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The Pulse, Volume 06, No. 8, 1903

University of Nebraska College of Medicine

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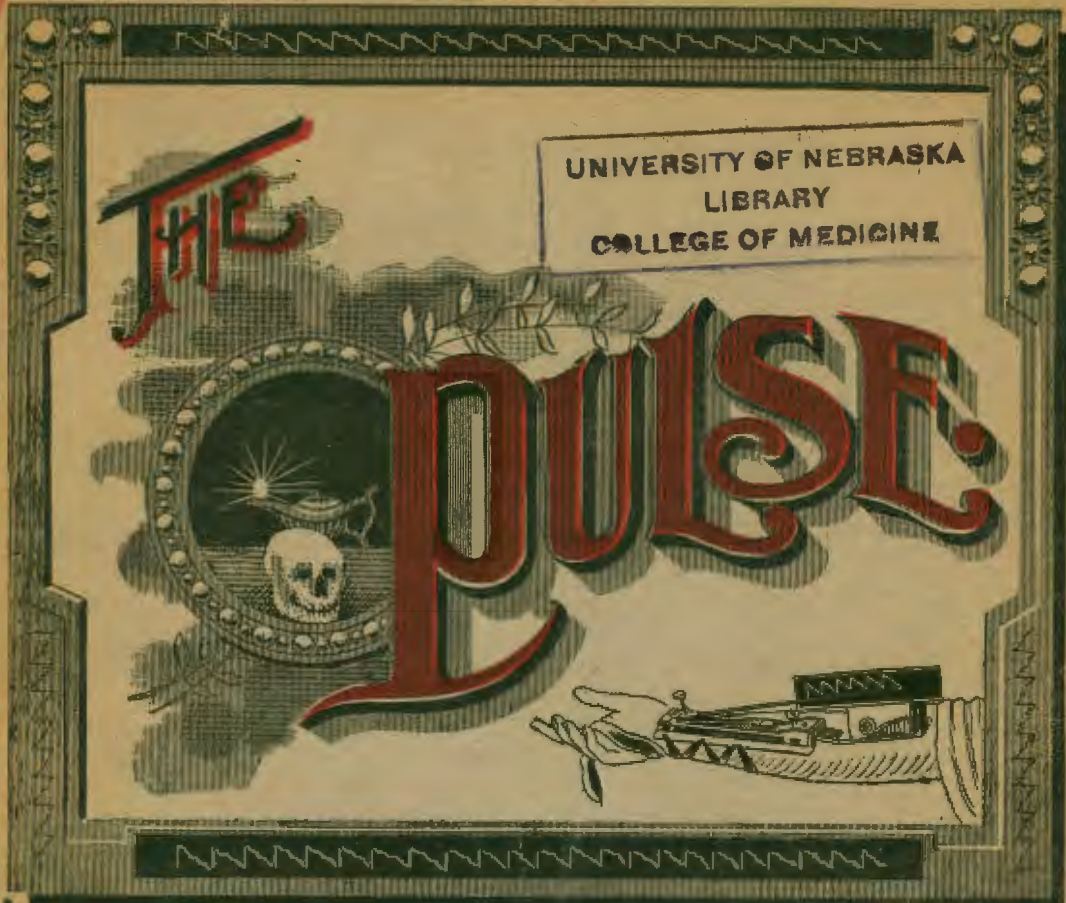
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Official Journal College of Medicine, University of Nebraska,
 OMAHA, NEB.

VOL. VI.

APRIL, 1903.

NO. 8.

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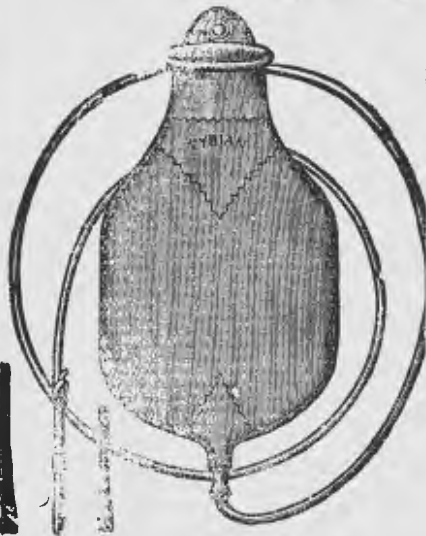
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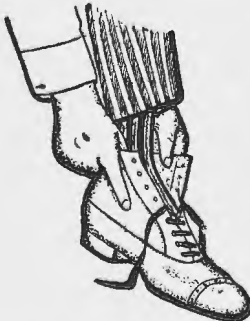
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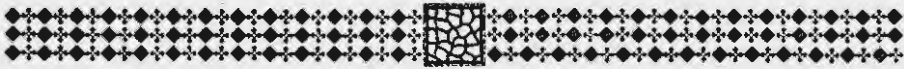
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A. C. STOKES, M. S., M. D.

THE PULSE.

VOLUME VI

APRIL, 1903

NUMBER 3

THE TONIC DOSE OF MERCURY IN SYPHILIS.*

A. C. STOKES, M. S., M. D.

Professor of Genito-Urinary Surgery, in College of Medicine,
University of Nebraska.

The drugs commonly used in the specific treatment of syphilis are Mercury and its compounds, the iodides of Sodium Potassium Strontium, or Calcium. The former exercise more influence on the early symptoms than the latter; the iodides possess a controlling power over the gummatous deposits while mercury affects more directly the toxaemia itself.

It is an interesting fact to note how often in the history of medicine Hg. has been accused of untoward results. Crusades have been preached against its use. Various forms of drugs have been used in treatment of syphilis from iron and copper to Indian tea and Hood's Sarsaparilla and all have had their ardent advocates, both in the profession and among the laity. Papers have been written and books published endeavoring to obtain a more simple and shorter road to the cure of syphilis. Still the profession pin their hopes to Hg. and the iodides, and the only question remaining is how shall they be given.

