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The Bulletin of the University of Nebraska
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Contents

I. Original Contributions
   History of Medicine in Nebraska
   By A. S. von Mansfeld
   Modern Methods in the Teaching of Gynecology
   By Palmer Findley
   Report of a Case of Pernicious Anemia, with an
   Unusually Low Hemoglobin Percentage
   By Wilson O. Bridges

II. Editorial

III. College Notes

Lincoln, Nebraska
History of Medicine in Nebraska¹

By A. S. Von Mansfelde, Ashland, Neb.

Ladies and Gentlemen:

In an introductory lecture to the fourth course of lectures in the Omaha Medical College, September, 1883, this statement occurs:

"Nebraska’s field of medicine, bright as it may appear to us, is yet studded everywhere with outposts, eagerly looking for new truths and new discoveries upon this ever widening field, while beyond it they behold in the dawn of tomorrow medical science, art, and letters cultivated by skilful and loving hands, and grown to proportions of which our imaginations can draw no picture. Today Nebraska with her half million people is yet in her babyhood, playing with her possibilities as innocent childhood plays with a rattle, but tomorrow with her fifty million inhabitants she will feel her maturity, and science, art, and letters will receive the lion’s share of attention. We of today shall never behold this glorious consummation, yet in our several spheres we feel the importance of our lives as factors in the realization of the achievements of futurity. If we are but modest laborers carrying only brick, we feel that these are needed to build the grand temple of Nebraska’s greatness."

¹Delivered during the Quarter-Centennial celebration of the Omaha Medical College, May 23, 1906. Dr. von Mansfelde’s long and successful career in the field of medicine in Nebraska makes an historical address from his pen of particular value.
Looking back upon what was called the great American desert, we behold Man in his infancy, lying upon his buffalo robe, talking in the delirium of fever of the evil spirits which possess him, or imagining that he is already enjoying the sports of the happy hunting grounds. Yet in his fever he is not alone. The Goddess of Medicine is there in her least attractive form, in the person of the "medicine man," who, as always with the primitive races, combines within himself the office of priest and doctor. He joins his incantations with the stews of the herbs of the field, and the product he administers, nolens volens, to the warrior, successfully banishing the spirits or hastening the pleasures of the chase of the Beyond.

Thus, on June 1, 1869, writes one who, still living, was the first professor of clinical surgery of the Omaha Medical College: "Fifteen years ago the ground upon which stand the present prosperous cities along the river and the beautiful villages of the interior, as well as the rural districts now so successfully cultivated by the sturdy farmer, were alike controlled by the native Indian. The chiefs of the Blackfeet, the Crows, the Assiniboins, the Pawnees, the Omahas, and other tribes exercised their imperial power over a wild territory of 335,000 square miles, with a white population of about 9,000, or one to about every thirty-seven square miles of territory."

But with the advent of the pale face across the waters of the Missouri, the disciples of Aesculapius assume the familiar robe of legitimate medicine.

Fifty years have passed over the head of her ardent disciple, since, equipped with pill bag and lancet, quinine and calomel, he planted his sod house upon the western slope of Douglas county. Some of you here know what is implied in this innocent statement; it meant everything that can break the strongest heart; it meant hunger and thirst, the vicissitudes of the weather, the warwhoop of the Indian, the howling of the prairie wolf; but it also meant the steeling of nerve and muscle, enlargement of the heart, until it finds room for all human woes, both of mind and body; it meant the capacity to snatch the bread from the mouths of wife and child and convert it into quinine, to stay disease and death of the fellow pioneer; it meant brotherly love put into practice. Though loaded down with years, his head white as snow,
his mind filled with the discoveries of today, his heart throbbing with the enthusiasm of youth, loaded down with the honors of his profession and the love of God and man, he still marches on with the tread of perfect manhood, hailing the possibilities of the future. Of such is the bone and marrow of the medical profession of our prairie state.

He cultivated the science of medicine with ability and assiduity, surgery being preferred by all men of early times. The early practice of this department, however, was very limited; but occasionally a case of great interest would occur. The first of which we have any authentic account is that of a gunshot wound of the humerus, producing a compound comminuted fracture. Union did not take place, and the patient afterwards moved to Chicago and was unsuccessfully operated upon by the late Dr. Brainard. This case occurred in 1854 and was treated by Dr. George L. Miller of Omaha.

A case of double popliteal aneurism was successfully treated in Omaha, in 1857, by Drs. Seymour and Monell (Dr. Monell was the first president of the Nebraska State Medical Society, elected in 1868). Constant pressure was kept up on the femoral artery until the tumor in the popliteal region disappeared. No evil effects followed, and the patient completely recovered.

In 1857 Dr. William McClelland exsected a knee joint at Fontanelle, Washington county, and in 1858 he exsected an inferior maxillary at Bellevue, Sarpy county. This same surgeon, equally capable as an obstetrician, reports what he calls his “auger case” in these words: “Being on a hunting expedition in one of our frontier settlements, forty miles from instruments, I was called to see a woman who had been in labor for twelve hours, with head impacted in superior strait, pelvis too small. Not desiring to risk the woman’s life by attempting the Caesarian operation with a pocketknife, I proceeded to perform craniotomy, using as a perforator an auger bit, and substituting a pair of tooth forceps for the more perfect craniotomy process. I succeeded in delivering the foetus, and the mother made a rapid recovery.”

Of interest is the first program on surgery, submitted by Dr. Wm. McClelland, at the second annual session of the Nebraska State Medical Society.

1Report on Obstetrics, First Annual Session. Dr. James H. Peabody.
Case 1. Illustrating the cooperative influence of extension and counter-extension and pressure by sandbags in compound and comminuted fracture of the femur, by Wm. McClelland.

Case 2. Fracture of the Frontal Bone—by Wm. McClelland.


Case 4. Pyemia from Gunshot Wound—by N. B. Larsh.

Case 5. Scalped by Indians—by R. C. Moore.


Of the six who reported four are living; three of them members of the association to this day and three of them were members of the faculty of your college.

The case of scalping deserves more special mention on this occasion, as it has become historic, because it is the last of such cases in this part of the country. Dr. R. C. Moore reports:

“William Thompson, an employee of the Union Pacific R. R. Co., was scalped on the night of the 6th of August, 1867, by the Cheyennes near Plum Creek station, Nebraska, where the first massacre occurred on the Union Pacific. He was placed under my care on the morning of the 8th, about thirty-six hours after the wounds were inflicted. The scalp was entirely removed from a space measuring nine inches antero-posteriorly, and seven inches laterally. The denuded surface extended from one inch above the left eyebrow, backward nearly to the occipital protuberance, and laterally from one temporal region over the vertex to the opposite. The pericranium was in places detached, but the greater portion of that membrane was dried, and adherent to the bone. There was also a severe tomahawk wound of the right parietal bone, the fissure extending backward and downward in the diploe to the depth of an inch and a half, splintering the external table, but producing no injury to the internal. I also found a slight gunshot wound through the fleshy part of the right arm. The only dressing used during the whole course of treatment was surgeon’s lint, saturated with pure olive oil, which excluded the air and was eas-

1Dr. M. W. Stone, then U. S. army surgeon and since an ex-president of the Nebraska State Medical Society, now residing in Omaha, picked up the man Thompson on the field after the battle and sent him to Drs. Peck and Moore, Omaha.
The case progressed favorably, and in about three months from the time the scalp was removed nearly the entire surface was cicatrizized."

