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The Pulse

REPRESENTING THE
STUDENTS, ALUMNI AND FACULTY
OF THE
UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE

Vol. VIII

MARCH 7, 1914

No. 9



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ALFRED SCHALEK, A. M., M. D.
Professor of Dermatology and Genito-Urinary Diseases



The Pulse



Vol. VIII.

Omaha, Neb., March 7, 1914

No. 9

PEMPHIGUS FOLIACEUS.

By Alfred Schalek, M. D., Omaha.

Pemphigus is a skin disease characterized by the eruption of blebs. They, however, are not characteristic by themselves, but only in connection with other symptoms. Blebs appear in a number of other skin diseases which for this reason have mistakenly been classified as pemphigus, such as dermatitis herpetiformis, pemphigus neonatorum, which is probably a form of impetigo contagiosa, pemphigus syphiliticus, a manifestation of syphilis, pemphigus neuroticus, a symptom of some nerve disorders, etc. Blebs are also seen in some forms of dermatitis, urticaria and erythema, but the name, "pemphigus," should be limited to a strictly defined entity to avoid confusion. Pemphigus is a grave systemic disturbance, manifesting itself for a time in the skin only. The cutaneous lesion, bulla or bleb, is always primary, that is begins as such and is not due to secondary changes or complications of other lesions. It is essential and not incidental. The disease is chronic, has exacerbations and remissions undermining the general health and frequently leading to death. With these restrictions it may be understood that many cases diagnosed as pemphigus are mistakes and that real pemphigus is extremely rare.

The etiology of pemphigus is obscure. Many theories have been exploited without any definite results. Microbic, neurotropic and toxic causes are assumed. The sterile contents of the bullae, the absence of contagiousness, and the small number of scattered and isolated cases speak against micro-organisms as a cause. A toxic process was suggested by the analogous action of some poisons and drugs in producing bullous lesions. The occasional presence of increased eosinophils was taken as an additional proof. The adherers of the neuropathic theory argue from the fact that some functional and organic nerve disorders are accompanied by eruption of bullae. Numerous examinations, however, of peripheral and central nerve tissues have failed to reveal any pathologic evidence. Age, sex, race and climate have no predisposing influence. In fact, our ignorance of the nature of pemphigus is so complete that this in itself is a valuable diagnostic feature.

Pemphigus appears in three distinct clinical varieties, which as a rule, persist as such, but may occasionally change from one to another, thus in spite of considerable differences proving their identity. They are known as pemphigus vulgaris, pemphigus foliaceus and pemphigus vegetans.

Pemphigus foliaceus, the subject of the present article, is rare and occurs about once in 5,000 skin diseases. The late Croker, the

foremost English dermatologist of his time, states in his textbook that six cases came under his observation in his whole dermatologic practice. Pemphigus foliaceus is a chronic skin disease, characterized by successive crops of bullae, of the size of a split pea to a hen's egg and larger, and breaking out on any part of the body. In distinction from pemphigus vulgaris the bullae are not tensely filled, but are flaccid and contain, as a rule, sufficient fluid only to bag their lower portions. The epidermal covering, furthermore, possesses a very low vitality, ruptures rapidly and exfoliates in shreds, exposing a denuded moist corium. The raw patches increase in number and size and may occupy a considerable portion of the body surface. There is little tendency to the formation of a new healthy epidermis and healing is slow or entirely absent. The surrounding epidermis is also affected, being undermined and having the shriveled appearance of a flaky pie-crust. The mucous membranes of the mouth, the conjunctivae, the rectum and the genital organs may take part in the process, an unfavorable complication on account of the severe pain and the interference with nutrition and functions. The suffering towards the last is excruciating and can only be partially controlled by large doses of opiates. For some time the general health may not seem altered and the temperature may stay normal, but sooner or later the patient loses in weight, has intermittent fever, becomes cachectic and dies from exhaustion or from some intercurrent disease.

The cutaneous pathology of pemphigus has been thoroughly studied. The location of the bleb is either interepithelial or between the epidermis and the corium. The epithelial cells are edematous and swollen. The interspinous spaces are occluded. The corium is the seat of a mild, probably secondary inflammation. The papillary blood vessels are dilated and surrounded by small mono-nuclear cells. In autopsies on pemphigus bodies no changes directly pertaining to this disease have been found.

It has been my particular fortune of having been able to observe three cases of pemphigus foliaceus in the last four years. Two were seen during the last four months. The first two patients succumbed to the disease, while the last is still in my care. The space is too limited to go into an exhaustive study of these cases, for which reason I shall report them shortly only, and point out some uncommon features of interest.

