Dr. Butler attained great success and fame in her chosen specialty of Oto-laryngology, I feel assured she could readily have achieved a similar success in at least two other branches of medicine, Gynaecology and Obstetrics, because of those traits just mentioned.

"Let me cite two instances which will possibly justify my statement: The first instance occurred at the West Philadelphia Hospital for Women established in 1889, where Dr. Butler interned after her graduation and where for several years afterwards she worked with such zeal and interest in Gynaecology that those of us connected with the hospital at this time felt surely that this branch of medicine would be her chosen specialty.

"The second instance occurred at Barton Dispensary established in South Philadelphia in 1887 by Dr. Anna E. Broomall, then Professor of Obstetrics at this College. This institution was established in order that students might have the opportunity of caring for maternity cases at the homes of the patients, and I might add that this was the only college, in Philadelphia at least, to offer at that time such a valuable opportunity to medical students. Dr. Butler spent busy days for some years after graduation in this dispensary, working with characteristic determination to make this undertaking a success for the students, and showing such untiring energy and ability that Dr. Broomall felt she would make a fine obstetrician.

"Here were two specialties, obstetrics and gynaecology in which I am convinced Dr. Butler could have met with the same success as in her chosen field.

"But this as we know was not to be the case. She said to me when talking over this matter, 'While I enjoy obstetrics and gynaecology I feel a woman is needed in nose and throat work and I have decided to work in that field.'

"You and I know what that decision has meant to her patients, students and this institution. You and I also know that Dr. Butler's untiring efforts during our College campaign played no small part in making it possible for us to be in this beautiful building tonight.

"It may truly be said of her that whatsoever her hands found to do she did it with all her might.

"We shall miss Dr. Butler from our midst but the results of her life work will go on and on."
DR. RODMAN said:

"Few truly great people tread this earth, and so we of this Faculty, are fortunate to have numbered among our friends and associates such a one in the person of Dr. Margaret Butler. There can be none, it would seem to me, who had the rare privilege of knowing her and, better still, of watching her daily work, who could doubt that she belonged to this unusual few.

"In what way did she justify such a place in the sun? No doubt, most of us would disagree about some of the qualities that go into the making of a truly great person, but I feel sure that all of us will agree that nobility of character is essential. Perhaps this is not the quality of greatness that as easily attracts the world's attention as some others. History is apt to speak largely of bravery in battle and the ability to sway nations by one's intellect. We all know of shining examples of each whose claim to greatness is lost because of egotism, and an utter lack of that essential which Dr. Butler had in such abundance.

"She combined with this one great essential some of the other qualities of the truly great, humility, yet self-confidence, tireless energy in doing for others, and a saving grace of humor that lightened her heavy tasks and delighted all with whom she came in contact.

"She was qualified above the average in her own special field of work as we all know so well. One cannot feel depressed it seems to me, in her passing, although we all must feel a sense of great personal loss. She rounded out a long and useful life and well deserves her rest.

"It was a great privilege to know and be associated with Dr. Butler, and her life reassures us all that even in these days of hurry and worry, there are still a few who pursue the even tenor of their way to leave the world better for their having lived in it."

DR. RANDALL spoke of his warm admiration for Dr. Butler and her professional skill which required of a consultant, when called, only confirmation of her diagnosis and treatment of the case.

Speaking as a patient of Dr. Butler, REV. CARL E. GRAMMER, S.T.D., Rector of St. Stephen's Church, said:

"I am very grateful to the committee which has given me this opportunity to pay a tribute to the memory of Dr. Margaret F. Butler. She meant much to me both as a physician and a friend, and I share with you in this bereavement.

"I presume that the majority of the patients of women doctors are women and children. It may interest you therefore to know how I came to be her patient. I should not be surprised if it should prove a typical case. I had long suffered from nasal trouble that being annoying rather than dangerous did not interest the eminent specialist to whom Dr. Weir Mitchell had referred me. How could I expect it when he had so many serious cases on his hands?

"Now no one can listen to a worn au's comments on life or books, without noticing her vivid interest in details. Things do not seem trivial to women because they are small. Moreover the success of a woman physician in treating the girls of the Burd School, an institution connected with my church, had made a great impression upon me. So I argued that it would be worth trying a woman doctor for my troublesome nose, and turned to the specialist of this College in that department, Dr. Margaret Butler.

"She surpassed all my expectations and performed an operation that gave me permanent relief. She told me with a just pride, that she had gone all the way to Vienna to learn how to perform that particular operation.

"Some years afterwards I had a throat trouble that necessitated my absence from my pulpit for six months. Many solicitous friends in my congregation were shocked that I should rely entirely on the judgment of a woman in such
a grave matter, and to satisfy them I was examined by other physicians and an eminent throat specialist. Their verdict was that I would never preach again. Doctor Butler, however, stood to her opinion that complete rest would restore my voice. She proved to be entirely right. I need not dwell on my resultant confidence in her judgment and skill.

"Moreover she knew how to secure the obedience or co-operation of her patients. My wife used to say that I minded Dr. Butler better than any physician I had ever had. I always ascribed this docility to my subjection to 'the regimen of woman,' in a home where my wife had for years the loyal backing of three daughters, while there were no sons to take my side. But a story recently told me proves that I had not diagnosed the case rightly, to speak the language of these halls. One of the women of this institution, I learned, went into the throat department a short time ago, for an operation, and expressed complete indifference as to the operator, provided it were not Dr. Butler. Asked her reason for such a prejudice against Dr. Butler, she replied, 'Oh, I admire her; the reason that I do not want her is that I should feel obliged to mind her. She has such a persuasive way about her.'

"I need not dwell on her indifference to money, her extraordinary generosity to her patients, her freedom from professional sensitiveness or jealousy, her large humanity, her interest in literature and art, her rich inheritance of the Spirit of the Friends. She was one of those rare souls who do not succumb to the club spirit, the class spirit, the professional spirit, that is so strong in the three historical professions, which have, in spite of their designation as liberal professions, their own marked illiberals. Dr. Butler was remarkably exempt from such professional prejudices. She moved in a region above parochial boundaries and party fences. She took broad, progressive, liberal Christian views.

