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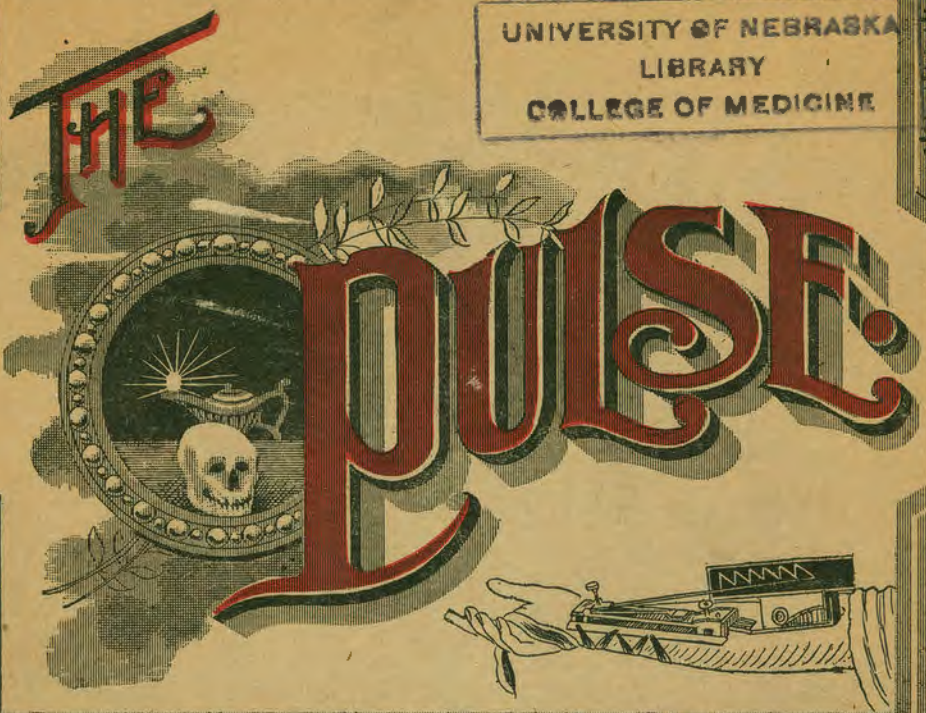
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Official Journal College of Medicine, University of Nebraska,
OMAHA, NEB.

VOL. VI.

MAY, 1903.

NO. 9.