Case 1. (Reported at the session of the A. M. A., St. Louis, Mo., June 7-10, 1910.) F. A. S., farmer, 36 years, came under my observation March 15, 1910. His eruption had at first all the characteristics of pemphigus vulgaris, but soon changed to those of pemphigus foliaceus. The whole body was affected with the exception of the face. Most of the surface was excoriated and covered with sticky serum and epidermal shreds. The mucous membranes were involved from the first. Chewing and swallowing were extremely painful and at times impossible. The patient had lost seventy pounds in weight in the last six months of his sickness. An unusual feature in this case was the intense pruritus at the beginning of the disease. Another point of interest was the peculiarity of the skin to react with the

formation of bullae to the slightest trauma such as rubbing the skin and taking blood from the earlobes, similarly as found in epidermolysis bullosa. The patient was treated with frequent and prolonged baths and was given large doses of Fowler's solution without any benefit.

Case 2. Mrs. H. C. W., 54 years, came under my care November, 1913, after having suffered with the eruption for eight months. At this time the whole body was covered with large raw areas, produced by rapidly rupturing bullae, especially extensive over the abdomen. The mucous membranes of the insides of the cheeks, of the tongue and the gums were affected and made feeding extremely difficult. Temperature intermittent to 100 F., urine normal, blood-count normal. The lying in bed was very painful due to pressure on the sores and any movement impossible. The dressing and cleaning of the skin was a daily torture. The treatment consisted in forty grains of quinine daily, which has given Kessler of Iowa City good results, but was of no avail in this case. Towards the last the raw surfaces secreted an abundant light green, offensive pus, which on examination consisted of pure cultures of the bacillus pyocyaneus. Suspecting some relation between this organism and the disease, an autogenous vaccine was prepared and given twice. As the patient was already in extremis, no conclusions could be drawn. Similar experiences of finding pure cul-



PEMPHIGUS FOLIACEUS

U. N. C. M. PULSE

tures of the bacillus pyocyaneus were recently reported by Sutton, Kansas City, and Gilchrist, Johns Hopkins University. The latter also believing in a possible connection had used vaccines from the pyocyaneus, but without any beneficial results. An interesting fact in this case and one of possible etiological importance was a nervous breakdown of the patient, brought on by some domestic troubles, previously to the outbreak of her skin trouble.

Case 3. Mrs. C. W. C., 58 years, entered the hospital January 6, 1914. The eruption of bullae had started in May, 1913, on the tongue. Gradually the whole mouth and the body became extensively involved. At present abraded areas of different size are found on the neck, back and abdomen, interspersed with bullae which rupture rapidly. Urine, blood, temperature normal. Eating anything but soft and liquid food is impossible. Contact of the body with the bed is a source of great discomfort. Patient has lost considerably in weight lately and looks emaciated and apathetic. She was started on forty grains of quinine, and cacodylate of sodium, grain three-fourths daily at first. January 10, 1914, an article was noticed in the *Dermatologische Wochenschrift*, published by Holobut and Lenartowicz, making a preliminary report of a treatment of two cases of pemphigus foliaceus with what the authors call "autosero-vaccination." The contents of the bullae, after having been found free from any extraneous micro-organisms, were heated in a waterbath at a temperature of 58 C. for half an hour and one cc. of this was injected forty-eight hours later and repeated at intervals of three days and longer. In both cases remarkable results were accomplished after six and twelve injections respectively. In both patients the temperature, until then elevated, returned to normal and remained so. The bullae which were present dried up and no new ones appeared, so that the treatment had to be discontinued finally on account of lack of serum. One of the patients, who could not move at all before this treatment, does not need any dressings now and walks around freely. The authors are not ready to draw any conclusions from two cases and after such short observation, but feel sufficiently encouraged to advise further experiments along the same line. Following their suggestion a serum was prepared from the first available crop of bullae with the kind assistance of Dr. Johnson, and the injections are being given now as fast as serum can be obtained. The results will be watched with interest and reported after the treatment has been given a thorough trial. Very little can be said about the effects at present, except that the patient seemed to sleep better, to have better appetite and to take more interest in her surroundings after the first two injections. When the treatment was stopped for about ten days because no serum could be collected, her condition became decidedly worse and crops of abortive bullae appeared more frequently again.

Two microbes sat on the pantry shelf
With faces sad and pained,
And said as they watched the milkman's stunts,
"Our relations are getting strained."—Ex.