The first organization of physicians in the territory of Nebraska was effected early in the year 1855, and on March 2 its articles of incorporation were approved. The society was established with a view to the elevation and maintenance of the requirements for the practice of medicine in Nebraska and by its articles was granted certain powers. Any candidate for membership was required to possess certain educational and civil qualifications before he could become a member of the society, and no person was permitted to engage in the practice of medicine without first attaining membership. The society had power also to expel and deprive of the right to practice any member who, after election, proved to be unworthy. One member was selected to act as inspector of drugs, and any person found dispensing spurious remedial agents was liable to a fine of a sum equal to four times the value of his stock. The formation of local county organizations was encouraged, and a charter for such societies was granted upon the application of four duly qualified physicians.

By an act of February 11, 1857, articles of incorporation for a second Nebraska medical society were approved. This society was in many respects similar to the one established two years before, but its aims were more general and its powers more limited. To aid in the diffusion of professional knowledge, to encourage the elevation of educational standards, to hold annual meetings at which papers should be read and discussed, and to promote professional fellowship, were features all specially provided for. This society also had the right to grant licenses admitting physicians to practice, and for just cause to refuse or revoke the same.1

A third and permanently successful venture in the forming of state societies was made eleven years afterwards. Right here in your beautiful city, then a small town, on the 24th day of June, 1868, ten physicians met for the purpose of erecting a home for the Goddess of Medicine. They laid the foundations on that day of the Nebraska State Medical Society, and one by one the Ne-

1Dr. H. Winnett Orr, Nebraska State Medical Society, May 8, 1900.
Nebraska physicians have sworn allegiance to her tenets, until today over 700 are members of the reorganized State Medical Association. At the last meeting of this body sixty-nine papers were presented. Their reading and their discussion evinced erudition and culture of a high order, irresistibly proving the onward march of our profession.

Three of the ten founders of the Nebraska State Medical Society died soon, but with their armor on.

"Their virtues are writ most
In the memories of those to whom they came
Gentle ministers of medicine."

Seven of them lived to see their child grow and prosper, and four of them, I am proud to chronicle, were among the founders of the Omaha Medical College, and my weak efforts are inadequate to express the influence these four men have had in shaping the prospects of medicine in this, our young commonwealth,—inestimable, when you recollect that their efforts are reverberating in every part of the great Northwest in the deeds of men and women, whose incentives were inspired by these very men. One of the ten founders of the Nebraska State Medical Society, the venerable Dr. J. H. Peabody, after thirty-eight years, is still a highly respected member of the association. May he live long to enjoy the distinction so richly earned.

Another chapter in the history of Medicine of Nebraska is the founding and subsequent career of the Medical Department of the University of Nebraska, nee Omaha Medical College, nee Nebraska School of Medicine. On Tuesday, September 7, 1880, in the office of Drs. Mercer and Denise, Drs. Moore, Livingston and Mansfelde met and talked over the plan of a medical school for Nebraska, to be established in Omaha.

They met again on September 14, at the same place, and then and there established the Nebraska School of Medicine, which held its course of lectures at Farnam and 11th Sts. during the fall and winter of 1880-81. During the year this preparatory school was promoted to a full-fledged college, the Omaha Medical College, a name which it still bears, yet coyly hiding it under its matrimonial alliance with the University of Nebraska. This institution has grown from its modest origin to proud propor-
tions, with a course of instruction far superior to most institutions in the West, and a corps of instructors whose ability and fidelity is amply demonstrated by its able alumni, gracing their profession all over this great country of ours.

Five members of the first faculty are still living, four are in active practice, and two of them are still members of the family. At the birth of the Omaha Medical College, its facilities for clinical work were very meager. The two-story frame building, known as the St. Joseph Hospital, and a limited clinic in the college comprised its resources. Compare with this the present opportunities. Then there was one small hospital, now there are many large ones; then the college faculty was the hospital teaching force, now every hospital has its brilliant staff in every department of medicine and surgery; then there was the one little, but courageous faculty of nine members, now there are three colleges, vying with each other for supremacy in scholarship and opportunities to students; then there were thirteen students, eleven gentlemen and two ladies, now there are hundreds of them; then the preliminary education required for matriculation was an unknown quantity, now the requirements crowd college breeding closely; then two courses were all the attendance required for graduation. Listen to what one of the professors of this college wrote in 1883: "No man can be properly prepared for practice by two courses of only four or six months, and no professor, however great his ability, can do his subject justice in the short time now consumed in obtaining a medical education. We must cram the students from the beginning to the close of the session and then apologize because a number of important subjects have been unnoticed for want of time. While these courses of lectures give the students greater time for study and reflection, this plan does not give the lecturers any more time to go over their field; but a nine-months course will be advantageous to both professor and student. I am strongly in favor, therefore, when the time arrives, to make the change and adopt the latter." And when your speaker advocated this course in the following years the profession was ready to turn him over to a lunacy commission. Now we have a four-years course of nine months each, and what a course! Then the course in chemistry was as elementary as that of an average high school, now it is
reinforced by all the paraphernalia of the chemical department of a great university; then the instruction in pathology consisted of lectures, blackboard drawings, the use of one microscope and a great deal of imagination; now perfectly equipped laboratories for histology, bacteriology, and microscopy supplement the instruction in the lecture room and the autopsy chamber; then, thank God, great physicians by Divine Grace, were created, and now scientifically equipped alumni leave their “alma mater” to become in time great physicians.

Another interesting phase of medical history is the attempt from early times to induce legislation to protect the people from unqualified physicians and their baneful work. The first attempt to establish a state board of health was made in 1873. The first bill “proved unsatisfactory,” and a little later a new bill was cast and substituted for the other. This bill was in committee of the whole (senate) and its passage recommended, but was not again brought up for consideration during the session. A measure introduced in 1875 (senate) met a like fate. This action was repeated in the special session of 1876 (senate) and in the regular sessions of 1877 and 1879 (senate). A strenuous and a more successful effort was made in 1881. Two bills were introduced, but a somewhat amended substitute for these—the result of a joint meeting of representatives of the regular profession and the homeopathic and eclectic branches—was passed in the senate on February 22, 1881, by a vote of 22 to 3. Although this act was helpful, there were many ways in which its workings were a disappointment, and in 1883 an attempt was made to improve it. As finally passed, however, entitled, “An act to amend section 4 of chapter 55 of the Compiled Statute,” which was the section referring to the qualifications for practice, only a very slight change was effected. Further attempts in 1885 (senate), 1887 (senate), and 1889 (house) were promptly killed.