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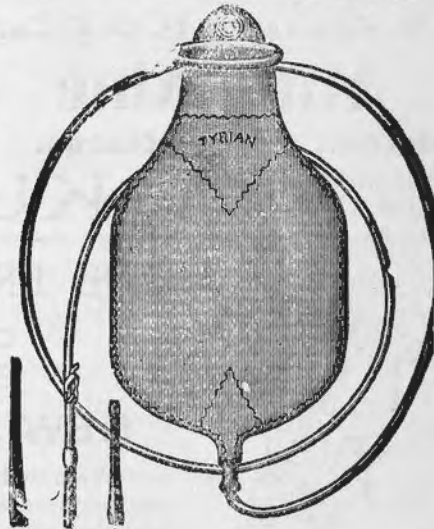
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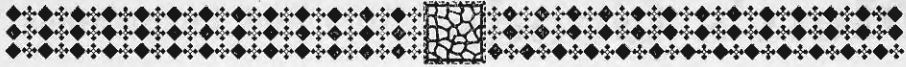
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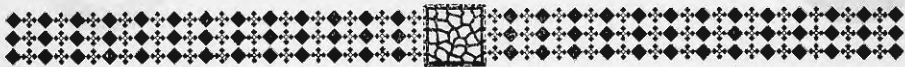
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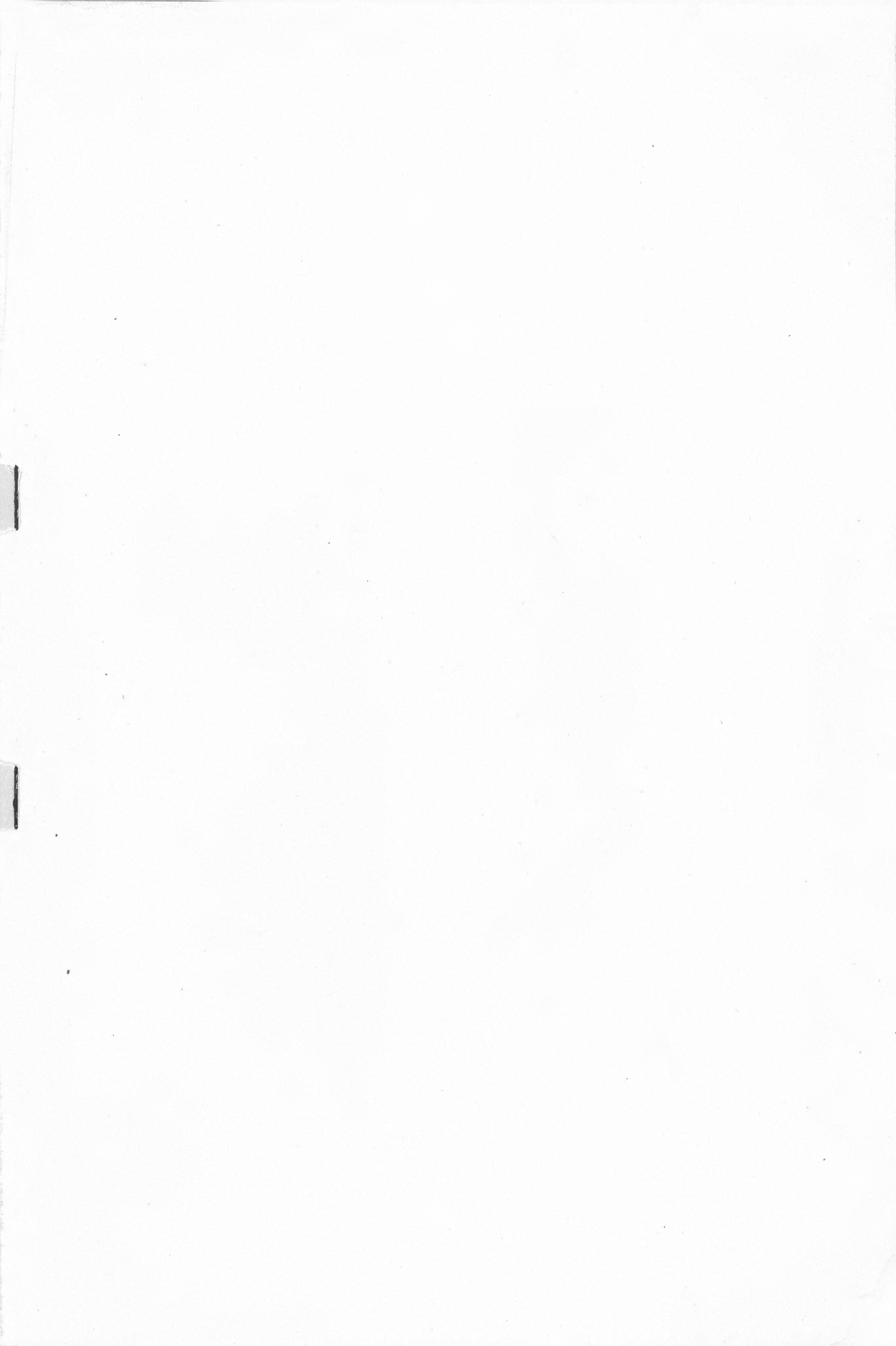
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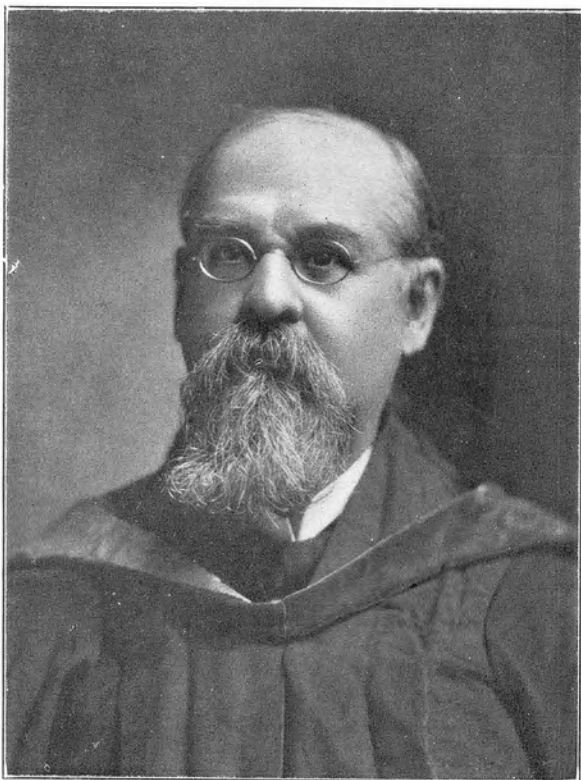
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D. R. BROWER, M. D., LL. D.

THE PULSE.

VOLUME VI

MAY, 1903

NUMBER 9

THE ART OF MEDICINE.*

By DANIEL R. BROWER, M. D., LL. D., Chicago.