"Moreover she had the courage of her convictions. One of the books on the table of her waiting room advocated a great social, economical and moral reform. Its presence there so offended some of her patients that three of them ceased to be her patients, as a protest against her narrowness. I presume they called it a liberal protest. She told some friends in amusement of their defection. 'I presume you took the book out of your waiting room,' remarked the confidant. 'Not at all,' said Dr. Butler. 'I let it remain.' That was her quiet and effective way of showing her colors. So gentle, so unselfish, so devoted to her profession, she was also a courageous witness-bearer. She had the truly Christian union of strength and gentleness.

"Long will her memory be cherished by all who knew her. Her example and career is a priceless possession of this great institution. Surely she has joined the choir invisible."

MISS EDITH GOODWIN, of the Class of 1932 at the Woman's Medical College, speaking on behalf of the students, said:

"As we medical students gain an increasing perspective of the days in college, I think we are ever more aware of the fact that books are only a small portion of our wealth. Far richer are the contacts with our professors and patients. It is they who diffuse a pulsatile meaning through our knowledge. Tonight we are gathered in memory of one of those professors whose personality has enriched the lives of many and many a student.

"During my earlier days at the College I often heard the students of the higher classes speak in the warmest terms of Dr. Margaret Butler, depicting her always as the kindliest of persons. My interest was further roused by a conversation which was related to me, occurring as the second party was discussing an approaching vacation. In her own inimitable way Dr. Butler replied that she so enjoyed her work that she did not need a vacation. To find such pleasurable relaxation in her work marked her for me as an unusual person."
"Late in my freshman year I had the opportunity of observing Dr. Butler dress a couple of post-operative mastoid wounds. Mingled with her superb skill was a gentleness and a very real personal interest which won the heart of both patient and observer.

"So as our contacts with Dr. Butler increased we were impressed with the many qualities which made her a remarkable woman. Those who knew her will never forget her unalterable poise. Never was an emergency so acute, never was a situation so provoking, never was a remark so surprising that her calm balance was flung away.

"In common with all great teachers, she had an attitude of genuine courtesy and respect for her students, reflecting her own deep appreciation of these qualities in others. Were a piece of work well done, she was quick to commend. She instinctively adapted her method of teaching to the manner most easily appreciated and understood by the individual student. Her innate sincerity struck a quick response in the hearts of those whom she taught.

"Too, we came into contact with Dr. Butler on a few happy social occasions. She had a dry humor and an aptitude of expression that held her listeners spellbound or convulsed them with laughter as she wished. Who that has heard her can forget her tales of the early days of obstetrics when her professor wore a black velvet gown with a train to both lecture and delivery, and when she went to out-practice cases on a bicycle? Who else could tell a story in such a manner?

"However, we appreciate Dr. Butler chiefly as an expert woman who was devoted to her work and to her students.

"Her last hour with the students on duty in the clinic was, strangely, devoted to a message to students of all time. She explained to them the extreme importance of learning how to make thorough examinations. She pointed out that special instruments were required, special technique, and an appreciation that cannot be had from texts. She emphasized the fact that many serious conditions never reach the specialist unless referred by the general practitioner, and that many patients pass on into hopeless conditions because some student somewhere failed to learn his or her technique, or was careless. In handling her patients that day, as always, Dr. Butler was kind, patient, attentive to all they had to say, were they great or small.

"Then later in the operating room, her consideration for others, the nurses say, was even warmer than usual, if that could be. Shortly before the end some material was splashed into the eye of one of the nurses. Dr. Butler, with great concern and kindness urged her to leave at once and care for the eye. Yes, we might say that her last official act was one of kindness.

"Indestructible poise, the grace of kindliness, the dignity of simplicity—with these she walked in our midst. And, in the vein of Lincoln at Gettysburg, I say that the world will little note nor long remember what we say here but it can never forget her great spirit. It is for us, the living, rather to be dedicated here to the unfinished work which she so nobly advanced. It is rather for us to be here dedicated to the great task remaining before us—that from the honored dead we take increased devotion to that great cause for which she gave her last full measure of devotion."

**MRS. STARR said:**

"Representing the Corporation of the Woman's Medical College of Pennsylvania, I am here this evening to pay tribute to the memory of Dr. Margaret F. Butler. It is of the spirit of Dr. Butler that I would speak to this group of physicians, friends and associates.

"My knowledge of her covers a period of ten years—active, busy, intensely alive years in the life of the Woman's Medical College. As the College lives so will her spirit, and therefore, I cannot speak of her and of it in anything but
the present tense. Her spirit of co-operation is exemplified in my mind by the fact that search my memory as I will I cannot recall, in my period of association with her, one instance where she did not co-operate. Therefore, on that point, her spirit of co-operation was complete.

“As to her spirit of service, I believe I am correctly stating the fact when I say that she practically never missed a clinic obligation, beginning her operative work at the Hospital always by eight o'clock in the morning and continuing, without rest or relaxation, in her exacting duties throughout the day. These duties, physically exhausting to her as they must have been, never prevented her from attending social affairs connected with the College. This I term her recognition of the spirit of friendly intercourse, which she considered most vital in the life of the Corporation. When the decision was reached to erect our new building, requiring enumerable evening meetings, I can recall Dr. Butler as being in attendance at practically all of them, and also I recall her complete willingness to assume the heavy burden of Chairman of her fellow alumnae. The meetings, interviews and letters in which she took part and which she directed cannot be enumerated.

“The transfer of our College from North College Avenue to our present site, I like to think of as Dr. Butler's physical spirit, for it was the most arduous labor on her part which made it possible for her to open here the clinics which our patients were eagerly waiting to fill.

“It is a matter of record that she asked for no new equipment, saying that what she had in the old quarters would suffice until such time as money was available for the purchase of new equipment.

