1-1907

The Bulletin of the University of Nebraska College of Medicine, Volume 02, No. 1, 1907

University of Nebraska College of Medicine

VOL. II JANUARY, 1907 NO. 1

THE BULLETIN

OF THE

UNIVERSITY OF NEBRASKA

COLLEGE OF MEDICINE

PUBLISHED BY THE UNIVERSITY

CONTENTS

LINCOLN, NEBRASKA

ENTERED AT THE POST-OFFICE IN LINCOLN, NEBRASKA, AS SECOND-CLASS MATTER, AS UNIVERSITY BULLETIN SERIES XII, NO. 3

THE BULLETIN

OF THE

UNIVERSITY OF NEBRASKA

COLLEGE OF MEDICINE

VOL. II *JANUARY 1907* NO. 1

The Relation of Medical Gymnastics to Medicine[1]

BY R. G. CLAPP, LINCOLN, NEB.

The term Medical Gymnastics, as commonly used, embraces the treatment of abnormal conditions, either functional or anatomical, by means of massage, active and passive movements, and orthopedics. Medical gymnastics has been used in some form or other since time immemorial, but the really scientific therapeutic gymnastics dates from the time of Peter Henry Ling, who was born in 1776 and died in 1839. The Royal Swedish Gymnastic Institute and the Gymnastic Orthopedic Institute of Stockholm founded by the Swedish government, chiefly through the efforts of Ling, stand as impressive monuments to perpetuate and further the cause for which Ling gave his life. This bread cast upon the waters in the recognition of the valuable scientific work done by Ling has returned many-fold honors to the Swedish government thru the adoption of Ling's medical gymnastic treatment by the many foreign physicians who have profited by their study at these institutes. All manual or mechanical treatment of disease is either based directly on Ling's system or has had incorporated into it many of the basic principles of the Ling system. In 1857 began the work of Zander in the development of a new medical gymnastics, characterized chiefly by the use of

[1] Read before the Pathological Club of the University of Nebraska Medical College, November 15, 1906.

mechanical appliances to supplement or replace the manual (the old and conservative) treatment.

In 1857 two brothers, George Henry Taylor, father of Professor George William Langworthy Taylor of the University of Nebraska, and Charles Fayette Taylor, pupils of Brandes, first introduced Swedish medical gymnastics into this country and established a gymnasium in New York city, where many useful machines were originated by Professor Taylor's father. The growth of medical gymnastics in this country has been slow, partly because very few thoroly trained medical gymnasts have come to America and partly because of the conservatism and the hesitation of physicians generally in accepting anything new in therapeutics. Notwithstanding the great opposition of the physicians of the old school to homeopathy, it has exercised a powerful influence upon the medical practice of today, and the time will surely come when rational therapeutic gymnastics will exert fully as strong an influence upon the future treatment of disease. This evolution is being gradually brought about thru the influence of a number of the larger medical schools of the country. Inquiries have been sent to about twenty of our larger medical schools requesting information as to whether medical gymnastics, massage, and orthopedics are taught in the college, and to what extent. I regret that I have received replies from only twelve institutions. With one exception, orthopedic surgery is taught as an independent subject, and in that institution it is taught as a branch of general surgery. Medical gymnastics and massage are taught as independent subjects in three schools. In all but four of the institutions, however, both of these subjects are taught as a part of other courses, usually of orthopedic surgery. The fact that many of the better hospitals, especially children's hospitals, in the large cities conduct medical gymnastic clinics is also significant. A third factor in the spreading of medical gymnastics is the teaching of this subject in most of the normal schools of physical training and the utilizing of the pupils in the free hospital clinics. So far as the writer is aware there is only one good school in the country where therapeutic gymnastics is exclusively taught. This is the Bolin Institute for Physical Training and Therapeutics in New York city, conducted by Mr. Jacob Bolin, one of the foremost Swedish gymnasts in America.

In Sweden, the real home of therapeutic gymnastics, there exists the ideal relationship between the practice of medical gymnastics and medicine. There is perfect cooperation between the members of the two professions. Precedent has established an unwritten code of ethics governing the relation and practice of the two professions, and the members of each are very careful not to overstep the boundary line between the two. The diagnosis is made entirely by the physician. Many graduates of medicine take up the practice of medical gymnastics in preference to ordinary medicine, and after a physician has once chosen the practice of medical gymnastics he never practices medicine in any form, always referring that to a regular physician and also consulting him in cases of doubtful diagnosis. The gymnast who is not a graduate of medicine always refers his cases to a physician for diagnosis, after which the case is referred back to him for medical gymnastic treatment where that is indicated, and physicians, on the other hand, refer all cases where *medical gymnastics* is indicated to the gymnast. This mode of treatment is more extensively used here than elsewhere, and when a physician refers a case to a medical gymnast for treatment, he is almost as much under the physician's control as the nurse in this country.

The restrictions governing the practice of all professions in Sweden are very strict and especially so in medicine and medical gymnastics, the preparation for the practice of medicine requiring four years of preliminary training, four years in the medical school, and two years in the hospital, a total of ten years of direct preparation. The four years of preliminary training consists of about the equivalent of our A.B. degree. The requirements of the medical gymnast call for three years of preparation at the Royal Institutes or the satisfactory passing of strict examinations. Those graduates of medicine who have chosen medical gymnastics as a profession are required to take one year of work at the Royal Institute before they are allowed to practice that profession. In the minds of those who have thoroly studied the matter there can be no doubt but that Swedish medical gymnastics can be of great value in properly selected cases, and that it deserves the prominent place accorded it by the Swedes in the treatment of disease.

Very few of these thoroly trained Swedish medical gymnasts have come over to this country, and the question naturally arises, Why have they not come? There are a number of reasons for this: first, and most important, because the skilled gymnast must compete on an equal basis with the ignorant rubber and the osteopath. We put no restrictions on the practice of medical gymnastics, therefore the uneducated professional rubber who thinks he deserves a more honorable title "puts out his shingle" as a trained masseur, and so far as the general public is concerned he is on the same plane with the thoroly trained man, and, what is worse, many states license the osteopath to practice medicine and also medical gymnastics in reality. There is no doubt that the osteopath is the more dangerous factor, as he presumes to take full charge of patients, where the ignorant rubber only presumes to understand more about massage, etc., than he really does and will condescend to work under the control and direction of a physician. I consider osteopathy of danger to the community because the osteopath presumes to diagnose cases with little or no training, and invariably finds some dislocation or subluxation as the cause of every pain or abnormal condition to which the human body is heir. Some one has well said that, "What is good in osteopathy is not new, and what is new is not good." We might even go further, without exaggeration, and say that what might be good in osteopathy is *not* because it is not thoroly and scientifically performed. I refer to the massage and other passive exercises which can be made of great value in the treatment of properly selected cases, but which are used promiscuously for all abnormal conditions and not performed in accordance with the best methods, namely, the Swedish methods. As a second cause for the lack of trained medical gymnasts I should give the lack of proper cooperation and encouragement on the part of the physician. The physician is partly responsible for this condition, inasmuch as he has not looked into the matter sufficiently to recognize the value of properly applied medical gymnastics. By giving the medical gymnast the encouragement deserved and by making a careful distinction between the skilled and the unskilled, the physician might start a popular sentiment which is bound to bring about the enactment of certain laws to restrict the practice of massage and medical gymnastics to those prop-

erly qualified. Third, because the remuneration is not so great in this country. In Sweden the skilled medical gymnast receives fair compensation for his work with its long and tedious preparation. The standard fee ($3 per hour or treatment) is none too much for this service. The removal of the rubber, cheap both in price and work, would widen the field for the foreign-trained medical gymnast, furnish sufficient inducements to draw him to this country, and consequently, would give us the benefit of a most important factor in the treatment of many diseases which do not yield readily to the ordinary treatment. When we consider these disadvantages in this practice in America, we do not wonder that the native-born and native-trained Swede prefers to remain at home where he has better standing, more work, and greater compensation.

Medical gymnastics is not a cure-all for human ills, but any physician who has looked into the matter carefully and fairly must admit that there are some cases where this treatment, in one form or another, is by all means the most important treatment, and many other cases, where medical gymnastics can add greatly to the efficiency of other lines of treatment. In certain chronic non-inflammatory disorders of the digestive tract, medical gymnastics is the treatment par excellence; also, in spinal curvatures and certain nervous diseases. It is a valuable adjunct in the after treatment of nearly all constitutional diseases, in circulatory disorders, and such malformations as club foot, flat foot, etc., and in most joint lesions. Medical gymnastics is contra-indicated in all active inflammations, but may sometimes be used to advantage to assist in retaining the normal vitality; however, in such cases, the part affected should be religiously avoided. In this particular, the treatment by the skilled medical gymnast differs from that of the osteopath and the common rubber.