Graduates of the Medical Department of the University of Nebraska: I congratulate you upon being admitted to-day to the ranks of one of the noblest of professions. That you have capacity to fulfill its duties and responsibility is an attestation of the divinity that is within you. You may now make the blind to see, the lame to walk, the deaf to hear, and unto the poor you may daily minister, thus attempting to walk humbly in the footsteps of the Great Physician. It will be your blessed privilege to labor for the good of men, ("men resemble the gods in nothing so much as doing good to their fellow-creatures,") to improve them physically and morally, to lead them from sickness to health, from suffering to relief, to prolong life, or to give to the dying a euthanasia. Your opportunities do not cease with these things, because it will be your pleasure to be a teacher of the laws of health, and you will with one breath petition your Heavenly Father to give you this day your daily bread, and with the next you will tell your clientage how to avoid disease.

If time permitted I might stop to tell the laity in this audience some of the wonderful things done by this noble profession. Take the question of insanity. The church and the state, theology and law, struggled with it for generations, elevating some of its victims to Saintships as especial recipients of Divine favor, and endeavoring by prayers, by chains,

* An address delivered before the graduating class of the Medical Department, University of Nebraska.

and by scourgings to exercise the devils from others. The medical profession a hundred years ago directed its attention to the subject, and has elevated these unfortunate people to the dignity of patients and provided them with hospitals in every civilized community. I might tell you of the epidemic diseases—the Bubonic plague, for example—that has so repeatedly divested Europe in times past, producing a death-rate as high as 70 per cent. of the population. It has in the last few years manifested itself in many places, but its victims are few, and in no civilized community has it established itself, for we have discovered the cause and know not only its prevention, but its cure. Consider smallpox: There was a time when it was the principal cause of death in England. Jenner came, made his discovery, and it is now one of the least important. Note the marvelous progress in surgery since the advent of antiseptics and the use of anesthetics; see operations being performed every day that our fathers never dreamed of, to the prolongation of life and mitigation of suffering.

I congratulate you, also, on being graduates of a medical college in affiliation with a well-established university. The university spirit will assist materially in advancing the standard of requirements for admission and for graduation of your school. Wonderful progress has been made in medical education in my time. When I graduated the required attendance was only two years of four months each, and every medical college in the land was on a commercial basis, conducted, in part at least, for the pecuniary profit of its professors. My Alma Mater had only seven teachers, and she was abreast of the times. Now, the leading colleges, my Alma Mater included, require at least four years of eight months each, and have an average of about one hundred teachers.

Medical colleges are multiplying too rapidly. In twenty years the number has almost doubled. It is now time to call a halt, and to permit no medical college to exist without a university connection, and I call upon every physician in this audience to see to it that his students only matriculate in colleges so affiliated. These medical colleges should be endowed, and I ask the laymen in the audience if it is not unfair to expect the instructors who are doing the teaching in this school to educate the physicians who will be in attendance on your

children and your grandchildren without your pecuniary assistance.

Laymen of Omaha, consider your obligations in this matter, and see to it that this excellent medical college has an endowment that will serve to properly compensate these teachers, and enable this school to do original research work in the prevention and cure of disease that will benefit you and yours for all time.

The great medical schools of the East are endowed. And a philanthropist living in your midst who must every day see the benefits of his generosity has set the example in this community. The men of the West are liberal and failure to sustain medical education is simply from a want of knowledge of the necessities of the case. I earnestly appeal to those who have prospered in this community to endow the chairs of this college, place it on the same basis with the schools mentioned, believing that you cannot in any other way better perpetuate your family name and benefit suffering humanity.

Members of the Graduating Class, you have labored faithfully and long in your efforts at mastering the science of medicine. How much attention have you given to the art of medicine, the application of the knowledge you possess to practical purposes? This, which is so essential to your success in practice, cannot be overlooked. Let me give you some suggestions about it. My experience and observation enable me to speak with authority.

The essentials for success in the art involve three great duties. First, to self; second, to patients; and, third, to the public.

The duty to self. The great Hippocrates, who taught and practiced medicine four hundred and fifty years before the Christian era, compelled his students to take an oath, and in this oath, among other things, are contained the obligations that "with purity and holiness, I will pass my life and practice my art. Into whatever house I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption." This famous oath, with its noble sentiments, is a marvel, when we consider the age in which it was promulgated, and from that time until today

the tongue of scandal is seldom heard against the physician. There are two hundred thousand of the guild in the United States to-day; think of the temptations with which they are daily beset, and yet how exceptional it is for any one to question their purity. See to it that our lives are in consonance with this time-honored reputation of the profession.

Bridle your tongues. Another obligation of the Hippocratic oath is as follows: "Whatever, in connection with my professional practice or not, I see or hear, in the life of men, which ought not to be spoken abroad, I will not divulge, as reckoning that all such should be kept secret." Silence in the practice of your profession is golden. Most of us talk too much. The facts you obtain from your patients are privileged communications, and are so recognized by the courts, and must be so considered by you.