How shall mercury be given with the greatest efficiency in the cure of the disease and the least harm to the patient. Syphilis is itself a self-limiting disease, and has many atypical forms. The so-called tertiary lesions are perhaps better considered as sequellas than complications. Lang & Neuman have shown that an inunction of one-sixth of a gr. of the Oleate of Hg. will be discovered in the urine in from twenty minutes to one-half hour that traces of Hg. may be found in the urine for as long as five to ten days from one inunction and from a course of Hg. of two or three years' duration traces of Hg. may be found in the urine from five to fifteen years after. It is also found in foeces, blood, and tissues during this time. The exact chemical condition of

*Read before the Alumni Medical Society meeting in Omaha, Oct. 15, 1902.

the Hg. during its stay in the body is a matter of much conjecture, and little is known regarding it.

The dose of Hg. may be divided into two kinds, viz: (a) Toxic, (b) Tonic dose. I think this point worthy of some discussion. The general impression seems to be that if a little mercury is good, more is better on the same principle that if one piece of pie is good two pieces are better. Unfortunately the toxic dose of Hg. is as variable as the toxic dose of any other drug and no general rule can be found to regulate the amount except the giving of Hg. until slight toxic symptoms are produced as colicky pains of protoiodides or bichloride, or the salivation of the inunction.

Keys lays down the following rule which we have followed with good results. We start with one granule of one-sixth gr. of protoiodide or one-half grain of Blue Mass or one-thirtieth gr. of Hg Cl. for the first three days; four granules the next three days—1, a. m. and 2, m. and 1, p. m.; five granules the next three days—1, a. m. 2, m. and 2, p. m.; six granules the next three days—2, a. m. 2, m. and 2, p. m.; seven granules the next three days—2, a. m. 3, m. and 2, p. m.; and so on until toxic symptoms are produced, such as watery stools two or three a day, or the gums begin to show signs of salivation. Ordinarily one cannot pass above nine one-sixth grs. of Protoiodide daily, when at the same time inunctions are being used. This is a full dose of Hg. and it is now recorded the exact number of pills used and the inunctions also used. The dose is then cut exactly in two and we have the tonic dose of Hg. This dose may be taken for years without harm. Schlesinger in his famous essay has shown that dogs and rabbits can live upon this dose of mercury for years and grow fat, even in confinement, and at the end of two years, upon being killed, a dog showed no signs of pathology attributable to the mercury. Keys has shown that tonic doses of mercury increase the number of red blood corpuscles in people not suffering with syphilis, as well as those infected with the disease. We invariably find in syphilis a reduction in red corpuscles, and it is therefore plain that Hg. in this instance acts as a tonic. This idea has met with opposition from Germany and from America. The teaching being that in order to control and cure a syphilitic it is necessary to give Hg. to the point of toxemia. In many of the American clinics this

treatment is now being followed with apparently good results. An exacerbation of symptoms may occur during a course of mercury given in this form. When such a condition obtains it is well to increase the dose to the toxic point and hold it there until the symptoms begin to disappear. This does not often happen after the first twelve months and they usually yield to the increased dose much easier than they yield to increase full dose when given through whole course when they are nearly as likely to occur.

The inunctions of Hg. are always used together with the internal treatment. We start with one-sixth ounce of Oleate of Mg. or Vosogen Hg. and apply it to a certain area of the body, containing least hair possible. It is rubbed in for twenty minutes each evening after a prolonged hot bath. This is repeated for six evenings and on the seventh he is allowed to rest and repeated again on the following six evenings and so forth for 36 rubbs when, if no symptoms are present, the patient is not again subject to the inunctions, but is kept solely on the tonic dose of Hg. If secondary symptoms appear he is again subjected to the 36 inunctions, also increasing the tonic dose internally until the toxic symptoms disappear. If toxic symptoms appear in early treatment before the 36 rubbs of one-sixth oz. of Hg. are completed the inunctions are divided in $\frac{1}{2}$ —if not, it is not changed. However, the objection to the inunction is the impossibility of an accurate quantitative measure of the amount of Hg. used and it therefore often clouds the tonic dose. The mercurial diarrheas, cachexias, salivations and anaemias, I am convinced, idiosyncrasies excepted, are due to the improper handling of the drug rather than the careful discriminating exhibition of same.

We must remember that no one treatment of syphilis is above criticism nor is any one treatment adapted to every case. Some patients cannot tolerate Hg. by mouth, others cannot use the inunctions. The bichloride is often a very valuable preparation and can be used when other forms cannot. The tannate of Hg. is used by some men. I have had no experience with it. The method of hypodermic injections is at times a more powerful agent than any other, but so far as cure of disease is concerned it offers no inducement from standpoint of time and will never become a popular treatment.

The use of the iodides offer many interesting features for

THE PATHOLOGY OF BRONCHO-PNEUMONIA IN CHILDREN.

A. B. LINDQUEST, A. B., M. D.

Assistant to the Department of Internal Medicine, College of Medicine,
University of Nebraska.

Broncho-pneumonia is neither etiologically nor anatomically one single, absolutely independent disease but for practical purposes certain lesions of the lungs are grouped together in contrast to those of croupous pneumonia. It occurs as a primary disease and a disease secondary to the acute infectious diseases of infancy and childhood. The primary cases are not common after the second year. The secondary cases occur throughout childhood.