In the year 1891, finally, an act to create a state board of health and to regulate the practice of medicine was passed. This act contains many of the suggestions formerly made, especially in the bill presented in 1885 by your lecturer, and in recognition of his efforts since the year 1876, just thirty years now, he was handed the first certificate issued by the state board of health—the first license to practice in the state of Nebraska.
By the provisions of this act the board of health consists of the governor, the attorney general, and the superintendent of public instruction, who appoint four secretaries, two of whom are regular physicians and one each an eclectic and a homeopath. It is the duty of the secretaries to summon witnesses and take testimony and to submit their findings to the board of health, who enforce the provisions of the act and prosecute violations of the same. The act defines qualifications for practice, the requirements for a medical college in good standing, and specifies the manner of application for and issuance of certificates. Physicians engaged in the practice of medicine at the time of the passage of the act were required to present their diplomas, or to make affidavit that they had previously been qualified to practice under the act of 1881. The power to refuse or revoke certificates for unprofessional conduct was given to the board, and a penalty for practicing medicine without authority was specified. Contrary to the general impression, a person practicing medicine is clearly defined as one “who shall operate on, or profess to heal, or prescribe for, or otherwise treat any physical or mental ailment of another.”

Slight changes were made in 1897 and 1903. This law as it stands today has been held by the supreme court constitutional, and declares Christian science practice, for compensation, as the practice of medicine. The same decision was rendered in regard to osteopathy. To overcome this ruling the osteopaths introduced through Trompen in 1901 an act to regulate and authorize the practice of osteopathy, which became a law on July 1, 1901. Sec. 9 of this law reads: “The system, method, or science of treating diseases of the human body, commonly known as osteopathy, is hereby declared not to be the practice of medicine, surgery, or obstetrics within the meaning of sections 17 and 18, article 1, of chapter 55, Compiled Statute of Nebraska, 1899, entitled ‘Medicine.’”

A statistical bill, requiring the registration of all deaths and births in the state, was passed in 1905. In the same year an attempt was made to bring the osteopaths under the general law of 1891 by the now famous McMullen bill—house roll 165. It passed both houses, but was vetoed by the governor. The reasons given were far from creditable to the man and to the high
office he occupies. However, the bill was not altogether a failure. The fear of it drove the osteopaths to the desperate alternative of sacrificing their brood for years to come, if not forever. They introduced in both houses simultaneously amendments to their special act of 1901, which provided requirements for graduation from their colleges and qualifications for their graduates, not only equal to ours, but really greater, so much so, that no osteopathic college is able to live up to the requirements. If they did, no graduate of theirs would stoop to make a living by turning nurse, and practice massage with a bit of hokus pokus thrown in, which latter ingredient, whatever that is, makes osteopaths of masseurs, to the detriment of proper massage.

These amendments were passed by the legislature with a rush, and the governor signed the bill, before he realized that his friends, the osteopaths, did not want him to. He did not have his fetish, the religious liberty dodge, to worry about; hence his precipitancy.

In regard to Christian science it may well be said that no one who thinks sanely will admit that it contains a spark of efficiency as far as disease is concerned. It is also true that all argument is lost upon those who practice the cult. The laws of Nebraska forbid their practicing medicine under penalty, if done for pay. They know it; the supreme court has told them so. They also know that breaking the laws of their country has been forbidden by him whom they constantly quote as their preceptor—Christ, who said, “Render unto Caesar the things which are Caesar’s.” They are clandestinely doing what the law forbids, reaping dollars under the cover of religion. Deprive them of that one opportunity and their cult will dwindle into nothing. That is the reason why they fought so desperately against the McMullen bill; because it sought to drive them from their cover, religion, into the open—fraudulently practicing medicine without a license.

I grasp this opportune moment to say that it offends my sense of the proper greatly to hear good Christians say that it is wrong to interfere with Christian science in any way. Do they not realize that the better Christians they are, the greater the blasphemy of their assertion? Did the founder of their religion heal the sick for the quid pro quo of the almighty dollar? Has the prayer of the mother, who prays for the life of her dying child, less chance before the Throne of Mercy than that of the mercenary
wretch whose breath is tainted by filthy lucre? I do not ask you to stay them in their method of going to heaven, neither do I interfere, but I beseech you, stop paving their road with gold, filched, by your acquiescence, from those with breaking hearts.

Great things have been accomplished since the advent of the first physician into this state. Do not conclude that all has been done. Progress means incessant work. Another legislature will convene in January. Liberty requires eternal vigilance. Be up and doing!

We need pure food and pure drug legislation; we want regulation of the nefarious patent and proprietary medicine business; we ought to have provisions by which diphtheretic antitoxin can be provided for the poor in every county. We should keep the doors tightly shut against all new and old schemes to defraud suffering mankind, and we must find means of stopping every species of charlatan from robbing our sick and consigning them to early graves. There is abundant work. The harvest is ripe. Shall you be reapers?

I have been intimately associated with all attempts at legislation for the protection of the health and lives of our people since 1876, and I challenge the closest scrutiny to find one single instance where our profession ever took the initiative or gave its time and labor for the passage of laws which aimed in the least at self-aggrandizement or personal profit, however small. Look at the profession of San Francisco. Most of our brothers have lost everything they ever owned. What are they doing today? Trying to regain their fortunes? Ask the people of that stricken city. They say to a man: "Our doctors are taking care of the wounded and those stricken with sickness—whilst they trust the Father of all men to feed them, their wives, and their children!" Such are the men into whose fraternity you have been initiated. Are you not proud of the privilege?

This is the history of your profession since the dawn of civilization, and yet that same profession then and now has ringing into its ears the same cry which met their great Prototype: "Crucify Him."

Their pay has ever been ingratitude, suspicion has accompanied their best endeavors, and yet they are not deterred. They themselves lift the cross to their own shoulders and follow Him—crucified.
Modern Methods in the Teaching of Gynecology

BY PALMER FINDLEY, OMAHA, NEB.

Medicine as an applied science can not be divorced from the fundamental sciences either in study or in practice. And hence it may be fairly assumed that the student of medicine should be the product of a scientific curriculum in college or university. The general consensus of opinion among medical educators is that the way to achieve the greatest results in the shortest possible time is to combine the scientific course in the academic department with the regular course in medicine, and in such a manner that the one merges into the other without breaking the continuity of the studies. Indeed, it may be said that the student should be about his life's work from the very beginning of his academic studies. It is a growing conviction among those interested in medical education that a medical school which is an integral part of a university affords greater opportunities for the acquiring of a medical education than is possible in isolated medical institutions.

The fact that the old Omaha Medical College is now a department of a great university, and that its Dean is a man of science, gives assurance that the students who pass through the academic department into the College of Medicine will take a comprehensive view of the medical science by applying to their studies in medicine the broad scientific principles in which they have been schooled. Not only this, but the refining influences of a university stamp the students as men and women of culture, and their close contact with instructors devoted to scientific investigation inspires them with a zeal for study and research which bespeaks success.

With me there has been an increasing satisfaction in the teaching of medical students by reason of their university training. The "rough house" of the amphitheater has given place to decorum. The students think for themselves and make their own applications of the theories imparted to them. They no longer look through the microscope as into a glass darkly, but having
been trained in things normal, they are quick to perceive any deviation from the normal standard. With such students the teaching of gynecology becomes a pleasure and a privilege. Their broad scientific training and the three years of devotion to the special science of medicine makes it possible to present the subject of gynecology, not as a department distinct from all others, and with laws unto itself, but rather as an integral part of the great system of medicine, subject to the fundamental laws of science. Their study then becomes a matter of reasoning rather than of memory, of application rather than reception.

The methods of instruction in the department of gynecology have kept pace with the rapid development of the science. I may say, in all fairness, that no department of the medical curriculum has made greater progress in the methods of presenting the subject to students. This is in great part due to the exceptional opportunities for making practical demonstration of cases, pathological specimens, casts, and stereopticon illustrations.