One of the very perplexing problems for the young doctor is the selection of a location. Do not locate where there are no doctors, for there there are no profitable patients. Do not be migratory, for remember that a rolling stone gathers no moss. Locate where you are willing to live and die. Do not be afraid of honest competition. "Be bold, for boldness ever meets with friends, succeeds, and all its ends attains." Select a good place. Make the best possible appearance therein to the public, even if you must deny yourselves otherwise. The majority of graduates have an earnest desire to locate in a city. Let such understand that their first half dozen years will be a difficult struggle. I think in Chicago it takes ten years for a competent doctor to establish himself. The student who locates in a large city must have money with which to sustain himself during these years of trial. In the country, on the contrary, a practice can be much more rapidly attained. Competition is by no means so sharp, and there are no medical colleges and free dispensaries to draw away patients who would naturally come under your care. As soon as you have located, cultivate the acquaintance of the physicians in your neighborhood; they have what you lack, the confidence of the community and experience; they can help you to obtain both, and with your great skill in laboratory work, you can render them valuable service.

Get married as soon as possible. A good wife will be a valuable helpmate. Not such a helpmate as Miss Touchey, someone said she would make just the wife for some struggling doctor, because she is always giving someone fits. Of course, you must make a judicious selection. Your science has taught you something about that divine law that was promulgated amid the thunders of Sinai, "that the iniquity of the fathers should be visited upon the children unto the third and fourth generations." A good doctor's wife should be graceful and comely, healthful and vigorous, free from a tendency to gossip and from evil speaking.

You are students to-day; you must be students always. Genius is but another name for systematic work.

"The heights by great men reached and kept,
Were not attained by sudden flight,
But they, while their companions slept,
Were toiling upwards in the night."

Subscribe as soon as possible for at least one medical journal, join the County Medical Society at once, and speedily the State and National Associations. Attend these learned councils; contribute to their scientific programs.

Do not attempt to become specialists at once, but enter upon a general practice of medicine, surgery and obstetrics, and let yourselves evolve as specialists out of the general practice. You must know the ailments of the body, as a whole, before you can be safely trusted to limit your attention to a part, and when you do attain to eminence in any branch, do not limit your practice too exclusively, for fear you may become narrow-minded.

Don't fight the irregulars. Let them alone. Show by your work the superiority of your science. You cannot add anything to your own reputation by pulling down that of others.

The student fresh from a medical school, even with the largest clinical facilities, has learned but little of the art of managing the sick. He has realized but little the power of the mind over the body, and the power of one mind over another. You and I smile at the absurdities of that system of

healing recently projected from Boston, and we know the irrationality of its literature; yet it does contain a germ of truth that has not been sufficiently appreciated by our profession. Hippocrates, four hundred years before the Christian era, wrote that the most successful doctor is the one who can best fill his patients with faith and hope, and if you can, with the science you have acquired here, fill them with these emotions, then are you well equipped, indeed.

DUTY TO YOUR PATIENTS.—Attend the calls you receive with the utmost promptness. Be the autocrat of the sickroom; yet be tender, patient and sympathetic. Do not permit, on the part of anyone, usurpation of your authority. Prescribe your treatment with minute detail. Leave nothing to inference, and see that the directions are carried out explicitly. In making your prescriptions, remember the axiom of Asclepiades, "CURARE CITO, TUTE ET JUCUNDE," and the people to-day, just as much as in his time, want to be cured quickly, safely and pleasantly.

Your visits should not be too frequent, yet often enough to get perfect knowledge of the disease. Make them short and let them have nothing of a social character.

Conversation should be limited to the disease and its treatment. Do not become intimate with your clientage.

Make your fees reasonably large. Do not seek to obtain practice by underbidding. Do not underestimate the value of your services. Make liberal discounts when necessary, and for a worthy patient in financial embarrassment send a receipt in full at Christmas. Do not be pessimistic. Optimism is the keystone of success. They tell a story of Sir Richard Quain's professional debut. When a young man, he was taken by an experienced physician to see a serious case. Before entering the sickroom he composed his features to a gravity which he thought appropriate to the occasion, but was at once rebuked by his mentor, who exclaimed, "For Heaven's sake, man, don't look so funereal! The poor devil will think you are the undertaker." Never "give up" a patient. While there is life, there is hope. After you have been in practice a few years, you will recall many patients exceedingly ill who have

recovered, and then, by sticking to them, if you cannot make them well, you can at least prolong life and do much for their comfort. Do not object to trying your skill on old chronic cases among the poor. Boerhaave said, "The poor are my best patients, for God is their paymaster." The old physician in the neighborhood may have grown indifferent to them. Some you may restore to health; others you may improve. They will both honestly sing your praises and aid you in securing practice.