Why the pneumococcus usually produces a primary broncho-pneumonia under two years of age and a lobar pneumonia past that age is difficult of explanation. Two separate anatomical lesions are produced by the same exciting cause. Obviously, age is a factor and the vulnerable point must be sought for in the anatomy and physiology of the respiratory apparatus of the infant. The thoracic walls are thin and elastic, yielding readily to pressure of clothing, position, and distended abdominal viscera. The bronchi are relatively large and numerous. Interstitial tissue is abundant and air cells are small.

Physiologically respiration is of the abdominal type, rapid, rhythm easily disturbed and expansion not equal in all parts. This natural condition is to primary broncho-pneumonia what the acute infectious diseases are to secondary pneumonia, or what chronic diseases are to catarrhal pneumonia of the aged. This much of etiology makes it apparent that the pathology of broncho and lobar pneumonia is essentially the same except that in broncho-pneumonia the lesion is circumscribed and the bronchi are more intensely affected.

The pathology is that of an acute inflammatory process excited by the pneumococcus, streptococcus, staphylococcus aureus, diphtheria and influenza bacilli—more commonly a mixed infection. There is first congestion, producing a stasis in the blood vessels, an exudate upon the surface of the bronchi and extension by continuity of surface into the alveoli, involvement of bron-

* Read before the Douglas County Medical Society, March 10, 1903.

chial wall and extension by contiguity of tissue with round cell proliferation into the peribronchial connective tissue. The alveoli are involved either by infection through continuity of surface or the germs may skip a space and thus infect the air sac. Obstruction of a bronchiole produces atelectasis of the air sac and it may or may not become infected—this depending upon the physiological defense. The exudate into the air sac is chiefly cellular, fluid is scanty and fibrin usually absent and never abundant as in lobar pneumonia. The cellular constituents are swollen and degenerated squamous epithelium, red and white blood cells. The connective tissue surrounding the alveoli contains wandering leucocytes and is swollen. The terminal bronchus with its lobule is at first dark red in color. The inflammatory products undergo further degeneration, the leucocytes predominate and the color changes to gray or yellow. Resolution follows and the exudate liquifies and is expelled or absorbed. Failure of resolution results in necrosis, abscess or connective tissue organization, leaving a fibrous nodule. The interstitial tissue may be so inflamed as to obliterate the air sacs by oedema or connective tissue change.

Though broncho-pneumonia has a minute pathology similar to that of lobar pneumonia, that is, congestion, red and gray hepatization and resolution, the separate areas are not all undergoing the same changes at the same time. Autopsies show these various stages in the same case. The inflammatory process does not involve an entire lobe—some areas always escape. It is a circumscribed disseminated process with extensive distribution in both lungs but most extensive in the lower lobes. The disease may resolve at any stage or terminate fatally in the early congestive stage.

The condition found at autopsy depends upon the duration of the disease which, for clinical purposes, is divided into the congestive, the mottled and the gray or persistent forms. In the fatal congestive form death occurs in two or three days and autopsy shows the following condition: Lungs large, vessels of pleura distended, may be superficial hemorrhages, lower lobes heavy and dark in color, no apparent consolidation, all, or nearly all lung can be inflated, congestion and pus in bronchi noticeable on section. The microscope alone shows extent of lesion and differentiates it from bronchitis: alveolar vessels distended and packed

with blood cells, scanty exudate, fatty degeneration and desquamation of air cells, leucocytes in interstitial tissue and round cell proliferation in bronchial wall. The immediate cause of death may be systemic infection.

The mottled form is shown in four to fourteen days as follows: Lungs large, surface mottled red and gray, elevation and depressions over swollen and collapsed areas, pleurisy with adhesion over affected areas. On section peripheral portion most involved, central portion normal or congested, hepatized areas separated by normal, congested or emphysematous areas.

The gray areas are packed with leucocytes and vary in size, many appearing as miliary tubercles. The peribronchial inflammation may be circumscribed in spots or appear on section as striæ. Bronchial walls are thickened and exude pus.

In the persistent form the condition after two weeks is as follows: Pleuritic adhesion more firm, plastic exudate thick. On section consolidation more complete, pus exudes from dilated bronchi and cavities, vesicular and interstitial emphysema, connective tissue proliferation resulting in contraction and bronchiectasis.

The associated lesions of broncho-pneumonia are pleurisy with adhesion, rarely serus, empyema, though this is not so common as in lobar pneumonia; compensatory emphysema, fibroid changes, multiple necrotic areas and small abscesses in bad cases. Other viscera become infected through the circulation.



 **Clinical Department** 
CHAS. H. ROOT, '03, Editor.

An extremely interesting operation was performed by Dr. Jonas before the senior class April 1, at the Methodist hospital. The patient was a large, fleshy woman, 32 years old, who had been sent in to be operated on for some tumor in the pelvis.

The following history was given: Since the age of 15 there had been more or less pelvic pain which was worse during her menstrual periods. She had had six children and one miscarriage, the first child having been born when she was 19, and the last child's birth occurring about one year previous to the time of operation. The last child was so deformed that it died a few minutes following birth. Last fall she began to feel tired on slight exertion, so that she was unable to work, but gave no history of any menstrual irregularity. During the Christmas holidays, while drawing water from a well, she was taken with a sudden, sharp, sickening pain, so that she was compelled to sit in order to avoid falling. She then began to have a profuse flow from the uterus for an hour or two at intervals of three or four days.

About a month after the first attack she was taken to a hospital in an Iowa town, where the uterus was irrigated three times, each time resulting in exacerbation of the trouble. She was removed to her home in a weakened condition and later brought to Omaha, where Dr. Jonas opened her abdomen and discovered in the left broad ligament a large hematoma which proved to be the gestation sack of an extra uterine pregnancy which had become intra-ligamentous through rupture. The sac was removed, drainage established, and the wound closed.

This case was interesting because it illustrated nicely the difficulty of making a diagnosis in all cases of extra uterine pregnancy. The fact that the woman menstruated regularly up to the time of operation, was exceptionally misleading and helped to impress upon all present the fact that there is no hard and fast rule which will apply to all cases.