In the treatment of spinal curvatures, we have a field for the application of medical gymnastics where, unquestionably, it is by far the most effective treatment known. In human beings this condition is of little importance, pathologically, except in extreme cases. But it very often causes a displacement of the uterus from which serious disorders of the female reproductive organs may result and consequently may become of considerable importance. For this reason, the writer has chosen as one illus-

tration of the application of medical gymnastics the treatment of a simple right dorso-lumbar scoliosis for which the following prescription will be found valuable:

1—Respiratory movement. Inhale, with arms forward-upward raising; exhale, with arms sideways-downward sinking.

2—Left arm upward, right arm downward, "stretch."

This movement is taken in four counts, starting from position of attention. On count 1, arms are raised forcibly to position shown in fig. 1. On count 2, the arms are forcibly extended to position shown in fig. 2. Count 3 brings the arms back to position shown in fig. 1, and count 4 to "attention." The forcible extension of the left arm upward and the right arm downward obviously tends to bring the vertebrae back toward their normal position.

3—Right walk, stand, left rest, right wing, trunk bending to right.

This movement should also be taken in four counts. On count 1 the position shown in fig. 3 is taken, the right foot being carried forward about 15 inches and placed flat on floor with weight equally distributed between the feet. On count 2, the trunk is bent directly to right as far as possible to position shown in fig. 4. Count 3 brings body again to position shown in fig. 3, and count 4 to "attention."

4—Walk, stand, side support (at vertical bars or boom), rest, trunk bending to right.

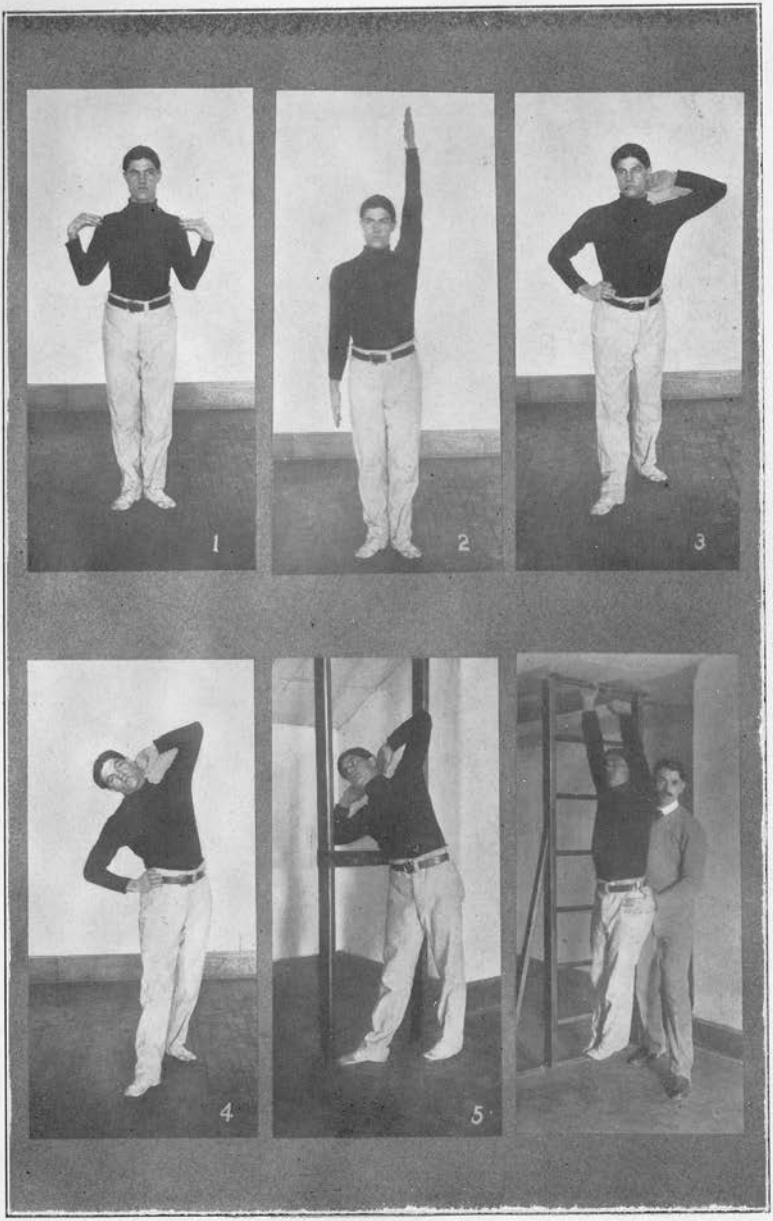
This movement should be taken as shown in fig. 5. The trunk is bent to right over strap or boom and turned slightly to left, bringing pressure on the angle of the ribs to reduce the exaggerated convexity of the ribs at this point as well as to give added resistance in straightening the spine.

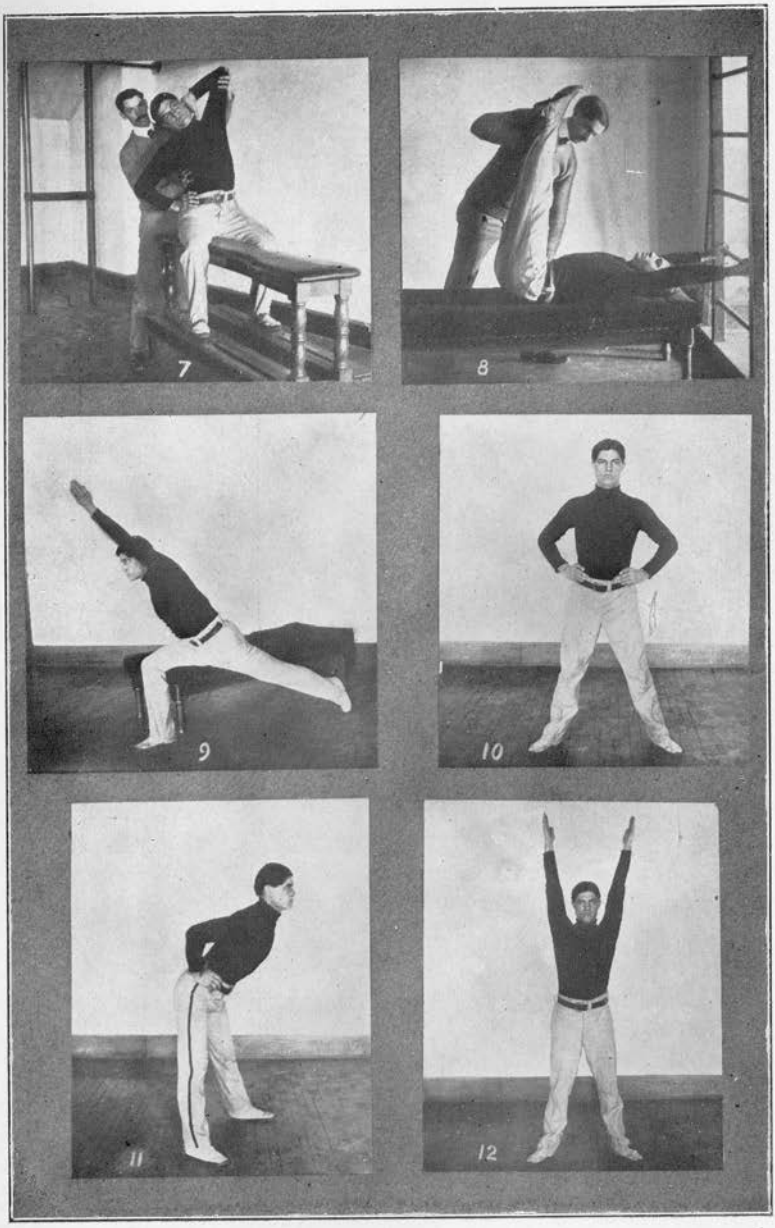
5—Right side suspension from vertical ladder with pressure applied diagonally forward at angle of ribs by the right hand of the gymnast as shown in fig. 6.

The object of this exercise is clear.

6—On plinth (or chair facing back of same) ride sit, left rest, right wing, trunk bending to right with resistance.

The "ride sit" gives rigidity to the pelvis while the bending with pressure exerted by the gymnast's hand on the point of greatest convexity of the ribs reverses the usual position of the spine, giving a temporary left scoliosis.


1
2
3
4
5


7
8
9
10
11
12

7—On low plinth, mat, or abdominal table, backward lying, double arm stretch grasp, double leg raising with assistance.

Illustrated in fig. 8. In this movement the extreme flexion produced with the assistance of the gymnast causes a straightening of the vertebrae and stretching of the whole spine.

8—On low plinth or stool, right thigh seat, left arm upward, right arm downward, left leg backward, stretch.

Shown in fig. 9. This position is difficult and should be given cautiously.

9—Respiratory movement. Arms sideways-upward raising with deep inhalation,—arms sideways-downward sinking with exhalation.