“We will long remember that she performed the first operation in our new Hospital at which time her fellow physicians as well as her friends honored themselves in honoring her. It is a matter of record that Dr. Butler contributed to every college undertaking and contributions from her or secured by her have been constantly coming into the Treasury Department. This could be likened to her spirit of understanding of our financial needs.

“It has seemed to me, in thinking over our blessings, which surely one must if one is a Christian, I think of Dr. Butler's life—her gentle, sweet personality coupled with her courage and strength, never controversial, always helpful, like the mild rain of April which makes the wintered world come to life. She, by the outpouring of these, her spiritual gifts, over her Alma Mater through her whole professional career, has made it to blossom like a rose. May we be influenced by the life which has just been taken from us, and may her peace be ours.”

In closing the meeting, DEAN TRACY called attention to the beautiful way in which the lines written by Dr. Gertrude A. Walker for the Hill bas relief, “The Woman Physician,” exemplified the life of Dr. Butler:

“Daughter of Science, Pioneer, thy tenderness hath banished fear;
Woman and leader in thee blend; physician, surgeon, student, friend.”
THE M. D. DEGREE—THEN WHAT?*

By LOUIS B. WILSON, M.D.

Director, The Mayo Foundation for Medical Education and Research, Rochester, Minn.

You, the members of the 1931 graduating class of the Woman's Medical College of Pennsylvania, like the members of all other graduating classes in the United States, are considering now most seriously your next steps after graduation. Some of you are planning to go directly into laboratory work, a few directly into practice and most of you into internships. At the end of another year most of you will go into private practice, a few will continue in or go into laboratory work, and a still smaller number will take residencies or assistantships for further graduate preparation for either general or special practice. I have no doubt that for the most part your decisions for the near approaching years are already made but any one of you should be able to change her mind although this is not always easy. In my numerous conferences with young physicians I find many instances in which an unreasoning objection to changing the mind is proving a serious handicap to the individual's progress. Nor do I think this is always due to a laudable steadfastness of purpose. Too often it seems to be due to blind following of tradition coupled with inappreciation of other fields than that immediately presenting itself. It is with the hope of placing before you some rambling suggestions which may perhaps lead some of you at least to consider changing your minds that I am presuming to discuss with you a few of the various paths of medical professional endeavor following receipt of the M. D. degree.

Are You Going to Continue in Active Medical Work?

It may seem absurd to suggest that even after having received the M. D. degree it may be worth your while to pause for a moment to consider whether you really wish to go on with medicine as a life work. Yet of the many physicians who have been in practice five years or more who consult me concerning their future professional plans there are a few who are quite certain they never should have taken up a medical career. I also know a fair sprinkling of very successful business men who are medical graduates but who by reason of failure in or dislike of medical practice have not been satisfied to continue in the profession. If there are any among you who now feel that you may have made a mistake in your choice of a profession I would remind you that much of your medical training has been an excellent preparation for careers in many other fields. Some closely related ones which may be mentioned are hospital administration, physical training, and medical editing. Besides these there are many research positions in non-medical fields of the physical, chemical and biological sciences.

If, however, you are satisfied, as I presume most of you are, that the medical profession still remains your first choice of a life vocation, now

*Address at the Commencement Exercises of the Woman's Medical College of Pennsylvania, Philadelphia, June 10, 1931.
is the best time to determine in just what field of medical practice you wish to engage. Shall it be in laboratory work, in general practice, or in a clinical specialty? If in any one of these, do you plan to fit yourself also to teach?

**Laboratory Work**

There are relatively few medical graduates selecting laboratory fields for their life work. There is a general impression that medical laboratory work yields very small incomes and lacks human interest. A great change in laboratory incomes has occurred since the Great War. The war was an opportunity for the "long haired professor" not only to demonstrate the usefulness of his special knowledge but also his common sense and its applicability to fields even remotely related to his own. Partly as a result of this and partly through other causes there has been an increased demand for laboratory workers in the last decade, a demand which has not been met with an adequate supply. This has resulted in a marked increase in salaries offered. For example, today the recipient of an advanced medical degree from the University of Minnesota who receives the highest income when leaving the University is the pathologist, although his graduate training as a rule has not been as long as that of the surgeon or internist. And although the pathologist's annual income may never be as great as that the surgeon gradually attains, neither are his expenses anywhere nearly as great, and when he reaches the retiring age he is usually as well endowed with the necessities and most of the luxuries of life as is the surgeon.

Does laboratory work lack human interest? If it is in a private laboratory concerned only with routine examinations and out of contact with patients and research, yes. If it is in a hospital laboratory or in a public health laboratory, no. In the hospital there are many opportunities for direct contacts with patients. In public health laboratories there are the all-absorbing contacts with the social side of medicine as well as the urgent demands for researches of absorbing interest. But the greatest advantage which medical laboratory work has over all other fields of medical specialization is the superior opportunities it offers for studying the unknown, not only in relation to the individual patient, but also in relation to the general sciences which underlie every phase of medical science. Enjoyment of research presupposes that the worker has aptitude for research. It is commonly believed that aptitude for research is a rare gift. It seems to me aptitude for research is only native curiosity in a scientifically trained mind. In many medical students native curiosity not only has been neglected but indeed almost obliterated in the grind of the routine medical curriculum. However, it may not have been entirely obliterated but merely repressed. Certain individuals when given opportunity rapidly recover their native curiosity and acquire a real aptitude for research. There is one great medical school in the United States from which The Mayo Foundation has taken a large number of fellows. On entering the Foundation only one of these has acknowledged a desire to attempt research. However, when placed in contact with inspiring research workers, the majority of fellows from
that school have developed a fair amount of research ability and a considerable number of them has done brilliant research work.

To one with a keen curiosity on a solid scientific background the pleasures of searching for the unknown in the laboratory are as delightful as the personal contacts of medical practice. Research adequately compensates for the tedium of routine laboratory examinations. For the teacher it compensates for the tedium of the routine annual repetition of scientific commonplaces to undergraduates. Indeed, it is difficult for me to conceive of any laboratory or teaching position which will keep its holder alive unless it provides also research interests to the full extent of the worker's ability. Although it is not necessary for the research worker in medical sciences to be the holder of an M.D. degree, such training gives to its holder wider opportunities for laboratory positions including both teaching and research.