In your intercourse with patients, don't overlook the moral and spiritual side of life, and as you make them better physically, try and improve them morally.

Your duty to the public should ever be in your mind. You must be a leader in everything that pertains to public health and public education, to public morals and to the care of the helpless. You must teach the people the laws of health and be earnest in their enforcement. You must be an active factor in the education of your people, attending with special care to the surroundings and hygienic training of the children. You will see to it that the children with over-active minds are not unduly crowded and that the dullards are given the best possible chance for development. You must be a moral force to your clientage. Never before in the history of civilization has criminality been as much in evidence as it is to-day. You must study this important question with due sympathy for the criminal and due regard for the welfare of the community. There must be a remedy for this blot on our civilization, and you are capable of its discovery. The physical aspects of crime will therefore engage your attention and you will ever stand between these unfortunates and the vindictive vengeance that an emotional public will so frequently manifest. The care of the helpless will require your earnest attention. Insanity will require much of it. It is increasing with marvellous rapidity and you will so educate public sentiment that there shall be no delay in giving to these unfortunates that prompt treatment in a proper environment so essential to their recovery and so often neglected.

Another blot on our Twentieth Century Social System, the increasing pauperism, requires your best efforts and upon

our guild devolves the duty of searching out the remedy and applying it.

Graduates of the University of Nebraska, if you attend properly to these factors in the art of medicine your success will be assured, and when your life's work is ended, while there may be no monument of bronze or marble erected to your memory by a grateful people, as is so often done for those who destroy life, it will be said of you by the Great Master, "well done, good and faithful servant."



MENTAL THERAPEUTICS IN MEDICINE.*

J. M. AIKIN, M. D.

Those unsatisfactory cases referred to the domain of neurology and psychiatry by the physician and surgeon, constitute a very formidable array of facts we meet and should solve. Admitting our inability to benefit these cases, is against the spirit of progress in the medical profession. Our failures are, I believe, more chargeable to the profession than to the patients. This statement is no injustice to our profession, that has studied the body as a physical organism, in the battle against chemical and parasitic disease. Indeed, so interesting, instructive and progressive have these material investigations proven, that many simple physiologic facts, clearly within the realm of the mental, are quite forgotten in our therapeutics.

The revelations of bacteriology and microscopy have so engrossed our attention, that the action of mind on body and body on mind, is almost a lost factor in our art. The interrelation between the physical and mental organism of the individual within physiologic limits is common knowledge; when pathologic relations exist, medical knowledge is sought.

The every day effects of the mind on the body in the processes of digestion and assimilation, secretion and excretion, are so obvious they are overlooked in our search for rare and striking effects of mind on body. Since the common effects constitute a decided majority, it will lend us greater assistance if we reckon more closely with them, than with the uncommon, in practicing the healing art. We see the physical organism out of balance and proceed to treat our patients as machines to be repaired by physical and chemical remedies alone. I believe it is a fact that the success attending any physician's practice is due, in greater measure, to the mental impress he stamps upon his patients, than to the drugs he gives. Or, stating it differently, the confidence he elicits by the pa-

* Read before the Nebraska State Medical Society Meeting at Lincoln, April 28-30.

tient's faith in his ability to effect a cure, will go farther toward relieving the ailment than would the physical and chemical treatment without confidence in the doctor. Witness the testimonials of patients who frankly tell you, your medicines always benefit them, when the same drugs, given by another doctor, are not only futile, but often aggravate the ailment. Calling this imagination with the injunction that the patient take an introspective view of self and adjust the mental organism is admitting the mental factor while shifting our responsibility for treatment to him.

The framework called the body organized with bone, muscle, and nerve cells, is but a mass of degenerating tissue when out of touch with mind, the constituents of which are preception, intellect, will, and emotion. We know the mental factor is dynamic in producing disease. We know, too, the same force operates favorably in producing health. The blue pill and epsom salts are noble, obvious palpable, physical and chemical remedies. Force and boldness are intangible remedies applicable and operative in the mental realm. Why do medical men leave the exercise of force and boldness in therapeutics to the charlatan? Intelligent mental force and boldness in exploring unseen regions in the body has enabled surgery to perform many cures where exact conditions where wholly unknown before the remedy was applied. Do practitioners of rational medicine know less of physiology and pathology in the domain of the mental, than the long haired quack? Surely, courage, dignity and the indelible impressiveness of a strong personality are nowhere more pronounced than in our profession. Why, then, is mental therapeutics shunned by such a large proportion of our profession? Many reasons may be assigned, but two are especially obvious. (1st) The period of intelligent practice of medicine is but an infant, compared to the many years that witchcraft and superstition dominated the healing art. The progressive thinkers were a helpless minority until recent years. Gradually intelligent thought directing physical and chemical remedies in action on material structures, produced effects which appealed to perception as beneficial to the individual. (2nd) Exploration in the materialistic realm presenting, as it does, so many tangible

facts, has detracted from inquiry into the intangible domain of mind.