The strength and general condition of the patient, as well as the length of time the patient has taken the exercise should determine the number of times each exercise is to be repeated. Short periods of rest should be allowed frequently and as often as desired by the patient. Care should be taken not to overtax the strength of the patient. The degree of success obtained from this method of treatment for spinal curvatures depends upon the age of the patient and the length of time the treatment is continued. Naturally, during the period of youth or early adolescence we get the best results. Satisfactory results can not be expected unless the treatment is continued for several months.

The treatment of constipation may be chosen to illustrate the proper application of medical gymnastics in disease for two reasons. First, because it illustrates the treatment of a disease very different from the one just given. Second, because it is a condition which does not yield readily to the usual medicinal treatment. The writer has not confined himself strictly to the medical gymnastic treatment in this prescription, but has indicated other points which may aid in the treatment of this obstinate condition.

1—Determination of cause (if possible).

The degree of benefit which can be expected depends very largely upon the etiology. For example, where lessened peristalsis, decreased secretion or general atony of the tract, derangement of the nervous system, improper habits of eating and similar causes exist, good results may be expected, but in case of neurasthenia, intestinal stenosis, and other

more serious conditions, not too much encouragement should be given.

2—Forbid use of all laxatives and purgatives (unless specifically prescribed).

Very often the imprudent and ill-advised use of these drugs is responsible for this condition.

3—On the day before the regular treatment is instituted, prescribe calomel (1/10 gr. every half hour), beginning about noon and continuing until evening.

4—Follow, the next morning with a full dose of salts.

5—Patient is instructed to drink two glasses of water upon arising—about two glasses with each meal, an occasional glass between meals whenever convenient, and two glasses more on retiring.

6—Patient is instructed to go to stool each day regularly, from half to three-quarters of an hour after breakfast, preferably after a short and leisurely walk.

This regularity to be strictly followed whether a movement of the bowels occurs or not.

7—Position at stool—the knee-chest position.

8—Dietetic instructions—Eat sparingly of meats, not more than twice daily; eat heartily of bulky vegetables, cooked and uncooked fruits (two or three dates or figs with each meal for short time after beginning treatment), graham or whole wheat bread or toast, coffee moderately strong at breakfast, cereals such as oatmeal, et cetera. Avoid excess of pastries. Eat a small amount of fresh fruit just before retiring.

9—Medical gymnastic treatment.

General—If heart and lungs are sound, simple exercises for all the large groups of muscles taken once or twice daily.

Specific—

1—Stride stand, wing, trunk forward bend.

Starting with position shown in fig. 10, this movement is executed in two counts. On first count, the trunk is bent forward to angle of 45°, with head up and chest out, as shown in fig. 11.

2—Stride stand, rest, forward bend.

For this movement the position of feet is the same as above (fig. 10), and position of arms is shown in fig. 19. The

trunk bending is same movement described for exercise 1. Care should be taken to keep the elbows well back.

3—Stride stand, stretch, forward bend.

Starting position is shown in fig. 12. Position at end of first count is shown in fig. 13. Care should be taken to keep the arms in the line of the body and the back arched.

4—Stride stand, wing, forward-downward bend.

Starting position is shown in fig. 10. Movement is taken in two counts. Position at end of first count is shown in fig. 14. Care should be taken to keep the back arched, head up, and chest out.

5—Stride stand, rest, forward-downward bend.

Same exercise as No. 4, except that the arms are in rest position as shown in fig. 19.

6—Stride stand, stretch, forward-downward bend.

Same as exercise 3 (figs. 12 and 13), but with extreme downward bend as shown in fig. 14. An effort should be made to keep the arms in line with the trunk.

In all of the above movements the bend is made on count one and the body is brought back to the starting position on count two.

7—Stride ride sit, wing, trunk circumduction. Fig. 15. As complete a circumduction as possible should be taken in order to increase the alternate compression and relaxation on the colon. The movement should be taken slowly.

8—Backward lying, wing, left knee raising. Fig. 16. Knee should be raised as high as possible. Assistance may be given to advantage by pressure on knee.

9—Backward lying, wing, right knee raising.

Same as in exercise 8.

10—Backward lying, wing, alternate leg raising.

On count 1, left knee is raised, dropped on count 2, the right raised on count 3, and dropped on count 4.

11—Backward lying, wing, double knee raising.

Same as shown in fig. 16—except with both knees raised.

12—Backward lying, wing, left leg raising (fig. 17).

An effort should be made to keep the knee and ankle extended and to raise the leg as high as possible.

13—Same as exercise 12 except with right leg raising.

14—Same as exercise 10 except legs extended.

15—Backward lying, wing, double leg raising.

Same position as shown in fig. 17 with both legs raised instead of one.

16—Backward lying (toes under round of ladder or stall bars), wing, trunk raising.

Position at end of count one is shown in fig. 18. Care should be taken to keep head and elbows back while raising trunk.

17—Same movement as in exercise 16 with rest position of arms. (Fig. 19).

18—Same movement with arms in "stretch." Arm position shown in fig. 12. Keep arms in line with trunk.

All of these abdominal movements (exercises 8 to 18 inclusive) may be taken on a plinth as shown, on a mat, or across a bed. All are taken on two counts—the legs being raised on the odd count and dropped on the even.

19—Stride stand, wing, trunk bending to left and right.

Starting position shown in fig. 10. Position at end of first count shown in fig. 19 (except arms in "wing" instead of "rest"). Care should be taken that the knees are kept stiff and the bend made *straight to side* (not forward-sideways).

20—Stride stand, rest, trunk bending to left and right. Same as exercise 19 except position of arms as shown in fig. 19.

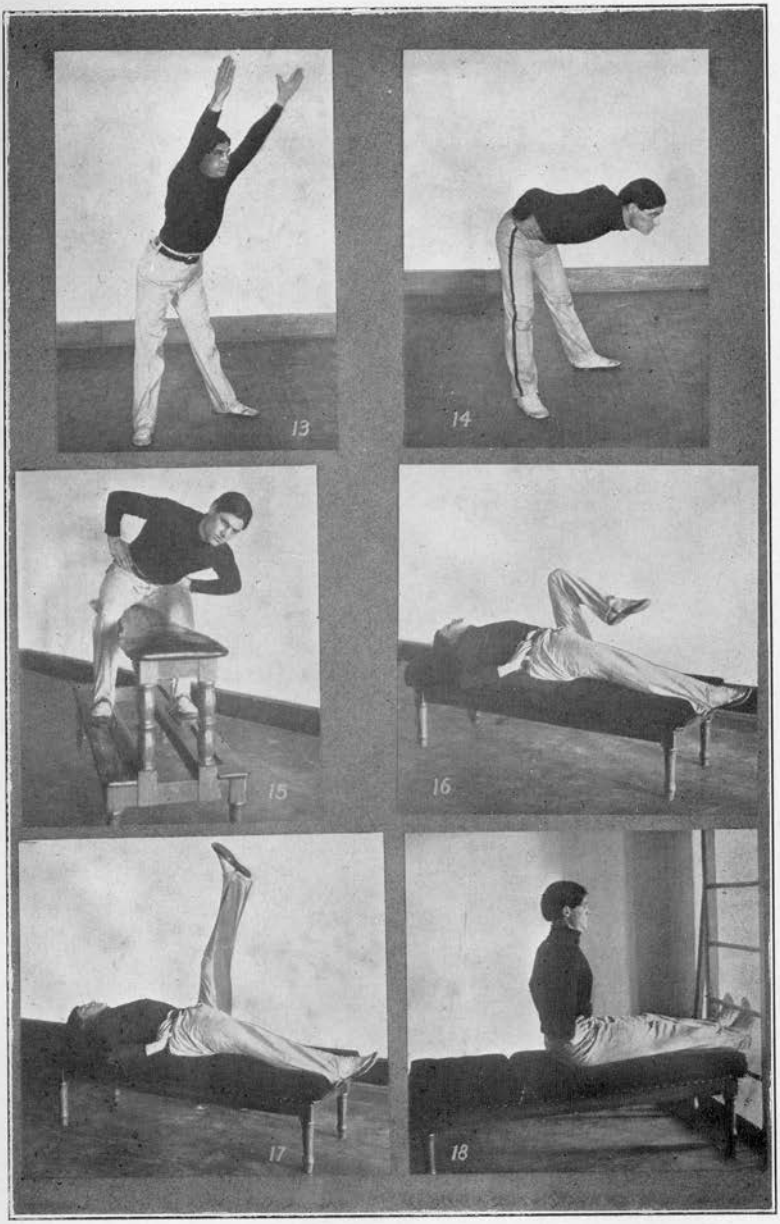
21—Stride stand, cross, trunk bending to right and left, starting position shown in fig. 20. Trunk bending to right as shown in fig. 21. Arms should be held at right angles to trunk.