While I would not contend that the practice of this specialty should be wholly controlled by those who devote their exclusive time and energies to the work, it must be conceded by all that the teaching of the diseases of women should be in the hands of men who are not only trained in the management of such cases, but who from ripened experience have mastery over the known problems of this special field of pathology and diagnosis, and possess the instinct for research in the unsolved problems. He should be a teacher whose devotion to his work should be an inspiration to the students. Such is the modern student of medicine, and such should be the instructor.

Next let us consider briefly the modern methods of presenting the subject to students.

The schedule of the department of gynecology should include:
1. Illustrated lectures and quizzes over the entire subject.
2. Operative and diagnostic clinics.
3. Dispensary clinics.
4. Laboratory courses in diagnosis and pathology.

With the exception of the laboratory course, there would appear to be no exception to the older methods of instruction, but in reality the difference is great. Let us consider the various courses briefly, and in a critical spirit, to the end that we may judge of their respective merits.
1. Illustrated lectures and quizzes over the entire subject of gynecology have replaced the stilted recitals of the instructor who comes empty handed before his class. In the days when text-books were few and inadequate, such teaching had its value. Of late years the need of lectures has been greatly lessened by a great variety of text-books, monographs, and journals, to which the students may be directed. From these publications the student can work up his notes in a more complete manner than is possible from the lectures. The value, then, of the lectures lies in directing the students in their reading, in emphasizing the essential details of the subject, and above all in illustrating the subject by the presentation of pathological specimens, casts, stereopticon views, blackboard outlines, instruments, and other equipment. There is seldom a need of going before the class without something in hand with which to illustrate the lecture.

2. Operative and diagnostic clinics, the so-called "college clinics," have undergone a great transition in late years. They are no longer held in large amphitheaters, with students perched high and far away from the arena, trying to catch a glimpse of the operation now and then through field glasses, but in reality seeing little other than a moving picture of the great surgeon and his corps of assistants. Such clinics serve little purpose other than the glorification of the clinician, while the student looks on with bewildered amazement and admiration, but learns little. Realizing that the purpose of the clinic is to instruct students, two notable changes have been made: first, the registration of small classes, and, second, the selection of suitable cases for presentation. It is contended that the number of students in attendance should be limited in order that all may come within short range of the field of operation, and see with their own eyes the anatomical relations of the structures involved in the operation, and to critically observe the technic. In selecting cases for presentation, the clinician lays greater stress upon the opportunities for presenting diagnostic methods than technic; while in operating preference is given to the minor cases and those of an emergency character. This he does in the interest of the student who will be called upon to assume such responsibilities. It is regarded as worse than a waste of time and energy to fill the clinic with major operations of convenience, for to qualify the student to per-
form such operations he must needs have the opportunity to assist in the operations. The witnessing of any number of such cases without the experience of assisting can serve little purpose other than to create in the student a false and dangerous confidence in his ability to do what appears to him to be very easy for the operator. The tyro novice sees the master of surgery dexterously removing the uterus and says: "What a simple operation that is! I shall do it myself when I have the opportunity." But it is quite another matter when he first assumes the full responsibility in so simple a procedure as the curetting of the uterus. I believe that the clinician who endeavors to teach his students to perform major operations of convenience does a great wrong. Better should his energies be directed in instructing them in the making of a diagnosis, in the performing of minor operations, and in the prompt and efficient handling of emergencies; in encouraging the student to take internships in hospitals, or to associate themselves with surgeons as assistants, where alone they can equip themselves for the doing of major surgery.

3. Dispensary clinics are of very special value in the teaching of the diseases of women, for it is here alone that the student comes in direct touch with patients, and has the opportunity of informally discussing the clinical features of the cases. Here he is guided in the taking of a clinical history, in presenting himself in the attitude of a physician with his patient, in the methods of making a physical diagnosis, and of making topical applications. In brief, he is schooled in the routine duties of an office practice. What more need be said to appreciate the importance of dispensary teaching? In my judgment, the dispensary outranks the college clinic in its teaching value to the student. Does it not then follow that much time should be devoted to it, and the more so in institutions where students do not have access to the wards of a hospital? It is unfortunate that these clinics are often under the direction of inexperienced instructors who know little more than the students. If they deserve the prominent place here accorded to them, surely the most experienced instructors should direct them.

4. Laboratory course in diagnosis and pathology.—It is my experience that the teaching which has afforded the greatest results has been done in the laboratory. It is here that the stu-
dent is brought to the realization of the importance of pathology, as not only a basis for but an integral part of diagnosis and treatment. He learns that in gynecology, as in all branches of medicine, the diagnosis very largely consists in the recognition of the pathology. The specimens which he sees and handles in the laboratory have the same characters as when found in the pelvis, and the diagnosis is but the recognition of these characters. How essential it is, then, that he should familiarize himself with gross and microscopic lesions in the laboratory before endeavoring to recognize them in the clinic. He is instructed in the early recognition of malignant growths, which can only be done by resort to the microscope. Such a course, to be successful, demands a well-equipped museum and laboratory, in which there are all the common and many of the unusual lesions of the genitalia for demonstration. This course is seldom offered in medical schools, and it is with the greatest satisfaction that I go into the department of gynecology of the College of Medicine of the University of Nebraska with an equipment for such a course.
Report of a Case of Pernicious Anemia, with an Unusually Low Hemoglobin Percentage

BY WILLSON O. BRIDGES, OMAHA, NEB.

The following case was under observation at the Methodist Hospital from November 13 to December 14, 1905, and the subject of several clinical studies before the 1906 class of the College of Medicine.

The low hemoglobin estimate of 10 per cent on the first blood examination suggested a published report of the case, as I have not found one so low in the literature at my command; and in conversation with a colleague, who has recently spent considerable time in the Continental clinics of Europe, he stated the most intense case he was privileged to see indicated a hemoglobin estimate of 14 per cent.

Case.—Mrs. L., aged forty-three; housewife; residence, western Nebraska; married twenty-five years; has had three children, two of whom died of diphtheria and one is still living at sixteen. Her weight when in good health was 165; height, 5 feet, 5 inches.

Family history.—Her father died of typhoid fever at forty-five; mother of heart trouble at fifty; one brother at twenty-three and one sister at thirty-three of consumption. She has two sisters and one brother living who are well.

Personal history.—She had the ordinary diseases of childhood, and married at eighteen. Her first illness subsequently occurred two years ago when she ailed for one year with an affection of the lungs attended by cough and expectoration, sometimes bloody. This she recovered from, and one year later had la grippe, and two years later measles. After this illness she weighed 165 pounds and remained well to one year ago, when she ran down from taking care of the sick. Last June a suppurative otitis affected her for six weeks, terminating in recovery. In August following she began to experience some headache with dizziness, fatigue on exertion, and since then has had dyspnoea, variable nose bleed, progressive weakness, slight fever, not exceeding 100 F. Her appetite has been fair, and only slight digestive dis-
turbances, with regular bowels. During the two months preceding, she has not menstruated.