We are, however, daily observing facts which show conclusively that the mind is a dynamic reality. Neglect of the mental did not lessen its activities, which for want of intelligent direction became the field of operation for the masses of illiterate who could perceive effects without reasoning to their cause. It is only in recent years that psychology has been intelligently studied in its application to unnatural bodily states.

Gradually we are learning to direct these mental forces to helpful influences on the body. The effects produced have been received with incredulity, yes, even ridiculed more vigorously than Jenner's vaccination which our Homeopathic friends use without perceiving its *modus operandi*.

The believers in rational, mental therapeutics are increasing so rapidly that only the minority are pessimists concerning its utility in practicing the healing art. Not many years since when brain surgery was proposed, the majority passed adverse judgment on present possibilities. It is not because our profession is wanting in men capable of utilizing mental therapeutics but because our schools have failed to properly instruct students concerning physiology and pathology in the psychic realm. The physician who now enters practice in any department of medicine, without a working knowledge of psychology is heavily handicapped. Specialists who study the whole man, who, though directly practicing but one department, are the men who see and utilize the force of mind in medicine.

If wresting the physical and chemical treatment of disease from the realm of superstition to its present plane of rational medicine has been difficult, the rescue of mental therapeutics from mesmerism, hypnotism, Dowieism, Christian science plus the multitude of "pathies," each of which is but an excrescence on rational medicine, is harder. It is more difficult because it presents something active that can not be weighed nor measured. According to Ladd the assumption that the mind is a real being which can be acted upon by the brain, and which can act on the body through the brain, is the only

one compatible with all the facts of experience. This makes the body and mind each governed by laws in its own realm, yet inseparable and interacting during life. Cases illustrating this truth are so familiar to all, I cite only one.

Miss A, age 38, was admitted to the Methodist hospital, Omaha, November 1901, where I called to see her. For 20 years her mode of locomotion had been either in a wheel chair or carriage. From birth to her 18th year her health had been excellent. In her 18th year she had an attack of fever, the true character of which we were unable to learn. She said her physician called it malaria. This fever lasted three or four weeks. When convalescent, she attempted to walk only to discover her lower extremities would not support her weight. No history of any sensory disorder. No deformities. Present conditions: muscles of lower extremities flaccid but slightly wasted. Reflexes and sphincters normal. Tongue coated, intestinal fermentation with persistent constipation. Repeated examinations convinced me she was an invalid from long introspection. Too early attempted use of her legs was succeeded by a prolonged non-use beyond the period when they would have sustained weight with moderate exercise. If she would walk again she must relearn the process. This she did in a few days. In four weeks she walked a mile each day, and in three months she had the use of her entire body. The material therapeutics I used was Sod. Phos. daily for several weeks. The mental therapeutics I employed consisted in supplying her with conditions suggesting the use of her legs, removing all evidence of physical help by others, giving positive assurance that her spine was not diseased and that we all knew she could walk a specified distance. This mental medicine stimulated her to effort, and the task was soon accomplished. Her courage was now in the ascendancy and restraint from too arduous exercise was necessary. Without consulting her judgment of what she could or could not do, I mapped out as on a checker board a graded scale for her daily exercise. I specifically indicated her diet and the hours when she should eat, sleep and exercise. She told me everybody, doctors included, said her spine was diseased, that she could not walk; and she, believing this, suited her actions to the dictations of her mind. I never interrogated a more "unwill-

ing witness." She had been thoroughly drilled in answering questions intended to establish it as a fact, that her spine was diseased. On cross examination her ability in evading self contradiction was remarkable. This extreme case illustrates what we all see in lesser degree in our daily practice. Experience teaches that the laws governing the bodily functions originate in the realm of the mental. With this fact existing, we may only rise to the possibilities of our profession when we cultivate an acquaintance in the domain of mind, commensurate with our understanding of the physical body.



THE MIDDLE TURBINATE. *

By HENRY B. LEMERE, M. D.,

Oculist and Aurist to Douglas County Hospital, Ex-House-Surgeon New York Eye and Ear Infirmary, Assistant to Eye and Ear, Nose and Throat Departments of the College of Medicine, University of Nebraska, Omaha, Nebraska.

The most important bone of the nasal cavities is the ethmoid, and of this bone the portion that causes most trouble and most disease is the middle turbinate body. The reason for this is not that this body is more liable to disease than its fellows but rather that from its peculiar anatomical relations any such disease is liable to cause very severe symptoms. Even the most cursory glance at the surroundings of the middle turbinate body impresses one with its importance.