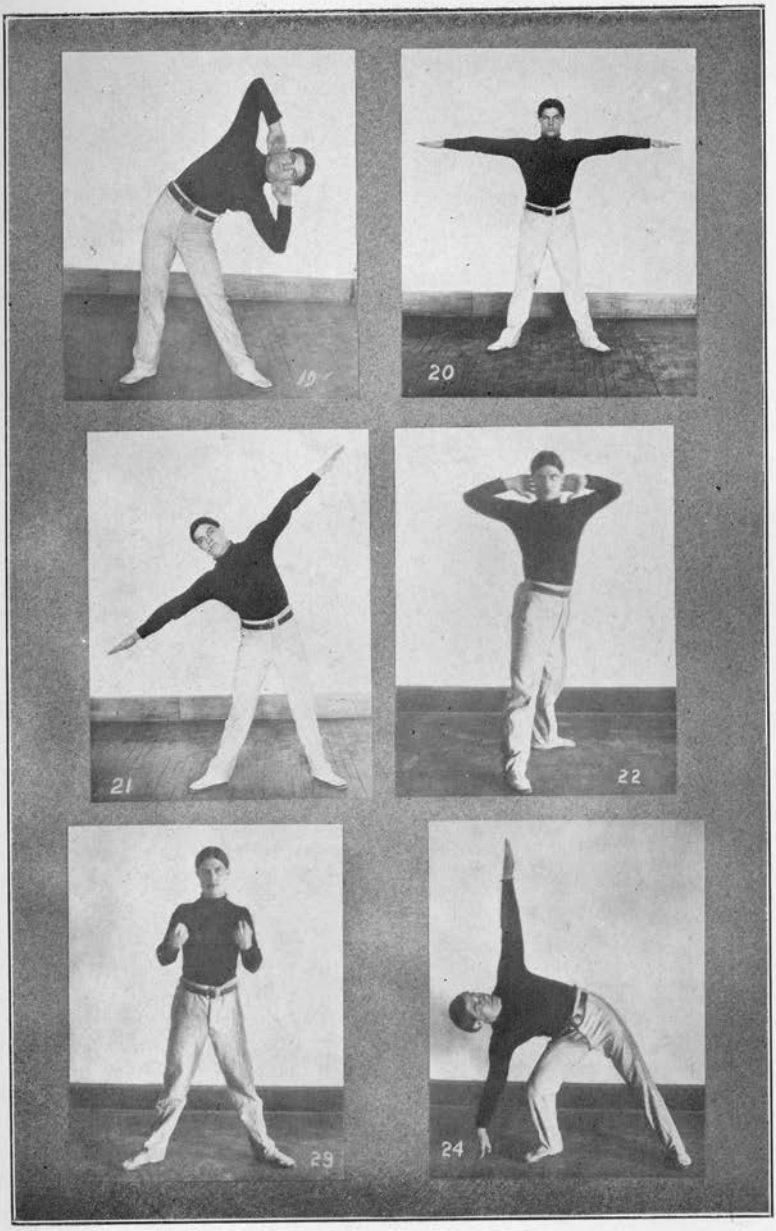
22—Same movement as exercise 21 with arms in "stretch" as shown in fig. 12.

23—Stride stand, rest, trunk turning to right and left. Starting position of feet shown in fig. 20; position of arms in fig. 19; at end of first count shown in fig. 23. The pelvis should not be turned, and the legs should be held rigid.

24—Same movement as exercise 23, with arms in "cross." Fig. 20.

25—Same movement as exercise 23, with arms in "stretch." Fig. 12.


13
14
15
16
17
18


19
20
21
22
23
24

26—Wide stride stand, clenched fists at chest, trunk bending to right, right knee bend, cross. Starting position in fig. 23. Position at end of first count shown in fig. 24. Care should be taken not to bend forward in this movement. Head should be turned so as to be able to see the upper hand.

All side waist movements (exercises 19 to 26, inclusive) should be taken alternate on either side of the body.

Treatment should be given daily—preferably either the latter part of the morning or afternoon. At first, treatment should be light, gradually increasing from day to day as the strength and condition of the patient will allow. Patient is instructed to perform the active movements, so far as possible, at home morning and evening.

ing in Omaha for many a day. No claim to the dignity of a medical college was put forth by the new school, either in name or in fact. It was not proposed to confer a degree. It was thought that persons, after having devoted themselves to the course offered here for one or more years, might be enabled to secure advanced standing in eastern colleges, and that as a matter of economy they would adopt such an arrangement. The third floor of the building now standing upon the southwest corner of Farnam and Thirteenth streets, known as the Hellman block, was rented, and there the work of the school was carried on.

Owing to the official position of Dr. Mercer as chief surgeon to the Union Pacific railroad, and that of Dr. Livingston as chief surgeon of the Burlington, the great majority of the physicians of Nebraska were personally known to one or other of these gentlemen. It was found that a sentiment favorable to the new enterprise was general, and in every way possible the profession of the state sought to lend it encouragement. The school opened as announced and was conducted according to schedule with an attendance of fourteen students.

There was no provision in the laws of Nebraska for the supply of dissecting material to medical institutions. Such material this new school was obliged to have and did have, but how it was obtained deponent saith not. Inexperienced as they were, these teachers seem to have done fairly good work. At any rate, at the close of the school in the spring, the students earnestly petitioned that a fully organized college be established in order that they might complete their course in Omaha. The faculty was greatly encouraged since their most sanguine hopes had been realized. Accordingly it was decided to advance. A company was incorporated,—the date of filing the articles of incorporation being June 21, 1881.

Two lots were purchased for the sum of $3,100 at the southwest corner of Mason and Eleventh streets, adjoining the property of St. Joseph Hospital. Upon this ground a building was erected in so expeditious a manner that it was ready for occupancy at the opening of the college in the following autumn. The cost of the building, exclusive of furnishing, was $4,266. This frame structure was the home of the college until 1894, though it was removed to the site of the present building in 1886. It was

demolished less than a year ago, having well performed that which was required of it. Drs. Moore and Mercer drew the plans of the building, and a record of the trustees states that they were instructed to have it painted a color "something like General Lowe's house." This was a dark shade of red. The trustees realized the necessity of enlarging the faculty materially. In this the greatest difficulty was experienced with respect to the chair of chemistry. After much effort Dr. James Carter, of Ottumwa, Iowa, was induced to locate in Omaha and undertake the work, upon condition of a guarantee of $50 per month. The faculty, during this first year, in addition to Dr. Carter, included R. R. Livingston, professor of principles and practice of surgery; V. H. Coffman, professor of principles and practice of medicine; G. B. Ayres, professor of anatomy, descriptive and surgical; S. D. Mercer, professor of clinical surgery; P. S. Leisenring, professor of obstetrics and diseases of women; G. H. Peebles, professor of diseases of children; J. C. Denise, professor of physiology; R. C. Moore, professor of materia medica; A. S. von Mansfelde, professor of pathology; Judge James W. Savage, professor of medical jurisprudence; H. P. Mathewson, professor of diseases of the mind; J. C. Denise, professor of ophthalmology and otology; W. S. Gibbs, demonstrator of anatomy. I find the following note in the official record of the trustees: "Omaha, October 10, 1880. The opening exercises of the college were held this evening, as per announcement, in the upper amphitheatre, J. C. Cowin delivering the address. The room was crowded with ladies and gentlemen, who afterward inspected the building with apparent satisfaction."

Did time permit, you would be interested in listening to some account of the many and varied incidents and difficulties encountered by the management of the college during this period of infancy, when experience was small and precedent wanting. Perhaps the most alarming difficulty met with related to the standing of the college in St. Joseph Hospital. As a sequel to an ancient professional feud it was discovered, when the first session was about to open, that the hospital staff would not permit clinical instruction to be given in the hospital. This appeared to be almost a death-blow to the enterprise. The difficulty was met by utilizing for hospital purposes a small house adjoining the hospital building, and the following year building an addition to the latter,

which doubled its capacity. On October 17 a proposition was accepted, providing that Mr. Brunner give one lecture per week in microscopy in lieu of his college fees while taking his medical course. Compare this with the extent of microscopic work required to-day. On November 11, Dr. Ayres presented the question of the coeducation of the sexes, the ladies having requested separate lectures in obstetrics. The following resolution was passed: "Resolved, that no distinction be made by the professors in their teaching on account of sex, and that the secretary be requested to so inform the lady students."

There were thirty-five matriculates the first session of this college. The graduating exercises were held at the college building with an entertainment the same evening at the Withnell House. Eight persons were graduated, among whom was F. D. Haldeman, honored as the valedictorian of his class. Dr. Haldeman is with us to-day, and who could more fittingly have been chosen to relate to us the history of the alumni of this institution?

I have thus placed before you as concisely as possible an account of the Omaha Medical College from its inception to the end of its first session. In considering its subsequent history permit me to call your attention first to its material affairs. The first alteration to be noted occurred in 1886. In May of that year a lot sixty-six feet wide, situated at the northwest corner of Twelth and Pacific streets, was purchased, and the building removed to that location. This removal was undertaken for the reason that a viaduct was about to be constructed on Eleventh street, over the railroads, and this would necessitate a deep cut both in Eleventh and Mason streets, and the home of the college would thus be left so high in the air as to be very uncomfortable. By an act of the city council in 1888, Twelfth street at this point was narrowed and the college enabled to increase the width of its lot to one hundred feet. In 1893 fifty feet of the eastern portion of the present building, with the exception of the fourth story, was erected, and in 1899 the building was completed to its present proportions. These several improvements were made as they became necessary to accommodate the growing needs of the college.