Examination.—Patient presents a markedly anemic appearance, the mucus membranes being colorless and the line of their junction with the skin indefinite. The skin has a suggestion of the pale lemon tint, but not pronounced. She does not appear emaciated. The ears are translucent and the finger nails without color. There is slight edema of the lower extremities. The temperature is 99.6 F., pulse 124 weak and very soft, but regular. The heart is normal in size, the sounds are distinct but weak, and at the base a soft blowing sound (systolic) is heard conveyed in the neck vessels. The respiratory murmur is enfeebled, but no adventitious sounds made out. There is a fair amount of adipose in the abdominal wall. The stomach is somewhat prolapsed and the right kidney movable in the third degree. The liver and spleen are of normal size and the pelvic organs intact. The 24-hour urine measured 42 ounces, acid in reaction, specific gravity 1010, and without albumen. A subsequent microscopical examination indicated a few granular casts and some blood cells. A few drops of the blood from the finger looked very pale and watery, the Talquist scale indicating between 10 and 20 per cent hemoglobin. Three days later the blood findings were as follows: Red cells 384,000, white cells 13,000, hemoglobin 10 per cent. Differential count, polynuclears 82 per cent, small lymphocytes 18 per cent. Poikilocytosis extreme. Megalocytes and microcytes numerous. A few megaloblasts and microblasts found.

Subsequent history.—A few days after entering the Methodist Hospital, patient contracted la grippe with a temperature reaching 103.8, and pulse 126. Prostration was extreme and the outlook gloomy. She rallied, however, and improvement was rapid after a few days. Complete rest in bed in an airy room, tepid, and later cold salt water rubs daily, five feedings daily with beef in some form frequently, bone marrow extract, and arsenic in increasing doses constituted the treatment. November 19 the blood showed 1,720,000 reds, 2,200 whites; hemoglobin 32 per cent. December 12, reds 2,480,000, whites 7,000; hemoglobin 53 per cent. Differential count, polynuclears 50, small lymphocytes 40, large 7, eosins 1, megalocytes 2. A few nucleated reds,
microcytes numerous. The patient was now able to walk several blocks without much fatigue, and returned to her home with instructions to persist in the treatment. A note from her dated March 12 indicated that she was not so well, had a moderate diarrhea, and feared, as she expressed it, her anemia was coming back.
THE QUARTER-CENTENNIAL EXERCISES

The College of Medicine of the University of Nebraska, as it exists at present, had its beginning in 1902. Nevertheless this institution is in truth but the continuation under modified conditions of a well-established and successful medical school. The Omaha Medical College was incorporated in 1881, and continuously from that time to the present has carried forward the work for which it was established.

Owing to changed conditions in medical education and enormous expansion and elaboration in medical courses of instruction, and in harmony with the modern practice among independent medical schools of seeking affiliation with great universities, the Omaha Medical College looked with favor upon the opportunity of merging its identity in that of the University of Nebraska. By this union the college was enabled to secure for itself a nearer approach than it dared hope for independently to the ideal which it had ever cherished of offering to its students the highest degree of perfection in medical education. By this union the University was enabled to secure for itself, by a single act, a depart-
ment of medicine fully organized, with a staff of experienced and successful teachers, large clinical facilities, and possessing a body of alumni, loyal, successful, and influential. It therefore involves no distortion of the facts to affirm that the University possesses a medical department a quarter of a century old. This being true, it was not fitting that such a landmark in its history as the quarter-centenium should be permitted to pass unobserved.

Accordingly, at its meeting in May, 1905, the alumni association appointed a committee consisting of Dr. A. C. Stokes, '99, chairman, Dr. E. D. Cummins, '89, Dr. Thos. Truelsen, '03, and Dr. C. J. Miller, '05, with instructions to formulate and carry into effect measures suitable to the occasion. The committee was directed, in this work, to cooperate with the college authorities. After much correspondence and discussion, commencement week of 1906 was selected as a favorable occasion for the event, and a program was arranged for May 23 and 24.

Wednesday, May 23, was designated as Alumni Day, and in the morning a series of special alumni clinics was given exclusively for visiting alumni, as follows: At the Methodist Hospital from 8:00 to 10:00 A.M., Dr. Jonas, a surgical clinic; and from 10:00 to 12:00 A.M., Dr. Gifford, a clinic on diseases of the eye and ear; at the Douglas county hospital from 8:00 to 10:00 A.M., Dr. Aikin, a clinic on nervous diseases; and from 10:00 to 12:00 A.M., Dr. Bridges, a clinic on internal medicine.

The Quarter-Centennial alumni meeting was held that afternoon at 2:00 in the college building, 12th and Pacific streets. In all there were thirty-five alumni present. After a short business session came the anniversary program of historical addresses; the first, by Dr. A. S. von Mansfelde of Ashland, the first professor of pathology in the Omaha Medical College, was entitled "The History of Medicine in Nebraska." This address is printed in the current number of the BULLETIN. Following him Dr. W. F. Milroy, of Omaha, spoke on, "The History of the College of Medicine of the University of Nebraska." Dr. F. D. Haldeman, '82, of Ord, a member of the first graduating class, delivered an address on "The Alumni of the College of Medicine of the University of Nebraska." Wednesday evening a complimentary theater party was given by the Omaha members to visiting alumni.

The addresses were of great interest and will appear in suc-
cessive numbers of the Bulletin in order that the early history of this region and of the college may become a part of recorded history. Wednesday was also marked by the annual visit to Omaha of the freshman and sophomore medical students from Lincoln, who spent an enjoyable day in visiting the laboratories and hospitals, in meeting old grads, and in listening to tales of the good old days. Most of the students remained over Thursday for the exercises of that day.

Commencement day, Thursday, May 24, was opened by special alumni clinics. At the Immanuel hospital Dr. B. B. Davis held a surgical clinic from 10:30 A.M. to 12:00 M., and at the new Swedish hospital Dr. A. C. Stokes demonstrated cystoscopy and urethroscopy at the same hour.

The annual alumni luncheon was held at the Calumet at 2:00 P.M. After a generous repast Dr. B. W. Christie, '02, was duly installed as toastmaster and proceeded to call the class roll, giving due prominence to the past record of each man who spoke. The commencement orator, Dr. James Carroll, was brought over from another gathering in time to extend to the alumni his greetings and to express the confident hope that the coming years might always find the college and its alumni in the forefront of medical progress.

At the same hour a complimentary dinner was tendered by Dr. B. B. Davis at the Omaha Club to the Quarter-Centennial orator, Dr. James Carroll, Curator of the Army Medical Museum at Washington, D. C., and to the members of the Board of Regents of the University who were in attendance upon the exercises of the day. The dinner was followed by an automobile trip around the boulevards of Omaha’s fine new park system. At six o’clock Dr. Carroll and the Board of Regents were also entertained at dinner at the Omaha Club by Dean Gifford.

The commencement exercises were held at 8:00 P.M. in the Congregational church, with the following program:

Music—Grand Chorus Salome
Invocation by the Chaplain of the Day
Music—Chant Pastoral Du Bois
Administering of Hippocratic Oath by the Dean
Conferring of degrees by the Chancellor
Awarding of prizes by the Dean
Commencement address by James Carroll, M.D., Curator of the Army Medical Museum, Washington, D. C., “The Microscope in Medicine”
Music—Festival March Dunster
After the exercises an informal reception for the speaker, alumni, graduates, and invited guests was held in the church parlors, at which the guests were received by Chancellor Andrews, Dr. Carroll, and members of the Board of Regents.