Alumni News Notes

Dr. J. M. Curtis, '94, of Fort Calhoun, Neb., was in Omaha February 18th and attended a regular meeting of the Eye and Ear section of the Douglas County Medical Society.

Dr. I. S. Cutter, '10, has gone to Chicago to attend the annual meeting of the officers of the Medical Schools of the United States.

Dr. R. C. Knode, '98, has been appointed Union Pacific surgeon at Gering, Neb.

Dr. Frank Jensen, '03, of Newman Grove, Neb., was elected president of the Elkhorn Valley Medical Society January 20th.

The Dawes County Medical Society met at Chadron January 14th and Dr. A. V. Stephenson, '96, of Crawford was elected president.

The class of '05 was well represented the latter part of February in Omaha, when Dr. A. E. Lane of Laramie, Wyo., and Dr. M. D. Baker of Tilden, Neb., were making a visit.

Dr. J. C. Agee, '03, of Valley, Neb., was in Omaha recently for treatment of a minor eye trouble.

The Annual Automobile Show held in Omaha February 23-28, has had a great attraction for local physicians, as well as those from the surrounding territory. Many of our faculty and alumni will soon be proudly making calls in new 1914 models of various machines. Some will still continue to afford a Ford.

The meeting of the Nebraska State Medical Association to be held in Lincoln May 12-14, will be an interesting one and should be largely attended by the alumni of our school. We have always taken a prominent part in the proceedings, and the increasing tendency toward medical research and study will tend to increase this interest.

Another of our enthusiastic alumni, Dr. W. N. Anderson, '10, is planning to spend a year abroad in medical research and will leave some time this spring.

We wish to acknowledge the receipt of twenty-five numbers of the Journal of the American Medical Association for 1907. This was a gift of Dr. A. R. Knode and will complete the volume. We are still in need of the following numbers and will ask our friends to keep the college library in mind when reading their journals:

1901—May 4, 18; June 8, 15.

1902—Nov. 8.

1903—April 4, Feb. 14, January 24.

1904—March 26, July 2.

1905—Dec. 23.

1906—Jan. 27, July 7, Nov. 3.

We have received from the University at Lincoln the British Medical Journal, beginning with Vol. I, 1878, thus bringing the series without a break down to date.



PROFESSOR EMIL ALBDERHALDEN

THE SERO DIAGNOSIS OF PREGNANCY

By Palmer Findley, M. D., Omaha.

The work of Abderhalden in the sero diagnosis of pregnancy is of very special interest to the student of medicine. This is true not alone because of its bearing upon problems in obstetrics, but the more because the principals involved in the theory of Abderhalden reach far into the realm of surgery and medicine. We look to the field of biologic chemistry for the great advances in diagnosis and therapy in the near future and it is highly probable that Abderhalden has laid the foundation for the solution of many unsolved problems.

Two principals form the basis of Abderhalden's observations. First, that chorionic epithelium is deported from the placental site by way of the blood stream to remote portions of the body, and, second, that a ferment is developed in the blood of the pregnant woman which has the power of splitting up this placental albumen into peptones and amino-acids. He has conclusively proven that these ferments do exist in the blood of a pregnant woman from the fifth week of pregnancy to the end of the first fourteen days of the puerperium; that these ferments do not exist in the non-pregnant state. Furthermore, it is affirmed by Abderhalden that this ferment is not found in the placenta but is elaborated in the maternal organism as a protective agency against the deportation of chorionic epithelium into the blood of the pregnant woman. We naturally come to the conclusion that the test is capable of wide application, as indeed it has been applied to carcinoma, sarcoma and Basedow's disease.

We are not yet in a position to pass final judgment upon the test as applied to the diagnosis of pregnancy, but sufficient observations have been made to justify the hope that by simplifying the technic, and eliminating numerous errors in technic, the test will be accepted as reliable.

My personal experience with the test is limited to six cases, all of which gave positive reactions, and in all the tests were of great assistance in the making of the diagnosis of pregnancy. The test material was supplied by Park Davis & Company, and the technic was conducted by Dr. Burgh of the Clarkson hospital. By means of these tests an incomplete uterine abortion was recognized and confirmed by operation; a three to five weeks' pregnancy was recognized in a tuberculosis individual who had missed but one period, and it was not possible to say from the physical examination that pregnancy existed, leaving the possible inference that the amenorrhea was due to the tuberculosis of the lungs. A third case gave a positive reaction in the sixth to eighth week of pregnancy, and fourth in the second to fourth week of pregnancy. I am therefore constrained to look upon the test as a highly presumptive criterion of pregnancy, if not as positive proof of the existence of pregnancy.