Is an ordinary internship desirable as a preparation for laboratory and teaching work? I am so convinced that it is that I always advise candidates applying for fellowships in The Mayo Foundation in laboratory fields to take clinical internships although it may not be a graduation requirement of their medical school. Research in any of the basic medical sciences however remote from clinical application it may seem at its beginning, is very likely to develop clinical relationships. The laboratory worker without clinical experience thus may be at a disadvantage in the application even for only experimental purposes, of his own discoveries.

As internships are arranged in most hospitals the clinical duties are so onerous as to exclude any considerable time for coincidental research laboratory work. Although I am sure this is not the best arrangement for either patients or internes many hospitals are forced to economize so rigidly that they cannot afford to take on enough internes and residents to give adequate opportunity for anything in the nature of clinical and laboratory investigation. There is, however, a growing tendency in some hospitals to provide residencies which are partly clinical and partly investigative with the emphasis on one or the other phase. These positions are quite as valuable for the young laboratory worker as for the clinician. When properly planned they give opportunities most desirable for development not only for the clinician and the investigator but also for the teacher. I believe that even for the teacher they are superior to positions combining teaching and research opportunities but which are devoid of clinical connections.

General Practice

In this field lies the bulk of the work of the medical profession. It means for the most part seeing patients in their homes and in the physicians' offices with a relatively small proportion of visits to patients in hospitals and similar institutions. The field of practice may be in cities, towns or villages, east, west, north or south; in the United States or in foreign countries. There are distinctive characteristics in general practice in each of these situations. In cities hospital facilities are readily available. In cities charity practice is quickly obtainable, paying practice comes slowly. Religious, personal and other prejudices do not
obtain as much in cities as in smaller towns and villages. Office and hospital work are in greater proportion in cities than in rural communities. In cities transportation is simpler, and the means of self-culture, as in art, music and literature are more readily obtainable. If the city contains a medical school there is opportunity to carry forward one’s professional studies. On the other hand because of the availability of professional assistance the general practitioner in the city may not develop resourcefulness as much as the general practitioner in the country. The urban population is constantly shifting and in many districts the physician does not come to know his families year after year and generation after generation. In rural districts quite the opposite is true and the opportunity to study family characteristics and their relationships to disease is most interesting and important for the patient’s welfare. Urban populations greatly resemble each other throughout the breadth of the land, except perhaps in the extreme east and in the extreme south. Civil conditions in cities are very much alike everywhere and the inhabitant adapts himself to those conditions to the extent of almost conforming to a fixed type. Small towns and rural communities everywhere vary greatly and citizens of such communities who do not need to take on “protective coloration” are much more likely to be of striking character than are those of urban populations.

Much has been said and written in recent years deploring the shift of general practitioners from rural communities to cities. A few years ago a candidate for the M. D. degree in the University of Wisconsin who was the son of a rural practitioner who had been thirty-five years in a community of less than 1500 people, presented for his thesis a consideration of “The changing conditions in rural practice.” After analyzing most thoroughly, not to say caustically, the long discussions of this topic by eminent specialists in urban communities and showing the absurdity of most of their arguments he summed up the whole situation by saying: “If a doctor likes to live in a small town and can make a living there, he will stay there, but if he does not like to live in a small town or cannot make a living there he will not stay there.” I cannot forbear calling the attention of the graduates of this class to the keen pleasures of rural practice where the above two conditions are met. Any physician who has any spirit of adventure and who loves association with nature and with people whose lives are largely guided by primitive natural instincts will find opportunities for well paying practices in hundreds of communities throughout the breadth of the United States. Such work also may well satisfy the desires of young physicians who otherwise might go into medical missionary fields in foreign countries where, as has been frequently demonstrated recently, they may not be welcome. Although there are few places with a serious dearth of medical practitioners, there are so many with enough demand for more medical service that it is unnecessary for the well educated physician to engage in an unseemly struggle for opportunity to be of service in some place already over-supplied with doctors.

General practice wherever and of whatever sort gives opportunity for and in fact rather demands a characteristic which I am afraid is becoming
less common than formerly in the medical profession. I refer to social mindedness. I recently heard a prominent historian, noted for his study of broad human relations, say that he believed the present generation of physicians are the least socially minded of any group of educated people; that they think more in the narrow terms of their own science and art and less in terms of human relationships than any other educated group. If this is true, it behooves us as physicians to take our bearings in this matter and "about face," for of all sciences none has more need of broad human relationships than has medicine, and the general practitioner, because of intimate and constant contacts with those things which make or break society, has the great need to develop an interest in and a knowledge of human social activities.

Medical Specialties

Are you quite sure that you know now that you wish to spend your life in practice in a medical specialty? If so, are you quite sure that you have the characteristics of leadership so necessary to inspire confidence, not only in patients but also in other physicians on whom you must depend for referred patients? If sure of both of these, have you blocked out a plan for your graduate training for the practice of that specialty?

If you are not certain that you wish to become a specialist, by all means go first into general practice after your general hospital internship. But if you are sure that ultimately you will go into some special form of practice and that you have superior attributes for that specialty, then by all means make your plans early for the most thorough graduate training obtainable.

How should one decide whether to be a surgeon or an internist or an orthopedist or an ophthalmologist? Most of the young physicians with whom I have talked concerning their choice of a specialty seem to me to have made their choice from very inadequate reasons. Most frequently it is from their admiration for some physician practicing the medical specialty which they select. Little thought has usually been given to the present filling of the ranks of the various specialties. Surgery is much the most popular choice and yet it is much the most overcrowded field. Yet there are some surgical specialties which are not overcrowded and which incidentally are noteworthy free from fee-splitting, orthopedics, for example. Internal medicine is not overcrowded. Otolaryngology and rhinology are overcrowded. Gynecology as a specialty has almost disappeared, although there is a marked interest in this field when associated with obstetrics. Dermatology is not overcrowded. There are few neurologists but the need for neurologists outside of institutions is inadequately recognized. Ophthalmologists have handed over much of their work to the optometrist and they have plenty of time to perform the necessary ophthalmologic operative procedures.