During the past week Dr. Jonas has been giving the class demonstrations of the various amputations and skull operations on the cadaver, and has also shown the different stitches used in suturing wounds of the intestines. These demonstrations are all exceedingly practical and are much appreciated by the class.

* * *

One of the most interesting cases which has presented itself in Dr. McClanahan's clinic is a little girl nine years old who has, two years ago, had an attack of inflammatory rheumatism. As a result of this we find now a very rapid heart with a murmur heard at the apex. The child has had diphtheria and is subject to tonsilitis. Is also very anemic,—the conjunctiva being nearly colorless. Acute exacerbations of rheumatism occur frequently. The little girl is very nervous all the time, but extremely so during the attacks. Is often unable to feed herself, but drops knife and fork.

Treatment: Sodii Sal. ℥II, Tinct. Colchicii ℥III, Glycerine ℥I, Aqua q. s. ℥IV, Sig. one teaspoonful four times a day. A belladonna plaster was placed over the the heart and advised to keep on light diet.

April 14th, when case returned, she was given as a tonic: Liquor Pot. Arsenitis ℥IV, Tinct. Gent. Comp. ℥IV, Aqua dist. q. s. ℥IV, Sig. XX gtts. after meals. Also Bland's Pill No. XL, Sig. one three times daily. M.

* * *

Baby Mass is a degenerate of the Mongolian type, eight months old, but unable to sit or hold its head up. It is rachitic, has always been constipated, rolling of its head has been noticed the last three months and Nystagmus is present. Child was born two years after the last child when mother was forty-two and father fifty-six years old.

Treatment: One-half teaspoonful of Cod Liver Oil, three times a day. M.

THE PULSE.

VOLUME 6

NUMBER 8

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THIS MONTH two articles are presented to our readers.
"The use of Mercury in Syphilis," by A. C. Stokes, is compre-
hensive and up-to-date. Dr. Lindquest's paper on the "Pathology
of Pneumonia," was very highly complimented when good
authority said it was accurate, concise and complete.

The time you may devote to these articles will be well spent.

* * *

WE SEE by the Nebraskan that Dr. Ward will, in the near
future, conduct a party of visitors to the Omaha department,
from the University Medical Society.

SENN AND Murphy of Chicago were said to be in the same party with Dr. Bridges, that sailed for Madrid.

* * *

THE weather is not conducive to the students' best efforts and especially is this so when we hear of other schools closing for vacation. The three weeks we have remaining will pass slowly and the back benches will probably have more than their usual quota of recliners, but, thanks to our instructors, all we get from now on will be a margin and it is just such margins that will put our school at the top of the heap.

* * *

THE IMMANUEL and Methodist hospital appointments have been made for the coming year. The former internship now occupied by Dr. James will be filled by J. G. Walker. Dr. Carlisle's successor at the Methodist will be T. Truelson. These men are to be congratulated upon their success.

* * *

THE PARTY which partook of the hospitality of Dr. Mogridge at Glenwood recently, speak in highest terms of their entertainer. The day was most enjoyably spent and new and valuable ideas were received concerning the care and treatment of these poor sick minds, and the results of methodical training in the institution.

* * *

WE DO not know what the occasion has been like heretofore, but we do know that the little annual given to the senior on the evening of the 18th inst. was a most pleasant affair and Dr. and Mrs. Owen have earned a reputation as royal entertainers.

* * *

PAUL H. LUDDINGTON was chosen secretary of the board of trustees at the recent meeting, taking the place of Ewing Brown.



Alumni Department

GEO. H. BICKNELL, M. D., Editor.



John D. Reid, '02, has located at Pilger, where he has purchased an interest in a drug store.

John E. Nilsson, '01, physician with the Homestake Mining Co., of Lead, S. D., recently spent a few days with his parents in Omaha.

H. D. Hully, '02, was a visitor in town recently.

Herbert Munson, '95, is located at Norfolk, Nebr.

John T. Pringle, '95, will take post graduate work in New York during the summer.

William S. Reiley, '95, was recently elected mayor of Red Oak, Ia.

Chas. E. Stevenson, '95, formerly of Emerson, Ia., has located at Sheridan, Wyo.

E. L. Rolfe, '00, of Waterloo, was recently a visitor in the city.

At a meeting of the trustees it was decided to allow the alumni a representative in that body.

The Annual Commencement Banquet, given by the Faculty and Alumni, to the seniors, will occur the evening of May 14th. The event promises to be a most enjoyable occasion, so make it a point to come. Dr. Brower, of Chicago, the commencement orator, will be the guest of honor.

Fred Lemar, '02, of Waverly, was visiting the school early in the week.

Harry W. Benson, '02, physician in the Asylum at Beatrice, was in town a day or two recently.



Class Notes



SENIOR NOTES.

OLIVER CHAMBERS, '03, Editor.

The seniors during the past month have enjoyed life to its limit. A succession of class meetings with numerous reports from the many special committees who have been appointed to arrange for the wearing of gowns at commencement, the printing of invitations that we are afraid to send to our friends for fear the faculty may neglect their duty in seeing that we pass all examinations, and then the committee on photographs as well as other "grafts."

At a meeting of the class a permanent class organization was perfected with the following officers: President, Mr. Beck; Secretary and Treasurer, Mr. Koetter, and Class Historian, Mr. Lyman. We believe that by this method of organization the class will be able to keep in touch with each other and retain interest and good fellowship during the years that are before us. Just where these years may be spent very few of the class are able to say thus far, but regardless of location and over work all will be glad to receive from the officers information as to how the other fellows are doing in their burgs.