The admirable address of Dr. Carroll with its appeal for research in medicine has already been printed in the July number of the BULLETIN. Prizes were awarded to members of the graduating class as follows: Class prize, Nora May Fairchild; Gifford prize in ophthalmology, Claude Palmer.

The degree of doctor of medicine was conferred upon the following named persons: Edward Lewis Brush, Nora May Fairchild, John Andre Fuller, Jr., Leslie Williams Morsman, Claude Palmer, Edwin Norris Robertson, Claude Leroy Wills.

The class of 1906 was the first to complete its entire course after the consummation of the affiliation by which the Omaha Medical College became a part of the University of Nebraska. It was the smallest class graduated for many years, as it was also the first to enter under the radical advance in entrance requirements introduced at the time of the affiliation. The high standard maintained by its members is shown by the report of Nebraska State Board examinations for May. No one in the class fell below 80 per cent and two of their number reached an average of 92.2 and 94.2 per cent, the only records over 90 per cent among the forty-nine examined. The average record of the class was 86.7 per cent, much above that obtained by students from any other college.

ENTRANCE REQUIREMENTS

When in 1902 the Omaha Medical College became an integral part of the University of Nebraska, the scholastic requirements demanded of the medical matriculant were those then held as the minimum standard in the Association of American Medical Colleges. They were such as any ordinary student could easily satisfy by one and one-half years of study in a high school or academy, or, measured in the more exact terms of the high school inspection system, they counted 12 points or 6 units. One of the prime reasons for the affiliation was the elevation and strengthen-
ing of medical scholarship, and for the succeeding fall the requirements for admission were doubled, being given in the first announcement of the University as 24 points, or 12 units. In the following year, the privilege of time allowance to graduates in dentistry, pharmacy, and veterinary medicine was withdrawn, and the year of time credit given to holders of a baccalaureate degree was made to depend upon the completion of equivalent work in chemistry and biology sufficient to cover approximately one year of work. In both of these particulars the college was the first in the West to set such a standard. For the session of 1904–5 entrance requirements were raised to 26 points, or 13 units, and January 1, 1905, they were made 30 points, or 15 units. With the present session they become 32 points or 16 units.

Not only in thus advancing the standard of admission has the University been in the lead among western schools which have universally come to the standard of 30 points this year, but its view of the future has been most forcibly commended by other recent events. In our announcement for 1905–6, printed in May, 1905, was stated, after the list of entrance requirements: "The University intends at an early date to raise the requirements for entrance to the College of Medicine so as to include one year of college study above the high school course." Unless made effective at an earlier date by special vote this becomes in force four years from date. It is distinctly complimentary to our college to find that this summer the National Confederation of Examining Boards has voted to require such a preliminary college year after January 1, 1910.

This detailed statement of our position and action in the matter of advancing standards in medical education is made to reassure anxious alumni and friends who noted the absence of reference to our college in the educational number of the Journal of the American Medical Association. The unfortunate errors which crept into their records of state board examinations during 1905 were a serious reflection upon the good work of the college, but they may well have been due to some printer's error, as the Nebraska State Board, for instance, reported to them twenty-six of our students as passed while the printed table records none passed. But failure to record our advance in entrance standards and our now twice published vote to require a preliminary college
year, among similar records of advance under education notes in the Journal, can only be explained on the basis of careless editing or collating of catalogs. This college will still continue to strive quietly for advancement in all lines and await the full recognition of its work which time is sure to bring.

THE SIGNIFICANCE OF HARVARD’S NEW BUILDINGS

In a recent number of the Harvard Graduates’ Magazine may be found an illustrated article giving a detailed account of the new Harvard Medical School. This account is a mere statement of fact, but it gives one an idea of the beauty and impressiveness of the buildings and the completeness and capacity of the equipment that is in no way diminished by actual observations; in fact, one must visit the new school to rightly comprehend its extent.

Every medical school in the country that deserves the name should feel a personal ownership in any movement that offers broad possibilities for medical research. While there have been numerous special endowments for particular lines of medicine, it fell to Harvard’s good fortune, with her gift of several millions, to renew throughout her material equipment and to rebuild her entire medical school with a view not only to present needs but with almost lavish provision for future development. The really important thing, however, is the end for which this vast equipment forms the means. The transfer last summer of the Harvard Medical School from the old brick buildings on Boylston street to the white marble palaces on Longwood Avenue was not merely a change from old to new quarters; it had all the significance of the founding of a new institution. This aspect of the event merits the attention of every scientific man whether interested especially in medicine or not. While Harvard was only a professional school it was a local institution; in making its plans to enlarge into a school of comparative medicine it becomes an institution of universal importance.

There are two sides to be considered in such a school as Harvard’s now is; the research side and the instructional side. It is a mistake to think that all of this great equipment accurs directly to the benefit of the student who is taking a practitioner’s
course in medicine. There is many times over more there than he can possibly use. The object of Harvard is to establish a school that will attract the best trained men and to glean from them those who are fitted to carry their studies into the field of original investigation. There will also be regularly salaried positions wholly for research, while the teaching staff will have a full half, if not more, of its time for original work, and all of this will be carried on by the broadest method, that is, the comparative method. This is the first time that a school in this country has been in a position to place all its departments on such a basis, offering each, the men, the equipment and the room to make it a separate institution for research, and yet giving it the advantages of association with other departments of a medical school.

The ideal conditions for research should not be entire isolation from teaching, but a possible combination of the two. The very best facilities for effecting such a combination now exist at Harvard, and any failure to meet her obligations must be credited to her men and not to her means. Boston has been an active participant in scientific research for several hundred years and a witness to the possibilities of the growth in educational institutions of all kinds. For this reason we should be thankful that such an opportunity came to her. Many places not so mature would have built with less prophetic wisdom.

ADDITIONS TO THE FACULTY

It is a matter of sincere congratulation that the Medical College has recently had the good fortune to secure the services of able and efficient additions to its teaching force. During the present year five new members of the faculty will devote their energies and time to the work of guiding medical aspirants through the intricacies of practical medicine. Primarily, Omaha and that portion of the medical curriculum given in Omaha must be considered as the more favored, but the influence of the men in question can hardly be limited either in extent or duration. Some are the authors of text-books that enjoy a wide circulation. First and foremost stand Palmer Findley and Alfred Schalek.

Palmer Findley, who enters upon his duties as professor of gynecology, is a native of Iowa. He obtained the degree of B.S.
in the University of Iowa in 1890, and three years later was honored by Northwestern University with the degree M.D. cum laude. Following graduation he entered upon a two-years service as house physician in Cook county hospital, Chicago. The year 1898–99 was spent abroad, mostly in Berlin, Vienna, and Paris in post-graduate work in gynecology and obstetrics. Upon his return in 1899 he was appointed assistant professor of gynecology and obstetrics in Rush Medical College, which position he held until the present year, when he accepted the chair of gynecology in the University of Nebraska College of Medicine. Dr. Findley's interest in his specialty has made the list of his society affiliations a large one. He is a member of the American Gynecological Society, American Medical Association, American Academy of Medicine, Chicago Gynecological Society, Chicago Pathological Society, Nebraska State Medical Society, and the Douglas County Medical Society. Among the list of Dr. Findley's writings may be mentioned a monograph, published by Lea Bros., on the Diagnosis of the Diseases of Women.