Whatever specialty may be selected the assumption is safe that no recent graduate of any medical school who has taken only the regular course therein has a sufficiently advanced knowledge of anatomy, physiology, physiologic chemistry or pathology to form a satisfactory basis for superior work in any clinical specialty. A clinical specialist
must be superior in this field to the general practitioner, otherwise there is no excuse for his existence. He may become superior, as many have, without advanced training in fundamental sciences, merely by long trial-and-error experience. However, in these days, when it is possible to obtain advanced knowledge of those portions of the basic medical sciences which underlie clinical practice in any specialized field of medicine, it is neither honest nor economical for one to seek to become a specialist, even only a self-announced one, merely on the basis of clinical experience unsupported by intensive graduate study of those phases of anatomy, physiology, physiologic chemistry and pathology which form the foundations of scientific diagnosis and treatment in the chosen clinical specialty. When twenty years ago our medical schools for the most part were straining their resources to the utmost to provide barely sufficient training in the fundamental medical sciences to equip the general practitioner, the American physician who wished to get advanced training in these sciences as a basis for the practice of a clinical specialty was forced to go abroad for the opportunity, or to get along as best he could by desultory assistance from some already overworked teacher who might undertake to advise him. The last twenty years however have seen a development in anatomy, physiology, and physiologic chemistry in this country which has been unparalleled in the same length of time anywhere else in the world. Our progress in gross pathology has been less marked but yet very considerable. Today the graduate student who wishes to lay a superior foundation in any one or in all of these four medical sciences as a basis for the practice of any clinical specialty can find such opportunity in any one of at least one-fourth of our medical schools. One or two years spent in this manner before beginning intensive clinical study in the selected clinical specialty will be worth, for training, five times the same amount of time spent for example in general practice, however valuable that may be, if logical, accurate, scientific diagnosis and treatment are the objects aimed at. It is perhaps needless to say that these graduate studies of special phases of anatomy, physiology, physiologic chemistry and pathology are best conducted around research problems under an inspiring adviser.

Following this graduate study of fundamentals or coincidental with it, the would-be specialist should spend three to five years in intensive clinical work in the chosen specialty under inspiring supervision. Contrary to the old ideal of the days of graduate training by apprenticeship I believe the candidate's clinical experience should not be under any one chief but that contacts should be made with several. It is well to know by personal comparison the weak points as well as the strong ones of those who influence us. One may thus be saved from perpetuating the mistakes of a single teacher whose very greatness in other respects may in him nullify his minor errors.

Teaching

Whether you expect to engage in laboratory work, general practice or a specialty practice, be hesitant about accepting in addition thereto a
teaching position the duties of which will reduce to a minimum your time for personal study and research. Colleges and professional schools suffer much from teachers who are too young and from teachers who are too old. The fundamental error is the same in both. The beginners have never learned the broad relationships of the subjects they teach; the older ones have come to confine their instruction to the easily grasped, non-controversial commonplace of their subjects. Both groups utterly fail to stimulate thought in their students, however skillful they apparently may be in didactic instruction. Through such faculty personnel there is a tendency for schools to go on producing generation after generation of teachers and students who, if not incapable of original thought, at least seldom indulge in it. If a teaching position with adequate research opportunities attached is offered, accept it. Otherwise wait until you have learned through study and research the relationships of your own subject to the field of medicine and science generally. And if after fair trial you find your teaching does not inspire, stop it.

Avocations

Having chosen some field of medicine for your vocation, what do you plan for your avocation? I take it an avocation is as important as a vocation. Singlemindedness toward one objective at first makes for the greater progress, but few individuals find a single occupation sufficient to maintain vivid interest throughout life. The mind, like a group of muscles, used too constantly in one direction goes stale. Besides that, as old age approaches and one's chief occupation must be given over to others, the possession of a live avocation is of the greatest satisfaction in keeping the mind pleasurably occupied. Unfortunate is the ageing individual who has not at least one healthy hobby!

There is a broad choice in the selection of avocation, but there is one essential element common to all, namely, the production of something a little better whether it be in the field of literature, of music, or of art. This factor is the sine qua non.

Besides an avocation the physician must find companions. The wearying and the worrying duties of professional life demand some companionships totally apart from the contacts of daily duty. These may be found in friends, husbands, children, dogs, horses, cats, or even canary birds. Of all of these perhaps dogs are the most constant in their friendships!

Summary

To sum up: I have tried to say to each one of you that on the basis of your attained professional medical training as indicated by your degree of Doctor of Medicine you should now take stock of your accomplishments and your desires and if necessary reshape your plans so as to make the most of the rest of your lives. In these plans you should consider how you may best serve the sick; how you may best advance the sum of our knowledge of medical science; how you may best make yourself a part of your social environment and in addition to all these altruistic objectives, how you may best unselfishly live the broadest and most happy life for yourself.
The Department of Anatomy is ideally situated on the fourth floor of the college building, overlooking the Schuylkill valley.

The accompanying diagram shows the various rooms of the department, each of which has proven a valuable adjunct to teaching, to comfort, and to health—for we must not forget the students’ dressing rooms, the generous supply of sinks and the fact that the department has a tiled shower at the disposal of its teaching staff. Modern plumbing is making us forget the discomforts caused by the inadequate facilities of the old building.

The anatomical laboratories are large, and well equipped with modern tables. Many windows and appropriate electrical fixtures provide excellent lighting; adjustable wall shelves between the tables afford the necessary space for reference books.
The small conference room and departmental library adjoining the dissecting room has proved its value. The collection of reference books and textbooks is still small, but is growing. A number of drawings and a collection of pictures were made during the last year. Gifts of recent editions of appropriate books will be most welcome.