On the evening of the nineteenth Dr. and Mrs. Owen entertained the class at their beautiful home in the north part of the city. Progressive flinch was the order of the evening and every senior played with that determination which is characterized by the class in the familiar phrase "win-e-de-medal." The first prize, a hypodermic, was won by Mr. Gage. The booby prize, won by Mr. Townsend, was a thermometer. The latter part of the evening the seniors gathered around the piano and sang a number of college songs. The pleasant evening was closed by giving the university yell and a loud cheer for Dr. and Mrs. Owen. The guests, besides the seniors, were Miss VanEpp of Ohio, and Miss Richards, of the city.

The Immanuel Hospital interne for next year has been chosen and our classmate, Mr. Walker, has received the appointment. We also have learned of the appointment of Mr. Truel-

son as interne to the Omaha Methodist Hospital. We congratulate our fellow classmen on their appointments and wish them a pleasant year's experience in their hospital work. To the hospitals where they go we would say that we recommend very highly Mr. Walker and Mr. Truelson who have proven themselves worthy of this honor.

* * *

THE SENIORS VISIT GLENWOOD.

Our Glenwood trip, everybody admits, was a very enjoyable event.

The weather turned out as nearly ideal as could be expected for one of the first days in April, and as we gathered at the station in Council Bluffs, the holiday look on faces told that everybody meant to have and anticipated a good time.

Dr. Mogridge met us at the depot in Glenwood, and with him, as leader, the fifty visitors wended their way up toward the institution which is pleasantly and picturesquely located in the southern part of the town on its highest site.

The forenoon was spent in the boys' manual training department where we found work from the crudest to some very skillfull productions in wood-carving and turning, handsome articles of burnt and stained wood. Seeing some of these young people at work might lead us to wonder why they were here as there was nothing about their appearance or conversation which suggested that they were not normal; but, as the doctor explained, they are unable to care for and plan their own life, and would, if left to themselves, drift into some mischief. Next came the visit to some of the school-rooms which interested especially those who had been teachers themselves or worked among children. As a whole they were of course very backward compared to normal children, only exceptional cases were doing the same work as normal children of the same age. The thought suggested itself to one's mind: how hard for these teachers as well as the children! Here would be no bright response to ideas presented and even the lurking, mischievous eye of the boy who must be watched, would be missed. All were characterized more or less by a certain blank listlessness. This seemed particularly pathetic in the kindergarten room. The lively imagination of the bright little boy or girl enables them to delight in acting

the character of bird, sun, wind or flower and thus enter into the spirit of the game. These children, more or less void of this happy faculty, appear as if they were going through a performance. The needlework of the girls was very nice and consisted of hemming, embroidery, drawn-work, hemstitching and lace-making. Some of the boys displayed proficiency in the latter.

After the round of the school Dr. Mogridge made the welcome announcement that dinner would be served.

We shall not soon forget the ingenious contrivances they have in Glenwood to aid in the digestion of a full dinner but will recommend such apparatus to our future patients suffering from a lack of peristalsis.

Our dinner thoroughly shaken down, we proceeded to the hospital. Here were found cretins, mongolians, epileptics, choreics, cases of progressive muscular atrophy and many others. In the infirmary we were shown micro-cephalics, hydrocephalics and, as the doctor expressed it, a number of scraps of humanity difficult to name. Perhaps we shall all remember Dolliver better than any one else,—a microcephalic whose head is so small that an ordinary sized hand will entirely enclose it.

We were now left free to rest or explore the vicinity of the institution till supper time. All day we had felt and appreciated the kindly welcome tendered us by everybody, the festive and holiday air pervading throughout; but, when, at 8 o'clock in the evening, we entered the beautifully decorated and lighted chapel, saw the assembly of inmates, children and teachers, we said "this is splendid!"

The evening's program consisted of singing, music and gymnastics by the boys and girls. A ball drill by the girls was particularly good. The children sang well and harmoniously. At the close the boys and girls with their teachers joined in a dance with a childlike happiness, a treat they had been looking forward to all day.

Not until one has visited such an institution can he see the necessity for it, appreciate the great work that is being done for these poor children, and be thankful that men like Dr. Mogridge exist who are so eminently fitted for the work.

The question among the senior students is now: "Have you quite got over your trip to Glenwood?"

M.

JUNIOR NOTES.

ISADOR S. TROSTLER, '04, Editor.

The election of officers of the class of '04 occurred on April 15th, and like all previous similar occasions, there was no lack of enthusiasm and class spirit.

The constitution of the class was amended to suit existing circumstances, and the following officers were elected for the ensuing year: Thomas E. Sample, president; Charles D. Eby, vice president; Jay C. Decker, secretary; Francis Petr, treasurer; John E. Prest, class editor (Pulse); Robert C. Panter, clinical editor (Pulse); Joseph A. Kohout, reporter for Nebraskan.

Judging from the amount of activity recently displayed by the hospital officials, it is possible that one wing of the new Methodist Hospital will be completed this summer. This means much to the class of '04, and we hope that the hospital authorities will succeed in the project early enough, so that we can attend clinics in the new building next year.

The Junior class tenders its best wishes to the outgoing Senior class and wishes them every success.

A movement is afoot in the Junior class to try to induce our faculty to arrange the schedule of lectures so that the Seniors can attend Dr. Christie's lectures on therapeutics next year.

S. C. Keckler, who was with us for two years, visited the college on April 6th. He is looking well, and may return next year.

Members of the foot ball team have recently been interviewed by agents of the relatives of a player who was killed in a game with the South Dakota foot ball team.

For versatility the present Junior class is hard to beat. One of the members is posting himself upon the Hahnemannian theory of therapeutics; one is studying Weltmer's theory of magnetic healing; one is taking up the duties of a funeral director, and another is going to join the barber's union (or at least he says he will "shave their heads all over.")