Situated under its anterior third is the hiatus semilunaris, into which empty, (1), the frontal sinus through the delicate infundibulum, (2), the maxillary sinus or antrum of highmore through the ostium maxillare, and, (3), around the end of the infundibulum the anterior ethmoidal cells. These openings are then between the inferior and middle turbinate bodies and in what is called the middle meatus.

The middle turbinate is thus related to the frontal, maxillary, and ethmoid sinuses in the most intimate manner. When we consider that these openings, as shown in the skeleton, are very much diminished in the normal living individual by the mucus membrane covering the nasal and accessory cavities it will be readily seen that any undue pressure or irritation will very easily result in the occlusion of their openings.

* Read at Nebraska State Medical Society.

It is well, also, to remember the structure of the mucus membrane covering the middle turbinate bone. This membrane forms (1) the epithelial covering of this body. (2) The periosteum of the bone and (3) between these two the Schwell-Koerper, or swell bodies. The middle turbinate then can swell quite violently, causing pressure on the one hand against the septum and on the other against the body of the ethmoid and against the opening of the above mentioned sinuses. In order to understand the pain following such pressure it is necessary to remember the delicate and rich supply of afferent nerve endings supplied to this region and ultimately finding their way to the main trunk of the trifacial through the ophthalmic and superior maxillary division of that nerve and through the sphenopalatine or Meckel's ganglion.

The enlargements of the middle turbinate may conveniently be considered under the heads (1) tumefaction (2) hypertrophy (3) degenerations and (4) tumors.

Briefly tumefaction is a temporary exertion of the erectile properties of this body and may be due to direct irritation, as hay fever, or to causes distant, as an ordinary cold in the head. In this tumefaction we may have severe symptoms resulting either from direct pressure of the middle turbinate on the surrounding structure, or from occlusion of the various sinuses. In the latter the severe neuralgias and headaches result from the pressure of their secretions or from the rarefaction of the air contained by them.

These symptoms sometimes become so severe that it becomes imperative to relieve them. Cocaine and adrenalin are both powerful contractors of the nasal mucus membrane. An application of either of these by a cotton swab will in a few minutes cause such contraction that sprays of water or of oil may be used.

When, however, instead of temporary swelling, there is a permanent enlargement due to dilatation of the vessels and increase of fibrous tissue, these constricting agents are often inefficient and it becomes necessary to relieve the pressure by the operative procedures, cautery or amputation. Of these two methods I prefer amputation. This may be performed by cutting forceps or the wire snare, the parts being cocaineized by the application of a small cotton pledget, saturated with co-

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showed both eyes without refractive or muscular error. She emphatically denied having any catarrhal trouble. Examination of the nose showed left nares filled with mucus polyps. Patient then recalled having had in childhood a foreign body, a glass bead, lodged in the left nares for several years which was finally expelled by her own efforts. Operation refused. Patient discharged.

In these cases the eye symptoms evidently resulted from the nasal trouble. In cases 1 and 2 the astigmatism was of the form that causes intense headaches. In case 3 the patient insisted in the trouble being in her eyes when it was very evidently caused by extensive nasal disease.

In cases of trifacial neuralgia in which there exists irritation of any of the three principal points of fifth nerve distribution, the eye, nose and teeth and the diagnosis is necessarily made by the relief of symptoms concomitant with the removal of the irritation. I deem it a good rule before saddling a patient with glasses for a slight refractive error to attack the disease in the nose and teeth primarily and if then these organs are in a state of health, the symptoms still continue there is ample time to try the effect of weak cylinders and spheres. Pain on pressure over the point of the exit of the nerve are generally taken as evidence of an idiopathic neuralgia of the supra or infra orbital branches of the fifth but it must be remembered that there is increased tenderness also over these points in the frontal and maxillary sinusitis. A symptom of ethmoiditis is a pain in the ball of the eye while refractive errors cause an aching over the frontal sinus. Diseased teeth may cause pain over the antrum. Pain then is very often referred from the point of irritation and very often misleading as a guide to the diseased structure. In our efforts to locate its origin the diagnosis must necessarily be made by attacking the most apparent cause and by examination excluding the more healthy points.

As this differential diagnosis is the point I wish to emphasize particularly in this paper I will conclude by quoting two more sources of error. A swelling of the middle turbinate may cause severe pain in the ear without any abnormal appearance in the drum whatever. An ethmoid is complicated

as it frequently is with middle ear suppuration may raise the temperature to such a degree that mastoiditis is suspected.