The business enterprises that can be conducted in this world without the expenditure of money are few and unimportant. Like

most medical colleges in this country, this one was organized and conducted as a stock company, and for years election to the faculty was contingent upon the purchase of a certain amount of stock in the corporation; and yet that condition was never permitted to depreciate the quality of the talent that was from time to time added to the teaching force. Many instances could be cited of applicants, possessing the requisite funds, being rejected because of deficient personal, literary, or professional qualifications. Changes in the teaching force have been many. They were relatively more numerous in the earlier years. Even a brief sketch of the work of every man who has been enrolled in the faculty you would find burdensome, and yet this would be no history of the college were their names omitted. I ask your indulgence while I simply present them as they pass in line before you.

Dr. Donald Macrae began his service in the chair of gynecology with the second session, and Mr. John C. Cowin began and ended his professorship of medical jurisprudence that year. In the fall of 1883 Dr. Ewing Brown appeared as demonstrator of anatomy. His honorable service to the college ends with the present session. The third course of instruction in medical jurisprudence was given by Hon. J. R. Williams, of David City. With that year (1884) began the work of Dr. L. F. McKenna in clinical medicine, which continued to the time of his death in 1900. Also Dr. L. J. Abbott, of Fremont, began a two-years service in the practice of medicine, and in the same year Dr. W. F. Milroy entered the faculty as demonstrator of anatomy. In 1885 Edward W. Simeral began a service of two years in the chair of medical jurisprudence, and Dr. M. B. Croll became demonstrator of anatomy. The following year presents no new name on the list. In 1887 we find the addition of J. E. Summers, Jr., in surgery; R. S. G. Paton, in chemistry; Joseph Neville in clinical surgery; O. P. Seward in medical jurisprudence; and F. S. Thomas in medicine. In 1888 were added W. J. Galbraith in clinical surgery, and M. A. Rebert as demonstrator of anatomy. The year 1889 gives us F. Martin Muller as professor of chemistry and H. L. Hewetson demonstrator of anatomy. In 1890 we witness the introduction of W. H. Christie in materia medica, H. C. Van Gieson in physiology, W. O. Bridges in clinical medicine, W. W. Keysor in medical jurisprudence, H. Gifford in bacteriology, and C. M. G. Biart in

dermatology. Dr. W. R. Lavender became demonstrator of anatomy in 1891, but otherwise there were no additions. The additions in 1892 were C. C. Allison in physiology, O. S. Hoffman in dermatology, A. F. Jonas in clinical surgery, George Wilkison in laryngology and otology, and H. M. McClanahan in gynecology. The fall of 1893 brought to the faculty W. J. Bell, in the chair of physiology, Sherman VanNess in gynecology, F. S. Owen in laryngology and rhinology, and E. E. Womersley as demonstrator of anatomy. Dr. Edward W. Chase in 1894 became professor of obstetrics. In 1895 were added Donald Macrae, Jr., in anatomy, H. B. Lowry in neurology, A. K. Detweiler and H. B. Wilson in physiology. The year 1896 brought B. B. Davis in surgery and A. A. Edmiston demonstrator of anatomy. In 1897 E. L. Bridges became demonstrator of histology and bacteriology and W. L. Curtis associate demonstrator of anatomy. In 1898 appear V. L. Treynor in physiology and A. C. Stokes in chemistry; also G. H. Bicknell assistant in ophthalmology and otology. In 1899 W. K. Yeakel became professor of histology, etc.; A. A. Peterson appeared in biology and embryology, J. M. Aiken in neurology, A. D. Cloyd in life insurance, Paul Ludington in anatomy, Reuben Robinson in materia medica and Louis Swoboda as clinical assistant in medicine. In 1900 J. C. Anderson entered the department of surgery; A. B. Somers, obstetrics; S. R. Towne, hygiene; H. P. Jensen, electro-therapeutics; George Mogridge, neurology; J. M. Tische, anatomy; W. H. Ramsey, anatomy; H. L. Lyman, obstetrics, and L. B. Van Camp, demonstrator of anatomy.

Without including a considerable group of names of those who acted, for a short period each, as assistants to the demonstrator of anatomy, I find the names of seventy-six persons who have been teachers in the school from its founding until the time of its affiliation with the University.

At the solicitation of the college the legislature of 1882-83 passed an act designed to furnish material for dissection for medical colleges, but the application of the new law created so great a commotion in the town that for a number of years after its passage it was considered expedient to adhere to the ancient method.

From the outset the sentiment governing the minds of those in control of the Omaha Medical College has been "Excelsior."

The qualifications for entrance and the duration of the course have uniformly been in advance of most western medical schools. Students have always been encouraged to devote as much time as possible to their medical education.

On July 30, 1883, the following resolution was adopted by the board of trustees: "Resolved, that all students who present themselves for admission to the college shall be required to pass a creditable examination in English, except those who hold satisfactory certificates or diplomas from literary schools or colleges." Very few schools in this country at the time this resolution was adopted paid any attention whatever to the literary attainments of their matriculates.

On September 22, 1882, a motion introduced by Dr. Moore was unanimously adopted by the board, to the effect that any student who had paid for two full courses in the college should be granted the privilege of attending a third course without charge.

During the early years of its history the number of students attending the college remained nearly the same. Later it steadily grew, reaching a maximum of 153 in 1901-2, which was the last year of the independent existence of the college. To the present time the institution has graduated 369 men and 20 women. Of these men two were negroes and one a Chinese. It was stated at the time of his graduation (1897) that Dr. Chan was the first Chinese to receive the medical degree from a college in the United States. Of these almost 400 people, and speaking for the college, I will only say, with the Mother of the Gracchi: "Haec mea ornamenta sunt," and permit my successor upon the program to relate their successes and their glories.

The relations of the college to the University are of so recent date that I shall not consume your time with their rehearsal.

A dozen men associated themselves for the founding of this school. They had among them no talent experienced in the profession of teaching, and yet without successful teaching they must fail. None of them was in opulent circumstances, and yet much money was required to conduct their enterprise, and that which they contributed represented their toil and sacrifice. No important affair goes forward unassisted. Many an hour of study and conference did this school, in its infancy, exact from its promoters.

Carlyle once remarked, "In every object there is inexhaustible meaning; the eye sees in it what the eye brings the means of seeing." What did the eyes of these men, the fathers of this school, "bring the means of seeing" in their offspring? The makers of human history have seldom seen the full results of their labors, nor was it possible for these men, a quarter-century ago, to do so. It is hardly possible that they hoped for financial gain from their enterprise. But in it they saw benefit to their profession in this region of the West, an honorable place for themselves in that profession, and thru the work of the college personal growth in professional attainment.

Let us uncover to these men of laudable ambition and of courage who thru faith "brought the means of seeing" the significance of the task they had set for themselves. We congratulate them today on beholding the growth of their imperfect product, which gropingly and with perpetual struggle against tremendous odds they piloted on its way, refusing to recognize failure or to lower their standards. Hardly could their eyes have brought the means of seeing their cherished object entering its second quarter-centennium an integral part of one of the greatest universities of our land, and having won recognition thruout the land as a scientific institution of the highest order. We congratulate you, gentlemen, and today our eyes seem to be given the means of catching a new glimpse of the inexhaustible meaning of your work.

We see in our great commonwealth a marvelous store of material, intellectual, and moral blessing for humanity. Of the intellectual our great University is her tangible exponent, her agent. No more potent element can be designated in her contribution of good to her citizens, now and in all time to come, than the protection of their lives from pestilence and their health from wasting disease. A member of this faculty who was graduated in 1865 met one of his teachers, the patriarch, Dr. N. S. Davis, shortly before his death. He asked the old professor: "Doctor, how was it that you were able in those days to educate us and equip us for the practice of medicine in two short sessions of five months each?" He replied, "The truth is, Doctor, the time was long enough for us to tell you about all we knew." Time was when the Omaha Medical College, like other similar institutions, was

able to offer the student everything comprised in the sum of medical knowledge. That time exists no longer. So tremendously has the field of medical learning expanded, within the lifetime of this school, that only the resources of a great University are adequate to cover it. By a process of perfectly natural evolution the Omaha Medical College has become annexed to the greater school, nicely fitting into and rounding out a corner that seemed to be awaiting it. Thus the state is enabled more perfectly to perform its proper function; thus the Omaha Medical College fulfils its destiny.

The Alumni of the College of Medicine of the University of Nebraska[1]

BY F. D. HALDEMAN, ORD, NEB.