Nelson walked home on the evening of April 10th. Ask him why.

Stuart and Underwood find that "the gross pathology is microscopic."

Merritt wants to know "why it is called bacillus mallei if it is not club shaped."

Kerr says that "the human body is made up of connective tissue and lime salts."

One of our professors recently assured a student that "even if he could write M. D. after his name, he could not make pus run up hill."

The cornea becomes opaque and dull after death on account of some circulatory disturbance, according to Knode.

"Deck" says that "the muco-periosteum may involve the vertebrae."

Merkel usually receives a bouquet from Kansas in the spring time. It's about due now.

Chauncey says: "It's a round, oval, long, club shaped bacillus—no, it isn't quite that, either."

Prest and Eby may reach the top of the professional ladder, but they cannot get up on the 10th street viaduct without a balloon.

Have you noticed that thing on Hart's upper lip? Isn't it cute?

Remember, students, you get special rates at Beaton Drug Co., 15th and Farnam.

SOPHOMORE NOTES.

Another member of our class has proven himself an original thinker, this goes with a very great many other proofs that we have much unexcelled material on all lines regardless of what phase of life may come up. This marked increased individuality came forth during quiz in pathology one day last week. The quiz, being of pigment formation, foreign deposit in body etc., as argyria chalicosis, anthracosis, siderosis, and the matter was brought up of deposit of iron in body tissue, from iron filings, when working in an iron factory. Then it was a bright member called to mind having one time seen a man with a wooden leg, having received same from working in a saw mill.

Our class men are beginning to specialize already, several show signs of branching off to special lines. We have been informed that McDonald has been devoting his special practice to

cases of La Grippe. Anyone wishing relief from said disease will do well to call on Mac. and have him prescribe his favorite prescription and place at bottom the following: M. ft. Dentur doses equalis charta No.X. Mac.says they do the work all right, but the trouble is the patient has to drink about a gallon of water to get each powder down.

Our first game of base ball was pulled off Wednesday, April 15th.

A few days previous to the scheduled time, Junior Dent's became aware that they had not the stuff to meet their friends, the sophomores, and said no game would be had unless they were allowed to pick men from other classes, which favor was granted. After searching the whole Dental Department, they came out with the star players of all three classes. We saw at once we were up against the real thing and went into the game with a determination which the Omaha Dental College could not take out of us. The game, as far as the players were concerned, went off real nicely, but the great number of Dental rooters used every crook and scheme to cause the game to be called off without a finish, but by the efforts of Messrs. Crannel, Porter, and others of the players, all disputes were in some manner settled until in the last half of the ninth inning, one of our Junior Dents older brothers got the bat and, not being satisfied with being put out once, utterly refused to quit batting, not accepting the umpire's decision.

Our players took the field several times, and the umpire called for a batter with no avail, when the umpire declared the game ended in our favor—score, 10 to 6. Now, for the first time, we know we can play ball. A cold wind from the north which began after we reached the field, prevented the players from doing as good work as they could have done had it been a nice day. Nevertheless, we have won our first game and we know that we can do much better work than that, everything being favorable. Underwood and Swoboda umpired the game. We wish to extent our thanks to our older brothers junior and senior medics, who came out and stood up for our rights.

We would like to play a few more games before college closes. Who will be next?

We can readily see that Adams is learning to talk dutch the

way he got his words twisted up in Bacteriology the other morning. Let us get a characteristic dutch reaction and test his nationality.

Anybody wishing to know something about the superior hemorrhoidal artery should ask Swoboda—he knows.

Messrs. Morris, Heine, Kennedy, Empey, and Wainwright took a short vacation to celebrate Easter.

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FRESHMAN NOTES.

BYRON B. BLOTZ, '06, Editor.

How are your chickens coming? Got any serial sections yet? Guess I'll mount a pig.

This phraseology and scattered egg shells are signs of spring and embryology.

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LINCOLN, NEB.

The pen pusher for the Junior Notes visited the chemical laboratory the other day and as usual talked a little.

The period of examinations is drawing near, but the fear for them has subsided considerably since last time. Then the ineffectiveness of the cramming process was made manifest.

Y-e-s, Mr. Peterson, give Robertson that twenty-four-hour chick. He hasn't any. No, sure he hasn't.

In a very short time we will lose the Dental element of our class, together with a little reputation we have acquired by keeping quiet during their quizzes. The silence will then be broken and our knowledge, or lack of it, presumably the latter, will be exposed. More than once have we, upon hearing the questions, asked of the dents, raised our feet another notch, and congratulated ourselves on the escape.

Then, if at no other time, we preferred being a disciple of Æsculapius.

Whenever such orders as: "steady, there," or: "cut that out" ring through the laboratory, we turn around no longer, for we all know it is Ed, "our chemist."

* * *

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Like a street fakir, his wares among the come-ons at the carnival.

Test after test avails him nothing and, almost in despair,

He puts forth one mighty effort to realize the coveted.

Lo, he beholds a light, and he thinks

It, too, may mean his salvation.

Several other wise men are called forth to witness this phenomenon.

One, his neighbor and the other from without the room of the prosector.

This one knows, for he has caused it

But he reveals nothing.

And, walking away with the tread of authority,

Lets the Freshie record his guesses.

And with this the searcher of 'unknowns'

Puts down the flame test in this world, a farce.—Apologies to Markham.

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Our course in anatomy has been assuming various phases, which have instilled new interest in a subject that is at all times dry and occasionally monotonous. The witnessing of a surgical operation by Dr. Edgington was one of the phases.

