

department. Maternity, which for some years had been allowed to deteriorate, was taken over again by Dr. Anna E. Broomall for student teaching, and made modern in equipment, as it already was in teaching. What student of those days in the Woman's Medical College, will ever forget the early morning rounds when their professor met two students at Maternity at 7 a. m. and found out what they knew about obstetrics. After "rounds," the students worked in the wards until the 9 o'clock lecture called them.

Of course, in going over the past, the medical work of those days comes up most vividly. The abdominal operations were each a new adventure to those pioneer women surgeons, because there were few or no precedents, and no one knew just what the opened peritoneal cavity might be capable of resenting.

An abdominal operation was preceded by three days of preparation; green-soap poultices, followed at the proper time by bichloride compresses, while the poor patient languished on a diet of dry (very dry!) toast, later shredded wheat biscuit, eked out with occasional hot water and epsom salt.

Then the long drainage tube, with a flange to prevent it from losing itself in the abdominal cavity; the glass syringe with rubber tubing by which every drop of abdominal fluid was garnered at hourly intervals; the intervals lengthened until the time came to remove the tube and tie the loose stitch left for this purpose.

The surgeon, with an interne or a nurse, sat by the bed for three days, watching the pulse, and for other symptoms. Then we found emergency cases did better than those "properly prepared," and learned also that post-operative cases needed rest. Life has been easier for patient, doctor and nurse ever since.

In one list of donations is an "abdominal tin-pan," and legend has it that, in the lack of such a thing as adhesive plaster, this "abdomi-

nal tin pan" was fastened down over the incision with a many-tailed bandage, which was all we had for many years to protect the wound, even after surgery was commonly and safely accomplished. The many-tailed bandage lingered even after adhesive plaster became part of our equipment—just for luck, so to speak. One's real ability as a surgeon was gauged by the evenness with which one could apply a many-tailed bandage.

With no telephones, even when a doctor must be sent for at night, two nurses in uniform as a protection must come for us. With only horse cars as our means of conveyance, or a horse and carriage (if you had one!), the possible aid needed by women and children was largely limited to those within easy reach of this high and salubrious climate on North College Avenue. So, in 1888, Dr. Comly-Howell, who lived in West Philadelphia, realized the urgent need for a Woman's Hospital in West Philadelphia, and worked indefatigably to interest doctors and others who could and would help.

Finally a hospital was opened at Forty-first and Ogden Streets, July 15, 1889, and Dr. Elizabeth L. Peck offered her services as Resident. Soon her sister, Miss Anna Peck, came to help. "To these two sisters in the discharge of their respective duties is largely due whatever measure of success has been attained," say the Minutes of 1890, in the First Annual Report.

Another Minute tells the situation in these vivid words: "It is impossible to harden the heart prudentially in selecting patients!" Patients were admitted by the Resident with the sanction of the Managers; rent was guaranteed by the Managers. Patients came fast.

The charter was signed January 18, 1890, and the first abdominal surgery was done (in a third floor room with poor light) by Dr. Anna E. Broomall. Miss Anna Peck, then matron, and for long years since treasurer of the Board of Managers, tells me that she