The prossecting room, with modern equipment, is of service not only to our department, but to any other department which may wish to avail itself of such facilities. Special dissections for demonstrations are gladly made by the prossector.

The department is very proud of its modern gas incinerator which permits the ready disposal of used material. It may be of interest to note that all the ashes are carefully retained, and later interred with appropriate rites, in a cemetery provided for the purpose by the Pennsylvania State Anatomical Board.

The anatomical museum, shared with the Department of Histology and Embryology, though still in the process of growth, is well equipped for teaching purposes. It contains many models and a large assortment of wet and dry specimens. The collection of bones include several skeletons painted to show the origins and insertions of the muscles, and the complete sets of disarticulated bones include series of dissected temporal bones.
During the last year several valuable additions to the museum have been made by the staff. These include permanent dissections of the brain and specially mounted joint dissections. A collection of skulls is in the process of preparation. All of the contents of the museum are available to the student for her personal study. There is an urgent need for a curator who can devote her whole time to the study, preparation and preservation of material. Thus only can we hope to build up a museum which will help not only our own department but all the others wishing to make use of such opportunities and aid.

No picture of the Department of Anatomy could be complete without a description of its morgue. This modern plant occupies one-half of the basement of the same wing of the College of which the Department of Anatomy occupies the fourth floor. The embalming and receiving room communicate directly with the receiving platform on the outside of the building, and with the freight elevator. This elevator goes directly to the main department on the fourth floor, thus making the necessary handling of the anatomical material easy and convenient.

The embalming room contains all of the necessary equipment for its work, including a modern air pressure apparatus for hastening the process of embalming. Adjoining the embalming room is the refrigerator for the storage of the anatomical material. This modern electrical refrigeration plant is equipped to hold 150 cadavers, which are suspended from over-head trolleys to facilitate handling. A special compartment in the receiving room permits rapid refrigeration of material for immediate use. The temperature of the refrigerator is kept constant by electrical control. The better methods of embalming and preservation of material have made the work in the laboratories much more pleasant.

Emphasis is placed upon the dissection during the first year. There are few didactic lectures but there are frequent conferences and demonstrations. A short series of lectures is given on the gross anatomy of the brain, and human brains are dissected by the students, thus preparing them for their work in Neuro-anatomy. During the second year a course in Topographical Anatomy is given, using for this study, with its demonstrations, a series of cross and longitudinal frozen sections of the cadaver. In this year also we find the students gaining a practical knowledge of anatomy from their course in Roentgenology, and also from special lectures on the anatomy of the nose, throat, pelvic viscera, etc., given by the staff of the respective clinical departments. Third and fourth year students have an opportunity to review their anatomy in the courses given in Operative Surgery and in Operative Gynaecology on the cadaver. During the past year the students of the upper classes have had opportunity to practice lumbar puncture in the dissecting room.

Thus the aim of the Department of Anatomy is to give the student a thorough foundation in the fundamentals of Anatomy, so fitting her for her years of clinical study and for her future life work.
THE DEPARTMENT OF HISTOLOGY AND EMBRYOLOGY

By Mae Lichtenwalner-Myers, M.D.
Professor of Histology and Embryology

Histology appears first as a recognized course in the curriculum of the Woman's Medical College of Pennsylvania in 1856-57, when Dr. Edwin Fussell is listed as Professor of Anatomy and Histology.

In the following year he was succeeded by Dr. Emmeline H. Cleveland, who was later to be Professor of Obstetrics and Dean of the College. Dr. Cleveland was the first woman to hold the professorship of Anatomy, and she was succeeded in 1858 by Dr. Mary J. Scarlett, who occupied the chair until 1881, though relinquishing the teaching of histology in 1872.

In that year we find the teaching of microscopic anatomy separated from that of gross anatomy and a Professor of Histology and Microscopy appears on the Faculty list, Dr. J. Gibbons Hunt, who held this appointment until 1891.

In the catalogue of 1892 we find for the first time the title Demonstrator of Histology, a position occupied by Dr. Harriet E. Lothrop, and later by Dr. Emma L. Billstein. In 1897 Embryology is included in the title of this department, and in 1899 Dr. Billstein became Director of the Histological and Embryological Laboratories.

In 1900, when the then new laboratory building at Twenty-first and Seybert Streets was occupied, Dr. Herbert Howard Cushing succeeded Dr. Billstein as Director of these laboratories. He was promoted in 1912 to the title Associate Professor of Anatomy and Director of the Laboratories of Histology and Embryology, holding this position until 1914.

Thus we see in the above brief history the growing significance attached to the study of microscopic anatomy and embryology as an essential preparation for a sound understanding of pathology, and of clinical symptomatology and medical practice.

Under Dr. Cushing's direction this department was thoroughly developed and modernized. When his health demanded that he retire from teaching a large number of his valuable slides made during study in Europe were given to the department, and serve today as a lasting expression of his belief in a woman's medical college.

The Department of Histology and Embryology now occupies the east wing of the fourth floor of the new building. Its position, adjoining as it does the corridor of Anatomy, is much more advantageous than that in the old college laboratory building. The museum and conference rooms used jointly by the two departments, with the closer association of personnel, work and material, all facilitate a better correlation of these inseparable phases of anatomy.

The main laboratory, pictured on page 20, is well lighted with windows on three sides. The large tables are so arranged and so constructed that students seated on either side can get the direct lighting, either artificial or daylight, so essential for good microscopic work.
Locker and working space is available for sixty students. An alcove provided with desk space presents a convenient spot for advanced students or for special workers.

The lecture room adjoining permits a division of the class for small group conferences during the stretch of laboratory hours, or the entire class may readily assemble there for a lecture.

On page 21 is a view of the museum and conference room indicated on the floor plan. This room contains museum cases, an eleven foot model of a serial brain stem and two micro-projectors, one a Leitz instrument for vertical projection and pattern making, and the other a projector for class demonstration of microscope slides. This room is equipped with electrically controlled metal curtains to cover the windows, so that it can be instantly converted into a dark room for the above work.