Abderhalden claims that the test is 100 per cent efficient and that negative results in cases of pregnancy or positive results in non-pregnant cases are chargeable to errors in technic. He furthermore says that the intensity of the reaction increases with the development of

the pregnancy so that a fairly reliable estimate of the time of pregnancy can be determined by means of the colorimeter.

In the preparation of the test materials, fresh human placenta is cut into small pieces and washed free of blood in salt solution. The pieces are then placed in ten times their volume of boiling water, to which a few drops of glacial acetic acid are added. After boiling five minutes the water is drained off and the tissue is washed in distilled water. This process of boiling and filtering is repeated until the decanted water fails to give a reaction for peptones as determined by ninhydrin, which gives a deep blue color in the presence of peptones, albumin and amino-acids. The placental tissue thus prepared may be preserved for three months in chloroform water in a sterile glass container.

The serum is obtained from the blood of the mother by drawing off 10 c.c. of blood from a superficial vein and placing it in a sterile centrifuge tube. Frothing of the blood should be avoided for fear of causing hemolysis. A clear serum is obtained by centrifuging. If the serum becomes hemolyzed it is to be discarded.

One gram of the prepared placenta is disintegrated in a sterile mortar and transferred by sterile forceps to a sterile test tube, to which 1.5 c.c. of serum is added. Toluol is added and the tube is incubated for twenty hours at 37 C. At the same time a control tube of serum, to which toluol is added, is carried through the incubator to detect the possible presence of disintegration products of albumin. After incubation the toluol is pipetted off and the tubes placed in a boiling water bath. This produces coagulation with the addition of 5 c.c. of acetic acid; 10 c.c. of distilled water is then added to the coagulum and the mixture is stirred with a sterile glass rod. The watery extract is then filtered off and is tested by boiling with 0.03 c.c. of a 1 per cent solution of ninhydrin for one minute. The appearance of a blue or violet color within a half hour denotes a positive reaction. The control should be colorless.

It is readily appreciated that with such an elaborate technic errors are frequently made, but with the preparations of placental extract and ninhydrin solutions prepared by Park Davis & Company the technic is greatly simplified and well within the scope of the average laboratory worker.

It is observed that the reaction may be positive in the non-pregnant if the blood is taken shortly after a full meal and again if the serum becomes hemolyzed in the process of its preparation. Again strict asepsis is essential to the perfect carrying out of the test.

By means of this test not only is uterine pregnancy demonstrated but ectopic pregnancy, incomplete abortion, hydatidiform mole and probably chorioepithelioma are recognized. In the presence of septic infection complicating pregnancy and the puerperium the test may be negative for reasons not clearly understood.

While still in the experimental stage, it is encouraging to note the very large percentage of reliable results at the hands of many observers, and it is hoped that with a clearer understanding of the technic, together with a simplification of the technic, the method will be found both dependable and practical in the hands of the clinician.

== The Pulse ==

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== EDITORIAL ==

PROF. EMIL ABDERHALDEN.

In this issue we publish a short article by Dr. Palmer Findley on the "Sero Diagnosis of Pregnancy," a method of diagnosis for which the medical profession is indebted to Prof. Emil Abderhalden of the University of Halle. Born in Switzerland in 1877, Dr. Abderhalden received his medical degree in Berlin in 1902 and has since this time been one of the prominent figures in German medical science. At present he holds the chair of Physiology at the University of Halle, where he is turning out many interesting and important contributions to his subject. For a brief sketch of the man we refer the reader to The American Journal of Clinical Medicine for January. We also wish to express our great obligation to Clinical Medicine for very kindly loaning us the cut of Prof. Abderhalden which we have used in this number. The editor of Clinical Medicine assures us that this is an excellent likeness of the Doctor, and is taken from his latest photograph.

On the cover page of this issue appears the picture of the Nebraska Methodist Hospital, the main part of which was built during the year 1908. It is indeed fitting that we should interest ourselves in a history of this institution and a consideration of its advantages, for its growth has been synchronous with the advance of the University of Nebraska and it has always played a large part in the education of students of this college.

The first Nebraska Methodist Hospital was located at 20th and Harney, and was completed and ready to receive patients on the 20th of May, 1891. They had at that time about thirty beds but were soon forced to increase the capacity even in those days when people were not educated to the benefits of a hospital.

They became connected with the Omaha Medical College in 1894 during which year clinics were held at the hospital and the College clinic was run in connection with the hospital.