It caused us to reach for our Gray with pleasure and study the anatomy of the parts involved. We were also made cognizant of the close relation between anatomy and the other branches in the curriculum of medicine. The anaesthetizing was of special interest as the nervous temperament, and obstinacy of the patient made it very difficult and required the use of the various methods to sustain respiration. The consideration which Dr. Edgington showed for the class is thoroughly appreciated and we welcome further opportunities in which we would not be trespassing upon the rights of the upper classmen.

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MEDICAL SOCIETIES.

One of the most important events in the annals of the University Medical College, was the organization, on April 24th, of "The Undergraduate Medical Society of the University of Nebraska."

The Society has thirty names on the charter roll and a constitution which will enable them to work together for the best interests of themselves, their school and their chosen profession.

A committee interviewed Dr. Ludington, the Secretary of the College; Dr. Davis, the Secretary of the Faculty, and Dean Ward, of the University, and received from them encouragement and assistance which did much toward placing the organization on a permanent, substantial basis.

A meeting of the charter members was held on the afternoon of April 24th, and the following members were chosen to act as officers for the session of 1903-'04. President, Fred. W. Karrer; Vice President, Hart; Secretary, Mason; Treasurer, Holm; Program Committee, Merritt, MacDonald and Smith; Membership Committee: Knode, Mason, MacArthur, Hummer and Heine.

Meetings will be held regularly every two weeks at which papers from individual members will be presented and thoroughly discussed.

An elaborate program for the ensuing year is well underway and several members have already submitted to the program committee their topics for discussion.

The Society was organized and recognized officially as such



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The session of 1903-'04 bids fair to be more profitable than any of the former years.

Space has been procured in "The Pulse" and "The Nebraskan" and a brief summary of all the meetings will be given in each of these publications.

This is the first students' medical society ever organized in the history of our college and its charter members may well feel elated for having identified themselves with a project, the usefulness of which will only be demonstrated by time.

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G. H. BICKNELL, M. D., Associate Professor of Ophthalmology and Otolaryngology, 405 Karbach Blk. Tel. 739. College—Thursday, 9 to 10.

HAROLD GIFFORD, M. D., Professor of Ophthalmology and Otolaryngology, 409 Karbach Blk. Tel. 739. College—Tuesday, 9 to 10.

A. F. JONAS, M. D., Professor of Practice of Surgery and Clinical Surgery, 317 Continental Blk. Tel. 1073. College—Monday, 1 to 2; Tuesday, 11 to 12; Friday, 11 to 12.

D. MACRAE, M. D., 252 Merriam Blk., Council Bluffs, Iowa. Professor of Railroad and Clinical Surgery. College—Friday, 4 to 5.

W. O. BRIDGES, M. D., Professor of Principles and Practice of Medicine and Clinical Medicine, 302 Bee Bldg. Tel. 1727. Office hours: 9 to 10 a. m.; 1:30 to 3:30 p. m. College—Tuesday, 4 to 5; Thursday 4 to 5.

DONALD MACRAE, JR., M. D., Professor of General Descriptive and Surgical Anatomy, Merriam Blk., Council Bluffs. Tel. 125.

W. H. CHRISTIE, M. D., Professor of Materia Medica and Therapeutics, 48-49 Barker Blk. Tel. 832. College—Monday, 10 to 11; Thursday, 10 to 11.

H. P. JENSEN, M. D., Professor of Electro Therapeutics, 2804 Harney St. Tel. 315. College—Thursday, 3 to 4.

A. C. STOKES, A. M., M. D., Professor of Chemistry and Genito-Urinary Surgery, 202 McCague Blk. Tel. 2030. College—Tuesday, 9 to 10; Wednesday, 10 to 12; Friday, 11 to 12 and 2 to 3; Saturday, 9 to 10.

PAUL H. KOERBER, M. D., Associate Professor of Materia Medica and Therapeutics, Yutan, Neb.

II. M. M'CLANAHAN, M. D., Professor of Diseases of Children, 1312 N. Fortieth St. Tel. 1402.

A. B. SOMERS, Professor of Obstetrics, 22-23 Continental Blk. Tel. 1065. College—Monday, 2 to 3; Friday, 2 to 3.

B. B. DAVIS, Professor of Clinical Surgery and Principles of Surgery, 202 Bee Bldg. Tel. 1551. College—Tuesday, 9 to 10; Friday, 9 to 10; Wednesday, 1 to 2.

J. M. ATKIN, M. D., Clinical Professor of Nervous Disease, 401-402 Brown Blk. Tel. 1532. College—Tuesday, 2 to 3; Friday, 3 to 4.

V. L. TREYNOR, M. D., Professor of Physiology, Baldwin Blk., Council Bluffs, Ia. Tel. 1. College—Monday, 11 to 12.

PAUL H. LUDINGTON, M. D., Assistant to the Chair of Principles of Surgery, 204 Bee Bldg. College Monday, 2 to 3; Thursday, 2 to 3.

E. J. UPDEGRAFF, M. D., Room 1 Continental Blk. Tel. 495. Assistant to Chair of Practice of Surgery College, Thursday, 2 to 3. O. M. C. 1899.

GEO. MOGRIDGE, M. D., Glenwood, Ia. Lecturer of Diseases of the Feeble Minded. O. M. C. 1894.

H. B. LOWRY, M. D., Professor of Diseases of the Nervous System, Lincoln, Neb. Tel. 185. College Alternate Fridays, 3 to 4.

H. B. LEMERE, M. D., Assistant Eye, Ear, Nose and Throat Depts., 309 Paxton Blk. Tel. 635. College—Tuesday, Thursday and Saturday, 1 to 2.

R. C. MOORE, M. D., Professor Mental Diseases, 312 McCague Block, Omaha. College, Thursday, 10 to 11.

W. S. GIBBS, M. D., Professor Practice of Medicine and Clinical Medicine, 202 Brown Block. College, Monday, 4 to 5; Wednesday, 4 to 5; Thursday, 1 to 2.