On the south side of the corridor is the office of the Head of the Department, and adjoining it is a room for assistants, where the departmental library, catalogues, and loan supply slides are kept, and the technical work in slide preparation is done.

The first requisite for a course in microscopic anatomy in a medical school is a well prepared and perfectly stained set of sections from human tissues. The department has gradually, through the years, with the co-operation of other departments and of friends, acquired an almost complete set of normal human tissues, and the collection is still growing. The study of these and the ability to identify them is the foundation and preparation needed for the study of diseased structures.

The courses in histology and embryology are planned to take up biological study at the point where the premedical course usually leaves
A thorough review of development and tissue study is followed by the more detailed study of special organs. Two hundred and fifty hours are devoted to the combined courses of embryology and histology in the first year. Fifty-seven hours in the second year are devoted to the study of neuro-anatomy.

One requisite for the study of histology is a good microscope. Each student is now required to own a modern instrument and thus is not hampered in her study by any limitations of use of college equipment. In addition to the newest bi-focal instruments used in the department for demonstration and research purposes, two old microscopes adorn our office shelf. These date back to the beginnings of the "Female Medical College" and illustrate by comparison with the modern equipment the evolution of the microscope. A visitor from a modern optical firm recently photographed these antiques as interesting illustrations of the growth of the optical industry.

While the department is organized primarily for teaching, and makes that its first aim, each year some small contribution is made to the knowledge of the subject.

The staff is a unit in its desire to increase the efficiency of the work and to expand the activities of the department. We hope that the alumnae interested in our department will ever keep us in mind, and will not overlook the constant need for new equipment as opportunities in both teaching and research present themselves to us.
COLLEGE NEWS

College opened for the Eighty-second Annual Session on September 23, 1931, with a student enrollment of one hundred twenty-eight. The first year class numbers fifty-one, full capacity in our new quarters. They come from thirteen states and twenty-nine colleges. All have been "measured" by the new scholastic aptitude test for medical students to which, under the auspices of the Association of American Medical Colleges, over 9000 premedical students in the United States were subjected on February 13, 1931.

We look forward with interest to see whether the prophecy of this test will be fulfilled in academic achievement.

Since the close of the last college session on June 10, 1931, the following appointments to the teaching staff have been made:

Dr. Robert G. Torrey, Professor of the Principles and Practice of Medicine and Clinical Medicine, to succeed Dr. L. Napoleon Boston who died on July 4, 1931.
Dr. Helene Wasti, of the University of Vienna, to be Acting Professor of Physiology.
Dr. Emily Lois Van Loon, to be Acting Head of the Department of Otolaryngology for the remainder of the current college year, to succeed Dr. Margaret F. Butler.
Dr. Winifred B. Stewart, for promotion to be Associate in Medicine.
Dr. Lillian S. Alpers, for promotion to be Associate in Medicine.
Dr. Wilfrid B. Fetterman, to be Associate in Clinical Medicine.
Dr. Elinor Tranem, to be Instructor in Clinical Obstetrics.
Dr. Jesse J. Cancelmo, to be Instructor in Operative Surgery.
Dr. M. Louise Carpenter-Gloeckner, to be Assistant Instructor in Anatomy.
Dr. M. Elizabeth Howe, to be Assistant Instructor in Clinical Surgery.
Dr. Elsie Curtis, to be Assistant in Clinical Medicine and Assistant in Clinical Pediatrics.
Dr. Helen D. Potts, to be Assistant in Clinical Neurology.
Dr. Teresa McGovern, to be Assistant in Clinical Medicine.
Dr. Catherine DeEtte Edgett, to be Assistant in Clinical Pediatrics.
Dr. H. Janet Anderson, to be Assistant in Clinical Gynaecology.
Dr. Miriam Pennypacker, to be Assistant in Physiology.

On October 31st the second year class entertained the College at a Barn Dance in the hall of the Young Men's Association on Indian Queen Lane. The usual Hallowe'en merrymaking helped to make us all better acquainted.

At the regular meeting of the Hospital Staff on November 16th, Dr. Joshua H. Sweet of Cornell University Medical School gave an interesting illustrated talk on "The Study of Gall Stone Formation."
A new enterprise has been initiated by the Department of Preventive Medicine and is announced in two folders issued to the medical profession and to the public in October, 1931.

We quote from one of these as follows:

"The Health Service of the Anna Howard Shaw Department of Preventive Medicine will open to the public on October 28, 1931.

In this department women may obtain a thorough health appraisal by the director of the clinic and her associates.

"All examinations will be made by appointment and usually two, often three calls at the department, as may be necessary for careful study, will be included in the fee. The findings will be correlated by the director of the service, who will thus be in a position to inform the client and her physician comprehensively as to the indications of the case.

"If treatment is required, clients will be referred to their personal physicians, to whom a detailed report of the findings will be made.

"This service is offered to bring about the early reference to their physicians of those who, by prompt attention to correctible conditions thus caught at their beginnings, may be saved illness and economic stress later.

"An accumulating mass of information shows that approximately 75 per cent. of all illness is preventable. Yet men and women lose yearly an enormous aggregate of time from their accustomed activities because of these preventable illnesses which through lack of information and authoritative guidance are allowed to develop and to progress to a point of serious disability.

"More and more accurately, with modern scientific equipment, may the functional activities and the vital capacity of the human body be measured. In the physician's private office, however, the cost of the application of these tests and measurements which are essential to a thorough health evaluation, coupled with the incidental laboratory charges, may require a total fee that is more than the person of moderate income can afford to pay. It is clear that such comprehensive examination can be given at less cost through the organized facilities of a hospital, and it is this service that the Woman's Medical College of Pennsylvania offers as its contribution to the community.

"The Health Service is in charge of Dr. Sarah I. Morris, Professor of Preventive Medicine at the Woman's Medical College.