As a medical student my attention was first directed to the study of the several bones forming the human skeleton. I was told that an intimate knowledge of the frame-work of the body was an indispensable auxiliary to an accurate understanding of the science and art of the practice of medicine. So in the preparation of this address, I began with a skeleton or outline structure and have endeavored to make it as presentable as the material at hand would permit.

My first course of lectures was taken at the medical department of the Iowa State University in 1879 and '80. The college about that time adopted a three-year graded course, which it recommended students to take, but continued to permit graduation after two terms of six months each.

I selected the three-year graded course, and after completing the first term came west to spend my vacation, fully intending to go back in the fall and continue the course. I had been a student of Dr. W. S. Gibbs before he located in Omaha, and upon his advice I matriculated in the new medical school which had recently been organized in this city. The faculty had rented two small rooms and a dark closet on the third floor of the Hellman block, at the corner of Thirteenth and Farnam streets. The lecture room was about twenty feet square and was furnished with a second-hand stove, a dozen common chairs, and a small wooden table. The dissecting room was, perhaps, about ten by twelve feet in dimensions, and there was a six by eight foot closet across the hall from this, in which was kept the box containing the material for dissection. The janitor and his wife, who were medical students, lived on the same floor and occupied the remaining three rooms.

[1] Read at the Quarter-Centennial Celebration, Omaha, May 23, 1906.

It was the first week in October, 1880, when Dr. R. R. Livingston came up from Plattsmouth and delivered the introductory lecture which marked a new era in the medical history of this state. In the beginning of his address the doctor, among other things, stated that "the faculty did not propose to foist young men upon the public as accomplished physicians and surgeons—it merely proposed to impart instruction that would place its pupils high in the scale of professional knowledge when examined by the faculties of any graded medical school in the Union. Should the patronage which the enterprise deserved be bestowed upon it by the young gentlemen of Nebraska and immediate vicinity it would then be time enough to determine whether or not the faculty would grant diplomas." He stated for our encouragement, "That in any such event full credit would be given for the knowledge obtained by attendance on the courses of the school."

As I am supposed to speak of the alumni of the University of Nebraska I will tell you something about the class of 1882, of which I was a member. Our faculty was composed of an even dozen instructors, some of them occupying several chairs, or it might be called a settee of professorships. It is interesting to note in this connection that your present class of students has fifty-nine instructors. Our course of chemical lectures was very entertaining and not wholly uninstructive. But however crude the work, there was left in our minds a memory of startling precipitations, of pleasing changes of color, of alarming explosions, and, above all, of odors innumerable and indescribable.

Our greatest difficulty was that of obtaining sufficient material for the practical study of anatomy. The pursuit of this vitally essential branch of professional knowledge was carried on in the face of numerous obstacles. Popular prejudice made the study embarrassing and even dangerous to those engaged in it. No provision had been made by our statutes for obtaining or supplying the needs of anatomical instruction. It was a difficult matter, not only to secure the material, but equally perplexing to dispose of it without attracting attention and thus doing wrong to those natural sensibilities which are always to be respected. About three months after the school was organized a case of grave robbery occurred at the Prospect Hill cemetery. Suspicion pointed to the new medical college, a search warrant was issued, the

school closed, the doors sealed and placed under guard. The center of attraction was the dissecting room, which was known as room 20. A brother of the deceased arrived from Iowa and with several friends examined the partially dissected bodies found, but they were unable, of course, to identify either of them. While neither of the bodies discovered was recognized, yet the fact remained that a body had been dragged from its last resting place and was, in all probability, then hidden somewhere about the city. After a few days the excitement which the affair created blew over and the school resumed work, there never being, so far as I know, a sequel to the affair.

After the first year the faculty, finding their experiment a success, incorporated the school, which enabled them to grant the degree of doctor of medicine and to be recognized by other reputable colleges. Two lots were purchased near the old St. Joseph Hospital on Mason, near Eleventh street, and a new college building erected in time for the regular session of '81 and '82. The faculty made arrangements with the hospital authorities, so that we were permitted to examine patients and witness operations there. The college started out with a class of about twenty. Everything ran along smoothly enough until the time came for final examinations, when three were plucked out of a class of eleven. The commencement exercises were held at the college building Wednesday evening, March 22, 1882, and a banquet was given by the trustees and faculty at the Withnell house. The exercises opened with the conferring of degrees by the president of the board of trustees upon the following gentlemen: Robert Monteith, James E. Hadley, Edward Diedrich, Werner Hemstead, Hugh H. Norris, George V. Ellis, James W. Search, and F. D. Haldeman. A valuable gold medal was presented by Professor George B. Ayres to Charles F. Webb. The medal was a heavy one and beautifully engraved. On one side were a skull and cross-bones within a laurel wreath with the inscription, "Awarded March 22nd, 1882, to Charles F. Webb for best anatomical work." On the reverse side was written "Omaha Medical College, session of '81 and '82." The presentation speech was made by Professor Ayres and honorable mention made of Hugh H. Norris and George V. Ellis. A prize of fifty dollars was awarded to F. D. Haldeman by Dr. Luther J. Abbott, of Fremont, for the best report of clinics held

during the session. An able address by Professor R. R. Livingston closed the exercises, after which the faculty and students adjourned to the banquet. The banquet was an elegant affair, and the different courses included all the delicacies that the market afforded. After the first two courses were finished Professor R. C. Moore as toastmaster introduced James E. Boyd, the mayor of the city, who responded by reading a well-written address, which contained much good practical advice to the young physicians present.

Professor W. S. Gibbs responded to the sentiment, "The Omaha Medical College," in a very pleasing manner. The other speakers of the evening, I believe, were Professors S. D. Mercer, P. S. Leisenring, Victor H. Coffman, and Dr. L. J. Abbott.

All members of the class of '82, except J. W. Search, left Omaha immediately after school closed, and from that time to the present I have never met one of them, with the exception of Search and Hadley, who were present at the '83 commencement exercises. I have heard from about all of them from time to time, and believe they have been uniformly successful in their practice. It is, after all, the man more than the school that makes the successful physician.

A few weeks ago while in California, I had the pleasure of meeting Dr. P. S. Leisenring, our old professor of obstetrics, who is practicing at San Diego. He has been until recently city physician there, but owing to a change in the administration his resignation was called for. Dr. Alice Huff Crandall, an '83 alumna, is also located in that beautiful city by the sea. Dr. H. H. Norris, of the '82 class, has recently been on the Pacific Coast looking for a location, but I do not know what place he selected.

With the graduation of the class 1882 begins the history of the alumni of this University. The time would fail me if I attempted to do justice to the memory of even a small per cent of the four hundred graduates who learned wisdom here. Many are numbered among the most successful and prosperous practitioners of this and neighboring states, and not a few of them have risen to positions of honor and trust.

The following year we organized an alumni association and elected J. W. Search president; Miss G. A. Arbuckle, vice-president; J. E. Hadley, recording secretary; F. D. Haldeman, treas-

urer; N. D. W. Brothers, corresponding secretary; G. F. Lloyd, librarian; L. R. Markley and J. Williams, counselors.

The graduates of '82 numbered eight, of '83, seven, and '84 four. The fourth and fifth years witnessed a gradual growth in the membership of the class, the faculty continued to do good work, and none were permitted to graduate who were not well qualified.

A class of seven was graduated at the sixth annual commencement. Their final examinations were conducted by a committee appointed by the State Medical Society. The members of that committee were M. W. Stone of Wahoo, Charles Oxford of Scribner, and myself. Doctor Stone and I came to Omaha a few days before the end of the term, the faculty turned the class over to us, and we gave them a rigid examination in all of the branches. I believe this was one of the best classes the college ever sent out. The faculty seemed determined to make the school a first-class one in every respect, giving the students the same advantages found in other localities. Professor R. C. Moore, president of the board of trustees, conferred the degree of doctor of medicine upon the following graduates: Joseph Blickinsderfer, Charles B. Dittebrandt, James W. Frazier, Miss Louisa Frese, Daniel Chapin Gibbs, H. Seymour McGavren, and Paul E. Norwood.

An Alumni Medical Society was organized in May, 1902, and the first annual meeting held the following October. The officers elected at the first meeting were Dr. George Mogridge, president, and George H. Bicknell, secretary

There is something strangely interesting in the contrast between the beginning of this medical college and its present grand proportions. Recollections and hopes crowd upon us. The past and the future are at once brought close to us. Our thoughts wander back to the time when it was organized, and forward to the time when those who are now being taught will be the guides and teachers of our posterity. All honor to the founders of this institution of learning. They well deserve the respect and gratitude of both the present and of the future generations.

At such jubilees as these it is natural, it is good, that we should review its annals, should retrace the stages of its growth from infancy to maturity, and should try to find in the experience of years which pave passed away lessons which may be profitable in

the future. I trust that when twenty-five years more have run out this school will still continue to deserve well of our state and of mankind. I trust that the graduating exercises of 1931 will be attended by a still greater assembly of students than I have the happiness now to see before me.