Alfred Schalek, who accepts the professorship of dermatology and genito-urinary diseases, was born in Prague, Bohemia. He spent nine years in the gymnasium and six years in the University of Prague, where he was graduated in medicine in May, 1890. Following this he took two years in post-graduate work in the Allgemeines Krankenhaus in Prague, and later did similar work in Berlin and Vienna, after which he became surgeon in the Austrian army. He located in Chicago in 1893. In 1898 he was appointed assistant professor of dermatology and urinary diseases in Rush Medical College. Professor Schalek is a member of the American Dermatological Association, American Urological Association, and the Chicago Pathological Society. He is the author of "An Epitome of Dermatology" published by Lea Bros.

The remaining new members of the faculty are Doctors Robert Russell Hollister, Rodney W. Bliss, and N. Sproat Heaney. Lack of space does not permit of more than brief mention of the training which they bring to bear upon their work.

Dr. Hollister, who is a native of the state of New York, will instruct in surgical pathology. He was graduated at Exeter in 1893, and in 1897 and 1902 respectively took the degrees of A.B.
Editorial

and M.D. at Harvard. From 1902 to 1904 he served as surgical interne in the Boston city hospital.

Dr. Bliss is a native of Nebraska, taking his first degree, B.S., at the University of Nebraska. He graduated in medicine from Rush Medical College, after which he became connected with the Cook county hospital, Chicago. Dr. Bliss has been made instructor in internal medicine and clinical pathology.

Dr. Heaney, who begins his service with the Medical College as instructor in gynecology, was born in Illinois. The University of Chicago granted him an A.B. degree, following which he entered Rush Medical College. After graduation he entered the Presbyterian Hospital, Chicago, as interne.

CONSTANCE WEBBER WAITE

Died September 27, 1906

All the readers of the BULLETIN will desire to extend their sympathy at this time to Dr. H. H. Waite. Mrs. Waite died September 27 after a prolonged illness—one which was a great trial both to her and to Dr. Waite. She was a rare woman, combining unusual intellectual attainment with great personal charm, and an exceptionally attractive personality. At all times vivacious and agreeable, she became almost immediately the center of any circle to which she lent her presence. In spite of rare social accomplishments and having thereby enjoyed much popularity, she was essentially domestic in her tastes. Though generally beloved, she will be missed nowhere so much as in her own home circle. Fortunately both for Dr. Waite and their two children, Dr. Waite shared Mrs. Waite’s domestic tastes. Her removal from the home, therefore, finds him—as he should be—very close to his children and peculiarly fitted to mother as well as father them. Mrs. Webber also, Mrs. Waite’s mother, is well and able, for a time at least, to give herself to the little ones.

Those who were privileged to know Mrs. Waite well will feel a keen personal loss, but certainly they can never lose the inspiration from having known her enthusiasm nor the influence for good of her refinement.
Dr. C. L. Wills, '06, is at Anselmo, Neb.

Dr. Claude Palmer, '06, is at Bridgeport, Neb.

Dr. E. S. Brush, '06, has located at Norfolk, Neb.

Dr. J. M. Fuller, '06, is interne at the Iowa Institute for Feeble Minded at Glenwood.

Dr. E. L. Bridges, '96, left March 1 for the New York Polyclinic to be absent until July 1.

Dr. L. W. Morseman, '06, has located in Omaha and may be addressed at 24th and Binney Sts.

Dr. E. N. Robertson, '06, received the appointment as interne at the Immanuel Hospital, Omaha.

Dr. S. R. Knod, '04, has limited his practice to diseases of the nose, throat, and ear, and is practicing with his father in Omaha.

Dr. E. D. Putnam, '97, now at Kansas City, Mo., expects soon to locate in Boise, Idaho, limiting his practice to diseases of the eye, ear, nose, and throat.

Dr. Alois F. Hinz, '96, of Minneapolis, Minn., after taking a post-graduate course in Austria, is devoting his attention to dermatology and the associated diseases.

Dr. P. H. Metz, '92, located in Humphrey, Neb., in 1894. In 1892 and 1893 he took a post-graduate course in the New York Polyclinic. At present he is district surgeon for the U. P. R. R.

Dr. R. Robinson, '96, left Omaha about six years ago on account of failing health and located at San Antonio, Texas, where his health has greatly improved and where he is also doing well otherwise.

Dr. A. Johnson, '90, was for eight years assistant surgeon to the U. P. R. Co. at Omaha, Neb., and Hanna, Wyo. January 1, 1901, Governor Dietrich appointed him superintendent of the Institution for the Feeble Minded at Beatrice, Neb., and he still holds this position.

Dean Henry B. Ward spent the summer in southeastern Alaska in the interest of the Alaska salmon investigation ordered by Congress at the request of President Roosevelt two years ago. The investigation is under general charge of the U. S. Bureau of Fisheries and is directed by Pres. David Starr Jordan of Leland Stanford University and Dr. B. W. Evermann of Washington, D. C. The particular phase of the work entrusted to Dr. Ward was to determine the nature and extent of the diseases, particularly such as are caused by animal parasites, to which the salmon is subject. The work of the summer brought to light many items of great interest, and material and data obtained will constitute the basis for a formal report to be prepared in the course of the year.
Dr. L. B. Pilsbury has been made resident pathologist at the Nebraska Hospital for the Insane. He has, however, not severed his connections with the University.

Dr. H. A. Wigton of the class of 1905 has been appointed assistant physician in the Nebraska Hospital for the Insane at Lincoln and has already entered upon his duties.

A Rivett precision lathe is the newest acquisition of the laboratories of pharmaco-dynamics and physiology. It is a beautiful mechanism of highly polished steel which cuts accurately to one-thousandth of an inch. The driving power is furnished by a one horse-power Crocker-Wheeler motor.

The construction of an animal house on the campus supplies a need which has been felt for many years. A one-story frame structure provided with steam heat, water supply, and a cement floor furnishes commodious quarters for the various animals which are necessary in teaching the fundamental and allied sciences of medicine. A portion of the structure separated from the remaining rooms is to be devoted to infected animals. It is under the exclusive control of Dr. H. H. Waite.

Eight members of the class of 1903 attended the Quarter-Centennial celebration of the College of Medicine at Omaha. On the evening of May 23 the visiting members of the class were banqueted by the Omaha members at the Henshaw. Those present were Dr. Clatilla B. Job, Broken Bow; Dr. Christine Erickson, Dr. Rose H. Rice, Council Bluffs; Dr. Geo. E. Spear, Hastings; Dr. R. A. Lyman, Lincoln; Dr. W. P. Wherry, Dr. C. C. Morison, and Dr. Thomas Truelsen, Omaha. Dr. A. E. Guenther, Lincoln, was present as the guest of the class.