"Inquiries and requests for appointments may be made by telephone or by letter addressed to Dr. Morris."

Commencement Exercises for Nurses of the Hospital of the Woman's Medical College were held on Monday, November 23d, at 8 o'clock, in the College Auditorium. Mrs. Ellis D. Schnabel, Chairman of the Nurses' Training School Committee of the Corporation, presided. Mrs. H. S. Prentiss-Nichols, a member of the State Council on Education, was the speaker of the occasion. Mrs. Starr, President of the College, presented to the graduating nurses their diplomas and the hospital pin.

The nurses graduating were: Margarette Abbott, Edna Ahlstrom, Rose Findler, Beulah Meals, Margaret Milnor, Elizabeth McConnell, Grace Musselman, Elizabeth Seif and Jean Weisman.

Miss Edna Ahlstrom was awarded the prize given by Dr. Mary J. McIlvaine to the nurse who attained the highest standing in her service in the Department of Obstetrics.
ALUMNAE NOTES

Dr. Isabel Mack-Patton, Class of 1903, home on a furlough from Shanghai, China, visited the College in October. She was very much impressed and pleased with the new College and Hospital Building.

Dr. Elfie Graff, Class of 1905, is doing in Kentucky an excellent piece of work which is described in an article on "A County Health Department Program for Maternal and Child Health," by Drs. Graff and Prather, in the November, 1931, number of the Southern Medical Journal.

Dr. Annie Veech, Class of 1909, visited the College in November. Dr. Veech is Director of the Child Hygiene Bureau of the State Board of Health of Kentucky. She gave a very stimulating talk to third and fourth year students on the work of her Bureau and pointed out the great field of opportunity for women in public health work.

Dr. Emily Gardner, Class of 1922, has been awarded a Fellowship for study of pediatrics and is spending the current winter in Edinburgh, Vienna and London. In London she will study especially with Dr. Leonard Finlay at the East London Hospital for Children.

Dr. Myrtle Lee Smith, Class of 1926, sends with her Christmas and New Year's greeting, the following letter which is of such unusual interest that we print it in full.

D.C.C.M. Lotumbe, par Coquilhatville, Congo Belge, Afrique.

"DEAR DEAN TRACY,

"I'm finding that a woman doctor in the heart of Africa has wonderful opportunities. I have been a year and a half in a big field six days wide by steamer travel on the river Momboyo (a branch of the Congo). The only other doctor in all that big area is a company doctor who serves only their employees. I had a wonderful nurse who had done a lot for the Infant and Maternity work so that since I arrived every delivery in the village of Lotumbe has had medical attendance of either the nurse or doctor. They all come for Prenatal care and sew two blankets and two dresses and two binders for their baby while the white or native nurse lectures on maternity and child care. We have a very good Child Health Clinic with an average attendance of 20 to 40 children weekly, and have reduced the infant death rate remarkably in that area. Some say the death rate for infants born in these tropical dangers is 90 per cent. I actually know of one village where that was true and we were the means of saving that tenth baby after months of tireless effort with the baby right in our home. It had whooping cough, malaria and marasmus, at 3 months weighed 5 pounds and was dying. At a year she is a lovely practically normal baby of nearly 20 pounds."
"At delivery no men are allowed, so the men doctors have done very little for the mothers, so it is a joy to be able to help them. So far we have not had many abnormal cases except for asphyxia of the babies from cord around the neck. We have done mostly home deliveries in Lotumbe but have been fortunate to have no cases of sepsis. We are gradually getting the women willing to stay in the house instead of out in the plantain patch, and on the reed bed instead of squatting on the floor on a dirty grass mat. Our biggest fight is to keep the baby from getting back to heathen relatives for the practices that so often cost the baby its life. I'm the only woman doctor in our Africa Mission history.

"Just now I'm away from my post due to small daily fevers that we can't diagnose. There is no one to replace me so I do want to get back.

"Greetings to all the faculty and present students of W.M.C.

"MYRTLE LEE SMITH, M.D."

Dr. Margaret Hale Richter, Class of 1930, was married on July 25, 1931, to Richard Goodwin Wendell, Assistant Professor of English at the College of Wooster, Ohio.

Dr. Edith Mols, Class of 1930, completed her internship at the Hospital of the Woman's Medical College of Pennsylvania in September, 1931, and has accepted appointment as Professor of Hygiene at the Florida State College for Women, Tallahassee, Florida.

A daughter was born in August, 1931, to Dr. Helen Fraser-West, Class of 1930. Dr. Fraser-West with her husband, Rev. Donald K. West, is in Peking, China.
We record with sorrow the death of the following Alumnae since our Bulletin of March, 1931, was issued:

class of 1904—Dr. Helen E. Brooks-Bragg, of Ann Arbor, Michigan, died on May 15, 1930. Dr. Bragg made a brave fight against tuberculosis for a number of years, and was apparently in good health until acute illness suddenly supervened. She is survived by her husband, Professor Edward M. Bragg of the University of Michigan, and two children, Martha and Edward.

class of 1907—Dr. Eveline Dickinson, died of heart disease on June 5, 1931, at Norwich, Connecticut, at the age of sixty-eight years.

class of 1895—Dr. Rosa Wiss, died at her home, Meridian, Mississippi, on September 13, 1931. She was engaged in active practice until a week before her death.

class of 1885—Dr. Clara Shetter-Keiser, died suddenly on October 6, 1931, at Reading, Pennsylvania, as a result of injuries received in an automobile accident on October 4th. Dr. Keiser practiced medicine in Reading for forty-five years and for twenty-seven consecutive years was treasurer of the Reading Medical Association.

class of 1888—Dr. Laura S. Chapin, died suddenly at her home in Philadelphia on October 15, 1931. She was in active practice to the day of her death.

class of 1894—Dr. Margaret F. Butler, died suddenly at the Hospital of the Woman’s Medical College of Pennsylvania on October 16, 1931. A well loved member of the College Faculty and of the Alumnae Association, we have given to her memory the first place in this issue of the Bulletin.