The assemblage, indeed, may not meet in the place where we have met. These halls may have disappeared, but tho the site and the walls may be new, the spirit of the institution will, I hope, be still the same. Our successors will, I hope, be able to boast that the second quarter-century has been more glorious than the first. They will be able to vindicate that boast, by citing a long list of eminent men, masters of their specialties and ornaments of the profession. They will, I hope, mention with high honor some of our young friends who now hear me; and they will, I also hope, be able to add that their talents and learning were not wasted on selfish or ignoble objects, but were employed to promote the physical welfare of their fellow men.

The union of the Omaha Medical College and the State University is a step in the direction of higher medical education. The power of granting the doctor's degree without any control from a university or from the state is a main reason in this country for the lack of uniformity in medical education, for the enormous number of medical schools beyond all the necessities of the community, and for the ease with which medical degrees can be obtained. The faculty of this University is to be congratulated that the alumni are up to the present high standard. Knowing well the past history of this college, I look to the future with confidence, doubting not that in the second quarter-century upon which it has now entered, the progress will be as much beyond our conception as is the realization of today beyond the thoughts of the original founders. I find there is no lack of genuine college spirit here, and to those alumni who take an interest in their alma mater, the present high standard of the school is a matter of considerable pride. I have now given utterance to a part, and to a part only, of the recollections and anticipations of which, on this festive occasion, my mind is full.

In closing pardon me if I suggest to you, who have recently graduated, that as medical men, wherever you may locate for the practice of your noble calling, put yourselves in close touch with

the general and local profession, and as you may freely receive, freely give. Take your places as members of the profession, that embraces all the good men and true who are advancing medicine and benefiting mankind.

I bid you God-speed.

THE BULLETIN

OF THE

UNIVERSITY OF NEBRASKA

COLLEGE OF MEDICINE

HENRY B. WARD, Dean, Lincoln HAROLD GIFFORD, Associate Dean, Omaha

THE BULLETIN is published quarterly in January, April, July, and October, by the University of Nebraska, at Lincoln, Nebraska

Single numbers of the BULLETIN may be had for 50c each. Complete volumes or subscriptions by the year $1.00

All communications relating to THE BULLETIN should be addressed to DR. A. E. GUENTHER, Station A, Lincoln, Nebraska

THE PROGRESS OF THE COLLEGE

The initial number of the BULLETIN commented editorially on the final decision of the Board of Regents to raise the entrance standard of the College of Medicine to 32 points, or 16 units, and the purpose to advance this limit at an early date so as to include one full year of college work. This intention was first made public in the annual announcement of the College of Medicine issued in May, 1905. It was especially noteworthy, since by it for the first time was set in the West a higher entrance standard than the four-year high school course. Now the faculty has voted to recommend that the more advanced requirement go into effect with January 1, 1908. This means clearly that the course of study for the future doctor shall be five years above the four-year high school. The first year will be practically that of the six-year combined course, being devoted to German, chemistry, physics, and animal biology, with three hours of elective work. This combination has been offered by the University of Nebraska for many years and recommended to all prospective medical students who could not take the six-year course. It agrees precisely with the

work laid down for an ideal initial year by the Council on Medical Education of the American Medical Association. In the future we shall urge it upon the student with fuller confidence, and as already stated, after January 1, 1908, it will be a required preliminary for the four-year course.

Two points of some importance should be noted in connection with the proposed advance. The initial year, if taken at the University of Nebraska, is not subject to the fees of the professional course, but demands only the moderate charges for laboratory expenditures of the general scientific course. Secondly, the work may be taken at any college of standard entrance requirements, provided the work outlined above is carried successfully. There are many colleges which cover the introductory work noted in eminently satisfactory manner, and in such cases the student with proper credentials will be entered directly into the first year of professional work in medicine.

It is the unwavering purpose of the Board of Regents, the Chancellor, and the faculty to hold the College of Medicine in the front rank of professional institutions, to offer exceptional facilities for training in modern medicine here, and to train the future leaders in medicine so that they may be the equals of any in our country. We are confident that this movement will command the loyal support of every alumnus and of every friend of the University.

COLLEGE NOTES

Dr. A. E. Merkel, '05, is said to be in Berwick, Iowa.

Professor Willard visited Grinnell during the holidays.

Dr. H. H. Waite spent the Christmas vacation in Ann Arbor, Michigan.

Dr. Jay C. Decker, '04, of Belleville, Kansas, was recently married in Denver.

It is reported that Dr. Hector J. MacArthur, '04, is now situated in Murdock, Nebraska.

Mr. E. Fritz Slagle, who was a medical student during the first semester of 1906, visited the University in October.

Dr. H. S. Garland of the class of 1905 visited the University during the past month. Dr. Garland is now located at Reno, Nevada.

Dr. Frank V. Gates, '04, who has been situated in Glidden, Iowa, for the past two years, writes that he has no reason to regret the choice of his location.

Dr. Harry Harding Everett, instructor in surgical pathology, has just returned to Lincoln after an absence of two months spent at Johns Hopkins in study and investigation.

Dr. Oliver Chambers, class of 1903, of Rock Springs, Wyo., has recently been appointed division surgeon of the Union Pacific R. R. He is also city physician of Rock Springs.

Dr. Charles E. Stevenson, of Sheridan, Wyoming, stopped off in Omaha recently on his way from Indianapolis, where he had been for the purpose of escorting a morphine habitué to the asylum.

Dr. Nicholas Senn, of Chicago, has accepted the invitation to deliver the commencement address of the College of Medicine this year. He will speak on the subject, "The Choice of a Profession."

Dr. Thomas Truelson writes from Vienna that he is having a pleasant and profitable time. He will remain about a year and is devoting his time chiefly to the study of diagnosis and internal medicine.

Dr. W. L. Hummer, '04, writes in a recent letter, "I had a very slow beginning, but for the last year one team could not do my work, and for the last three months two teams could not begin to handle the driving, and I keep good horses, too. I believe it is due to sticking closely to business."

The College of Medicine has been invited to join the International Association of Medical Museums and to send a representative to its meeting to be held next May in Washington. Membership in the association has been accepted, but the delegate is not yet decided upon. This affiliation will mean important additions to the new museum, which will be appreciated by both instructors and students.

The publication committee of the BULLETIN is making an effort to keep on file a complete list of all the alumni of the College of Medicine together with their addresses. All friends of the College who can give information concerning the following members of the classes of 1903 and 1904 are urged to communicate with Dr. A. E. Guenther, Station A, Lincoln.

A. L. Bartlett, '03; Geo. A. Alliband, '04; Roscoe Campbell, '04; F. W. Karrer, '04; J. A. Meisenbach, '04; H. G. Penner, '04; A. B. Stuart, '04.

Dr. Robert C. Panter, '04, and Miss Agnes Jack, both of Dorchester, Nebraska, were married Wednesday, October 24, 1906. A two-weeks wedding trip was spent in Colorado.

Dr. I. S. Trostler, '04, of Orleans, Nebraska, recently returned from a month's absence in Maine and Massachusetts. While in Maine he was married to Miss R. Luce, of Norwood, Mass.

On November 6, 1906, at Parker, South Dakota, there took place the marriage of Dr. Charles C. Morison and Miss Nancy Howard. Dr. Morison was a member of the class of 1903 and at present is on the surgical staff of the College of Medicine. Dr. and Mrs. Morison are located at 2816 Sherman avenue, Omaha.

The classes of 1907 and 1908 of the University of Nebraska Medical College in Omaha gave a reception and dancing party to their faculty on Friday evening, December 14, 1906, at the college hall, 12th and Pacific streets. The hall was beautifully decorated in scarlet and cream, the college colors. Dr. and Mrs. Milroy chaperoned the party and led the grand march.

On December 1, 1906, the Demonstrator's Association of Nebraska met in Omaha in business session, when it was decided to enlarge the scope of the organization by investigating the distribution of subjects in the state and by holding formal public meetings. The next meeting is to be held in Lincoln during the first week in February. Dr. Robert H. Wolcott is secretary and treasurer of the association.

The Medical Society of the University of Nebraska is continuing the policy inaugurated at the beginning of the collegiate year of giving students the opportunity of hearing addresses of general medical interest. The past speakers were Dean Ward on October 6, on "Alaska"; Dr. H. Winnett Orr on November 17, on "The Physician of 1925"; and Dr. Palmer Findley on November 24, on "The Mythology of Obstetrics." Doctors Bicknell, Jonas, Jewett, Christie, and Poynter have consented to speak in the near future. It is the purpose of the program committee to give a reception and dance at the end of the first semester.

Putnam's Magazine for January contains an article by Dean Ward discussing, from the standpoint of physical anthropology, the ancient human bones recently unearthed by Mr. R. F. Gilder near Omaha. The find is also described by Professors Barbour and Ward in a bulletin of the *Nebraska Geological Survey*. The discovery is perhaps the most important one concerning early man yet made in the United States, and is under sharp discussion in scientific circles as well as in the daily press. Professor Barbour's thesis that the remains are indubitable loess fossils seems likely to win in spite of some hostile criticism. Great credit is due him and Mr. Gilder for their work.