The Medical Society of the University met for the first time since the opening of the college in Mechanic Arts Hall on Saturday evening, October 6, with Mr. Ralph C. Christie as chairman pro tem. Following the usual custom of the society in making the main feature of the evening an address of medical interest, Dean Ward was invited to speak on Alaska. He laid stress upon the climate of Alaska, its resources and also absence of diseases among the salmon. He further emphasized the hygienic conditions under which the Alaska salmon is caught and canned. It was an exceedingly interesting and instructive talk, setting a high standard for the series of addresses which are to follow bi-weekly during the course of the year. It may be stated, parenthetically, that no effort to maintain the Medical Society on a high plane of excellence is wasted, since it forms, next to the Alumni Society, the most powerful factor in arousing and maintaining class spirit and loyalty. Students quickly learn that to be a member of the medical college is a privilege, and to be a graduate is an honor. During the business session which followed Dr. Ward’s address Mr. R. C. Christie was made president of the society. Other officers elected were Mr. George Buol, vice-president; Mr. C. F. Charlton, secretary; Mr. S. A. Swenson, treasurer; and Mr. H. Flansburg, sergeant-at-arms. Mr. C. Emerson was made chairman of the program committee.

After seven years of continuous service Dr. H. Winnett Orr retires this month as editor of the Western Medical Review. Beginning with the October number the Review will be issued by a committee of the Omaha-Douglas County Medical Society. This publication will continue as before to be the official journal of the Nebraska State Medical Association, of which Dr. Orr has just been made acting secretary.
Clarence Emerson, B.S., has been made assistant in bacteriology.

Claude P. Fordyce, A.B., has been appointed assistant in histology and embryology.

Dr. Nora Fairchild, '06, has located in Omaha with offices in the Paxton block.

Dr. H. H. Everett goes to the Johns Hopkins Hospital this year in order to devote himself to internal medicine for several months.

The assistants in anatomy for the present year are J. S. Sayer, H. L. Mantor, and C. E. Remy. Those in physiology are Miss Elsie Day and Roy Martin.

An exceedingly valuable contribution to the library of the Nebraska State Medical Association (in the University library) has been received through the courtesy of Miss Metta Loomis, librarian of the Quine library at the College of Physicians and Surgeons in Chicago. The gift consists of eleven large boxes of periodicals selected to fill gaps in the serial sets already on the shelves. These, with some volumes recently purchased, will complete a number of important sets. At present there is not nearly enough money on hand to bind these volumes. Some of our alumni who are financially able to do so would honor the library and themselves by having a number of volumes bound and marked, "The binding of this volume is the gift of———." Binding costs from 50 cents to $1.50 a volume, according to the beauty and durability of the same.

At the Fourth Annual Meeting of the Alumni Society of the University of Nebraska, held at the Commercial Club in Omaha on September 18, 1906, the following interesting program was presented:

"Hemorrhage before Delivery, Concealed," Dr. A. P. Overgard, Fremont.

"Diagnosis and Treatment of Chronic Parenchymatous Nephritis," Dr. Alfred O. Peterson, Omaha.

"Macular Syphilides," Dr. Nelson S. Mercer, Omaha.

"Tetany," (Report of two cases) Dr. Harry W. Benson, Glenwood.


"Adenoids," Dr. Henry B. Lemere, Omaha.

This society is an outgrowth of the old Omaha Medical College Alumni Society. Its meetings occur twice yearly, once in May on the date of the commencement of the medical department, and once in September on the date of the college opening. The May meeting is chiefly for the purpose of electing officers and transacting such business as may be deemed necessary. At the September meeting a full scientific program is presented, followed by a banquet in the evening, to which all students of the medical department are invited as guests of the faculty and alumni. The chief objects of the society are to encourage recent graduates to begin medical society work early, and to keep the alumni in touch with the school, the faculty, and one another. At this meeting the new students from Lincoln came in contact for the first time, perhaps, with the Omaha members of the faculty and those alumni most active in affairs of the society. The last meeting was a most successful one. Seventy-one were present at the banquet at which Dr. Mat. A. Finley, class of '02, presided in his happiest manner.

**TOASTS**

"One More Year" .... J. F. Allen, '07

"Medical Education of the Future" .... E. J. C. Sward, '96

"The Modern Medical School" .... Palmer Findley

"The Price of Success" .... H. M. McClanahan

"The University and the Medical School" .... Dean Henry B. Ward
The two prizes offered by Dr. Orr for the best catalogue and bibliographic work done in the course in the History and Literature of Medicine were awarded to Mr. C. E. Remy and Mr. J. H. Sayer. The biographies of celebrated physicians prepared by members of the class during 1905-6 have been collected into a bound volume in manuscript and will be placed in the University library as the first of a series of volumes of the same kind.
FACULTY OF THE UNIVERSITY OF NEBRASKA—COLLEGE OF MEDICINE

(TH2 OMaha MEdical College)

ELISHA BENJAMIN ANDREWS, LL.D., Chancellor, Lincoln.

HENRY BALDWIN WARD, Ph.D. Dean, Lincoln.

HAROLD GIFFORD, B.S., M.D. Associate Dean, Omaha.

Anatomy, Histology, Embryology, Medical Zoology

HENRY B. WARD, Ph.D.

ROBERT HENRY WOLCOTT, A.M., M.D.

WILLIAM HULL RAMSEY, M.D.

Bacteriology and Pathology

HERBERT HAROLD WATIE, A.M., M.D.

LAWRENCE B. PILSBURY, A.B., M.D.

HARRY HARDING EVERETT, M.D.

Chemistry

SAMUEL AVERY, Ph.D.

BENTON DALES, Ph.D.

Dermatology

OSCAR SAMUEL HOFFMAN, M.D.

Gynecology

PALMER FINDLEY, A.M., M.D.

History of Medicine

Hiram Winnett Orr, M.D.

Hygiene and State Medicine

SOLON RODNEY TOWNE, A.M., M.D.

Raymond Gustavus Clamp, M.D.

Ear and Nose, Rhinology

FRANK STYLES OWEN, M.D.

WILLIAM PENALUNA WHERRY, M.D.

Medicine

WELLINGTON SMITH GIBBS, M.D.

THOMAS TRUESDELL, M.D.

OSCAR SAMUEL HOFFMAN, M.D.

Vernon Lawrence Treynor, M.D.

RICHARD CHANNING MOORE, M.D.

JOSEPH MERRIAM AITKIN, M.D.

George Mogridge, M.D.

Obstetrics

ANDREW BARTHOLOMEW SOMERS, M.D.

CHARLES WHITNEY POLLARD, A.B., M.D.

MATTIE CLARK ARTHUR, M.D.

Ophthalmology and Otolaryngology

HAROLD GIFFORD, B.S., M.D.

HENRY BASSETT LEMERE, M.D.

HARRY MONROE McCLEANAHAN, A.M., M.D.

OFTVS ASHLEY LYMAN, A.M., M.D.

Los Angeles Hunt, D.D.S.

ARThUR CHARLES STOKES, M.D.

PAUL HAGANS LUDINGTON, A.B., M.D.

Therapeutics

WILLIAM HENRY CHRISTIE, M.D.

HANS PETER JENSEN, M.D.

PAUL HAGANS LUDINGTON, A.B., M.D.

Surgery

DONALD MACRAE, M.D.

G. A. MCDOUGALL, M.D.

BRYN BAYNE DAVIS, A.B., M.D.

DONALD MACRAE, JR., M.D.

JAMES ORIGAN HUNT, D.D.S.

PAUL HAGANS LUDINGTON, A.B., M.D.

August Ernest Guenter, Ph.D.

Paul Koerner, M.D.

Rufus Ashley Lyman, A.M., M.D.

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