Professional Directory--Continued.

ALUMNI

W. S. REILEY, M. D., Red Oak, Ia. O. M. C. '95.

MARY A. QUINCEY, M. D., Ashland, Neb. O. M. C. '96.

F. A. GRAHAM, M. D., Lincoln, Neb., 15th and O., F. & M. Bk. O. M. C. 1889.

J. W. ARCHARD, M. D., Grafton, Neb. O. M. C. 1891.

E. L. ROHLF, M. D., Waterloo, Ia. O. M. C. '00.

J. H. JESSEN, M. D., Lexington, Neb. Chief Surgeon Lexington Hospital. O. M. C. 1897.

GEO. F. PUGH, M. D., Platte Center, Neb. Telephones: Office, J152; residence, 2152, Columbus circuit, Neb. Tel. Co. No. 6--local line. O. M. C. 1897.

H. J. LEISENRING, M. D., Wayne, Neb. O. M. C. 1883.

E. J. C. SWARD, M. D., A., Oakland, Neb. O. M. C. 1896.

J. M. CURTIS, M. D., Ft. Calhoun, Neb. O. M. C. 1894.

S. G. ALLEN, M. D., Clarkson, Neb. O. M. C. 1901.

GEO. P. CLEMENTS, M. D., Alblon, Neb. O. M. C. 1896.

C. F. MORSEMAN, M. D., Strang, Neb. O. M. C. 1902.

F. W. KRUSE, Sutherland, Neb. O. M. C. 1902.

M. B. M'DOWELL, M. D., Merriman, Neb. O. M. C. 1902.

F. D. HALDEMAN, M. D., Ord, Neb. O. M. C. 1882.

C. F. DIETZ, M. D., Carson, Ia. O. M. C. 1897.

DORA M. JUDKINS, M. D., Fullerton, Neb. O. M. C. 1895.

R. C. WRIGHT, M. D., Bern, Kas. O. M. C. 1898.

C. M. MacCONNELL, M. D., 121 Union Ave., Cranford, N. J. O. M. C. 1891.

A. M. TOWER, M. D., Lead, S. D. O. M. C. 1900.

A. JOHNSON, M. D., Supt. Nebraska Institute Feeble Minded Youth, Beatrice, Neb. O. M. C. 1880.

C. F. GRITZKA, M. D. Lorton, Nebraska. O. M. C. "'01."

W. H. LOECHNER, M. D., South Omaha, Nebraska. O. M. C. "'01."

B. W. CHRISTIE, M. D. R. 48, Barker Block, Omaha, Neb. O. M. C. 1902.

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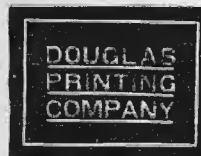
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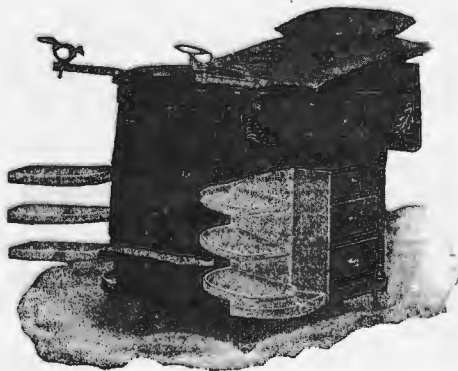
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DOSE:—One or two tablets every two or three hours.

FROM THE LABORATORY OF

PORTER-RYERSON-HOOBLER Co.

MANUFACTURERS OF

"P. R. H." PHARMACEUTICALS

OMAHA, U. S. A.

Please mention the Pulse.



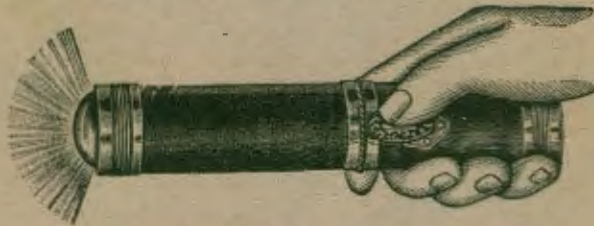
**1268 "EVER READY"
SURGICAL and
DENTAL LAMP....**

Cases are of polished hard wood, natural or stained finish. Lamp is fixed at end of rubber tube in silver.

Cost of Maintenance—Only 30c. for about 400 brief examinations (one-tenth of one cent). It is run by our perfect Dry Battery, which slides out of bottom of case, and can be replaced by a new one in a few seconds

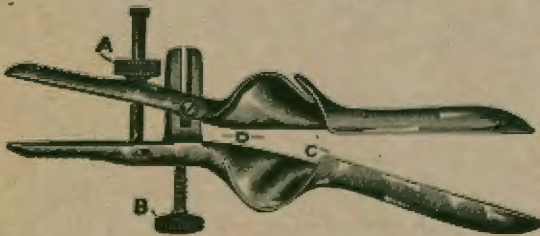
Prices—Long glass tube box $4\frac{1}{2} \times 3\frac{1}{2} \times 3$ inches, with $3\frac{1}{2}$ volt lamp, battery and connections complete \$4.50
Extra battery..... .30
Long tube, box $7\frac{1}{2} \times 4 \times 3\frac{1}{2}$ with $5\frac{1}{2}$ volt lamp, battery and connections, complete \$6 00. Extra battery, 50c

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Can be carried in the pocket. No wires, no chemicals, no oil, smoke or smell, no danger, no trouble handling it—a child can operate it. Simplicity itself. Just the thing for seeing the time at night. Useful for physicians, oilmen, watchmen, policemen, hunters, engineers, machinists, and for all purposes where a light is required instantly. Price each \$3.00.

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