The following quotation from the *Daily Nebraskan* of December 15, 1906, is perhaps the most important news item the BULLETIN has to offer: Dr. Henry B. Ward, Dean of the College of Medicine, who recently received two offers from other institutions to positions of large influence and responsibility, has decided to remain at Nebraska. Dr. Ward has been one of the faculty of the University of Nebraska for fourteen years, and the pressure brought to bear upon him by his numerous friends is in the main responsible for his determination to remain in Lincoln. Dr. Ward has had many opportunities to accept positions of prominence in other institutions since he came to Nebraska, but he has been consistently faithful to his first love, for which a host of his friends are exceedingly thankful.

The but little known organization in Lincoln, known as the Pathological Society, is exerting a most valuable and stimulating effect upon its members. At the first meeting of the year held at the new residence of Dr. Orr on October 19, 1906, Dr. Ward succeeded Dr. Mayhew as president of the society. Dr. Harry Everett is permanent secretary. At the second meeting Dr. R. G. Clapp presented a paper on the "Relation of Medical Gymnastics to Medicine." This paper appears in the present issue of the BULLETIN. At the third meeting Professor Willard discussed the more recent aspects of the comparative study of the central nervous system, and at the fourth meeting Dr. Lyman took as his subject the teaching of experimental therapeutics.

The College of Medicine was represented at the New York meeting of the American Association for the Advancement of Science by Dean Henry B. Ward and Professor A. E. Guenther. Dr. Ward took as the title of his vice-presidential address, "The Influence of Parasitism on the Host," and by invitation participated in the discussion on "Protozoa as Factors in Disease" held by the section of physiology and experimental medicine. He also reported to the section of anthropology the results of investigations on the recently discovered Nebraska loess man made conjointly with Professor Barbour, head professor of geology at the University of Nebraska. Dr. Guenther participated in the meetings of the association and also of the American Physiological Society.

The medical care of the Tinley Rescue Home is now exclusively in the hands of the obstetrical department of this institution. This Home exists for the benefit of unfortunate girls and women. It occupies a steam-heated building, equipped with modern conveniences. It has a capacity of fifty beds. Patients who come here for their confinement may feel assured of the protection of all modern scientific safeguards. It is the hope of the College of Medicine that all alumni will keep this excellent institution in mind. When a case is encountered requiring the privileges of such a retreat, they will confer a favor upon the college and also upon their patients by sending them here. Individuals who so desire may be completely isolated. Provision may be made for the adoption of infants by the Home. For further information address the superintendent at 4th and Bancroft streets.

On the evening of December 21, in the parlors of the Lindell hotel, there was installed in the College of Medicine, Beta Epsilon chapter of Nu Sigma Nu medical fraternity. The installation was conducted by Dr. H. E. French of the Northwestern University Medical School and Dr. H. J. Prentiss, head of the department of anatomy and histology of the University of Iowa. The charter members are: Of the faculty, Drs. R. A. Lyman and L. B. Pilsbury from Lincoln and Chas. W. Pollard and R. H. Hollister from Omaha. Student members are M. B. Wyatt, C. W. Willis, F. H. Morrow, H. A. Taylor, B. B. Miller, G. W. Prichard, H. P. Wekesser, and G. W. Sullivan of Omaha; and Dr. Alfred Peters, L. B. Sturdevant, C. P. Fordyce, A. T. Charlton, C. A. Neumann, and C. F. Charlton of Lincoln. Members of the faculty who hold membership in other chapters are Drs. H. H. Waite, J. M. Mayhew, and H. J. Lehnhoff, of Lincoln, and Palmer Findley, Alfred Schalek, and R. W. Bliss, of Omaha.

FACULTY OF THE UNIVERSITY OF NEBRASKA — COLLEGE OF MEDICINE
(THE 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.
CHAS. W. McC. POYNTER, M.D.
WILLIAM ALBERT WILLARD, A.M.
FRANKLIN DAVIS BARKER, A.M.
JOSEPH HORACE POWERS, PH.D.

Bacteriology and Pathology

HERBERT HAROLD WAITE, A.M., M.D.
HARRY HARDING EVERETT, M.D.
LAWRENCE B. PILSBURY, A.B., M.D.
CLARENCE EMERSON, B.S.
RODNEY W. BLISS, B.S., M.D.

Chemistry

SAMUEL AVERY, PH.D.
BENTON DALES, PH.D.
MARY LOUISE FOSSLER, A.M.

Dermatology and Genito-Urinary Diseases

ALFRED SCHALEK, M.D.
ARTHUR CHARLES STOKES, M.D.

Gynecology

PALMER FINDLEY, A.M., M.D.
NORA M. FAIRCHILD, B.S., M.D.
NOBLE S. HEANEY, A.B., M.D.
ALFRED JEFFERSON, M.D.

History of Medicine

HIRAM WINNETT ORR, M.D.

Hygiene and State Medicine

SOLON RODNEY TOWNE, A.M., M.D.
RAYMOND GUSTAVUS CLAPP, M.D.
CAPT. T. L. RHODES

Laryngology and Rhinology

FRANK STYLES OWEN, M.D.
WILLIAM PENALUNA WHERRY, M.D.

Medicine

WELLINGTON SMITH GIBBS, M.D.
WILLIAM FORSYTH MILROY, M.D.
WILLSON ORTON BRIDGES, M.D.
OSCAR SAMUEL HOFFMANN, M.D.
VERNON LAWRENCE TREVNOR, M.D.
AUGUSTUS DAVIS CLOYD, M.D.
ALFRED OLAF PETERSON, A.M., M.D.
JAMES SAMUEL GOETZ, M.D.
THOMAS TRUELSEN, M.D.
JAMES MILLS MAYHEW, A.M., M.D.
PAUL HAGANS LUDINGTON, A.B., M.D.

Mental and Nervous Diseases

RICHARD CHANNING MOORE, M.D.
JOSEPH MELANCTHON AIKIN, M.D.
GEORGE MOGRIDGE, M.D.

Obstetrics

ANDREW BARTHOLEMEW SOMERS, M.D.
CHARLES WHITNEY POLLARD, A.B. M.D.
MATTIE CLARKE ARTHUR, M.D.

Ophthalmology and Otology

HAROLD GIFFORD, B.S., M.D.
HENRY BASSETT LEMERE, M.D.
FRANK W. DEAN, M.D.
GEORGE HAMLIN BICKNELL, M.D.
JAMES McDOWELL PATTON, A.M., M.D.

Pediatrics

HARRY MONROE McCLANAHAN A.M., M.D.
BURTON WHITFORD CHRISTIE, B.Sc., M.D.

Physiology and Pharmaco-Dynamics

RUFUS ASHLEY LYMAN, A.M., M.D.
AUGUST ERNEST GUENTHER, PH.D.

Therapeutics

WILLIAM HENRY CHRISTIE, M.D.
DANIEL FRANCIS LEE, B.A., M.D.
HANS PETER JENSEN, M.D.

Surgery

DONALD MACRAE, M.D.
AUGUST FREDERICK JONAS, M.D.
BYRON BENNETT DAVIS, A.B., M.D.
DONALD MACRAE, JR., M.D.
ALFRED ONIAS HUNT, D.D.S.
ROBERT R. HOLLISTER, A.B., M.D.
ELMER JAMES UPDEGRAFF, M.D.
AARON WELCH EDMISTON, M.D.
H. J. LEHNHOFF, A.B., M.D.
CHARLES CAMPBELL MORISON, A.B., M.D.
CHARLES AARON HULL, M.D.

The University of Nebraska

LINCOLN

Attendance for year ending June 1906—2914

College of Law

A three-year course. No extra tuition charged non-residents. Graduates of this college are admitted to practice without examinations.

Graduate School

Graduate work in forty departments. Excellent library facilities and good scientific laboratories.

College of Medicine

The attention of all college students is directed to the combined six-year course in medicine which leads to the degree of Bachelor of Science in four years and to the degree of Doctor of Medicine two years later.

Four years are spent in the scientific laboratories at Lincoln where, with special equipment, teachers of training who devote their entire time to the thorough preparation of the students in those scientific branches on which medicine depends. The only basis for understanding modern medicine.

The last two years are taken in Omaha where the leaders in the medical work of the West give the students personal instruction in small sectional clinics. Hospital facilities are extensive, material abundant in all fields. The students are brought in close touch with the actual cases.

This combination gives opportunites unequaled in the West. Standards are high, instruction is thorough. Every student has a chance to prove his worth.

Expenses are moderate as the fees are low for a school of this grade, and living is reasonable.

Teachers who can attend but a year or even a semester may do so with extreme profit.

Write for catalog and further information.

THE REGISTRAR,
The University of Nebraska,
Lincoln, Nebraska.