In closing I will venture the assertion that, as a rule, the middle turbinate is too little considered as the origin of neuralgias and headaches, and that many of our obstinate neuralgias will yield to a timely treatment of this somewhat neglected condition.



THE PULSE.

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IT IS ONLY on rare occasions that we are permitted to listen to such a masterly address as that by Dr. Brower, which we publish, together with his half-tone. Long experience and the attainment of the highest degree of success make the doctor's words doubly impressive upon the outgoing doctors.

* * *

WE ARE ALSO glad to present to our readers an article on "Mental Therapeutics in Medicine," by Dr. Aikin, and another, on "The Middle Turbinate," by Dr. Lemere. They are both worthy of your attention.

* * *

THE COMMENCEMENT exercises were held in Boyd's theatre, Thursday, May 14th. After the address of the occasion the honors were distributed as follows:

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A Surgical Operating Case—C. C. Morrison.

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Prof. Jonas' prize, a medal to the senior most proficient in surgery—C. C. Morrison.

Honorable mention—Th. Truelson, C. L. Lemar.

Dr. Gifford's prize in Ophthalmology—F. E. Osborn.

Honorable mention—W. P. Wherry, R. A. Lyman.

There was no competition for the prize for the best anatomical specimen.

In all there were thirty-eight degrees conferred by Chancellor Andrews.

* * *

AT THE ALUMNI meeting the following officers were elected for the ensuing year: Pres., H. B. Lemere; Vice Pres., W. P. Wherry; Secretary and Treasurer, G. H. Bicknell.

The O. M. C. Alumni Association and the Alumni Medical Society were united and will now be known as the Alumni Medical Association of the College of Medicine, University of Nebraska.

AT THE BANQUET to the class of 1903 in the evening, at the Paxton Hotel, the following program was carried out.

Dr. R. C. Moore, Toast Master.

The University of Nebraska—Chancellor E. Benjamin Andrews, Lincoln, Neb.

The Doctor's Vacation—Dr. Daniel R. Brower, Chicago.

Toward the Pinnacle—Jas. C. Agee, Class '03.

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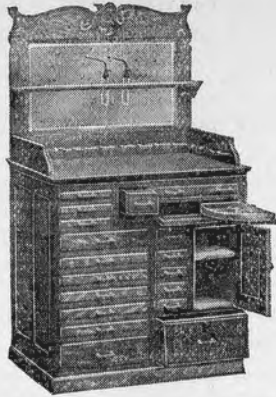
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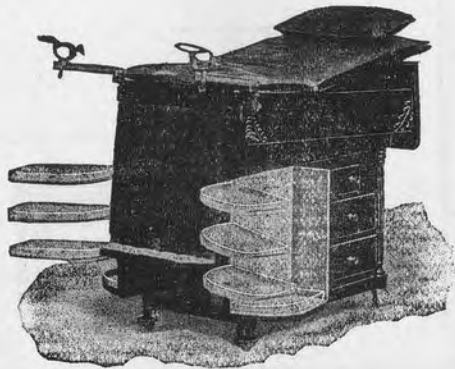
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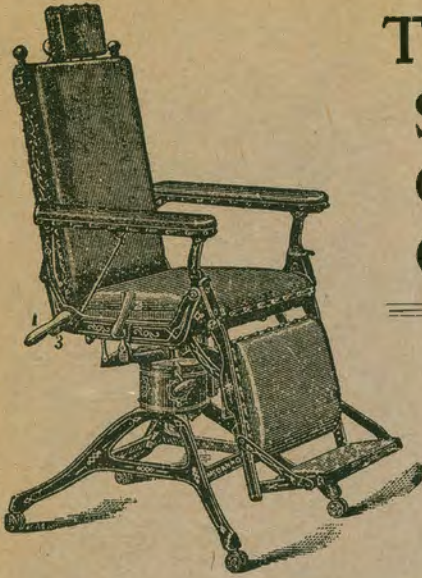
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and all positions are obtained with patient seated in chair, and so simple the merest tyro can understand them. There is no complicated mechanism, noisy and intricate fastenings, such as notches, ratchets, long and unsightly levers, cranks, treadles, etc. The main position is shown in the cut, but any intermediate position can be as easily obtained and as securely held as the one shown.

Physicians will find this to be a decided advantage

for if the proper light is not obtained when the patient is first placed in position, the chair can be rotated until the required light is obtained. The head-rest has also been improved and can be extended up or down, back or forward, and held in position by a single set-screw.

In appearance the chair is ornamental. The base and all working parts are made of iron, the larger parts, japanned and neatly striped, the smaller, nickel plated. The upper part of chair is connected to base by large steel center, and is held in any position in which it may be placed.

PRICE—Frame in Antique Oak, Upholstering Olive Leather:

\$45.00

TIME

\$40.00

CASH

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