Dr. Brash, Michigan, '96, who is now practicing at Beatrice, was

the first house doctor. He served from June 1st, 1896 to June 1st, 1897. Dr. Ireland, '97, who recently died at Springview, Nebraska, was the first interne from the Omaha Medical College, and since that time the College has supplied one or more internes.

The new hospital building located at 36th and Cuming streets, was completed in the year 1908, and a large wing was added in 1913 giving the institution the capacity of 140 beds. Another wing is to be built this year giving the hospital the capacity of 200 beds.

The following list of hospital faculty for 1913 includes a group of men all of whom are connected with the University College of Medicine.

SURGERY AND GYNECOLOGY—A. F. Jonas, M. D. Assistants, Chas. C. Morrison, M. D., C. R. Kennedy, M. D.

MENTAL AND NERVOUS DISEASES—J. M. Aikin, M. D.

EYE, EAR, NOSE AND THROAT—Harold Gifford, M. D., J. M. Patton, M. D. Assistant, W. D. Callfas, M. D.

INTERNAL MEDICINE—W. O. Bridges, M. D. Assistants, E. L. Bridges, M. D., H. B. Hamilton, M. D.

DERMATOLOGY—Alfred Schalek, M. D.

OBSTETRICS—J. C. Moore, M. D. Assistant, W. H. Taylor, M. D.

CHILDREN'S DISEASES—H. M. McClanahan, M. D. Assistant, Clyde Moore, M. D.

Most of these men have been with the college since its earliest infancy and have been the most potent factors in our growth.

THE BANQUET OF THE PRE-MEDICS.

The banquet of the Pre-Medical Association held at the Lincoln Hotel on Friday night, the 20th, can in every sense be called a success. It being the first banquet of this association, this no doubt assures it prosperity. This organization is one composed of all of the students taking the preparatory medical course, and was organized with the intention of uniting the students into a body for social and scientific work.

Under the supervision of an able committee an elegant banquet was served to about sixty-five men, the concoctions served out to the guests were of a style only to be appreciated by men who like the best, and the good will that abounded made the occasion one that will always be remembered by those in attendance.

After the feed, toasts were given by the following: Prof. F. D. Barker, V. R. Dacken, Dr. Poynter, and in the absence of Dr. Knight, Dr. Orr spoke on the advantages of the Nebraska Medical College. Dr. Wolcott, acting as toastmaster, took advantage of the presence of a number of our students and called upon the following representatives of the four classes of our school: H. D. Burns, A. J. Young, C. Undine and C. Way. At this time representatives of the pre-medic classes were called upon and the remainder of the evening was spent in telling good old medical stories of more or less value to the hearers.

Musical numbers were rendered by a number of the students, piano selections by H. Johnson and C. Oden and vocal selections by R. Westover. The story telling was led by C. E. Beebe, who proved himself very efficient in this vocation.

THE DANCE.

"Dukes and lords and Russian czars, men who own their motor cars; throw up their shoulders to that raggedy melody, full of originality"—and so the Medics learned to snap their fingers and became terpsichorean acrobats and contortionists. We did not predict whether there would be any "Sartorial Splurges" or not, but the various versions of the Tango, Castle Walk and Maxixe were surely seen. In fact, our honored Dean is an exponent of all the modern steps and we feel quite confident that he would have been disappointed if he had not found his charges right up to the minute. It is understood that the faculty started to prepare for this festivity quite a time ago—as far back as their dinner party at the University Club—after which they all acquainted themselves with these new dervish forms of amusement. Dr. Cutter sanctioned all the variations with the exception of the "Cactus," this meeting with his disfavor because he could not keep his pumps on.

The downtown men were there "en masse," not to make the affair a faculty dance, but to see how the rest behaved.

Chairman Burns and Earl C. Sage led the grand march, while Abe Greenburg and J. Colvin Davis were the other committee-men.

The patrons and patronesses were:

Dr. and Mrs. I. S. Cutter.

Dr. and Mrs. O. T. Schultz.

Dr. and Mrs. B. B. Davis.

Dr. and Mrs. Palmer Findley.

Dean W. O. Bridges, M. D.

Toast Delivered by Dr. C. W. M. Poynter at the Pre-Medic Banquet in Lincoln.

I trust I may be forgiven for making us pause for a moment to consider seriously a phase of the theme that is of so much interest to all of us. The world moves so fast and we have so much to do that we are all liable to fail to digest things near to us and indeed are more likely to have erroneous ideas of things of which we see a part than of things that happened decades ago.

Medicine has shared in this break-neck progress and, unless we constantly take stock of the new opportunities which new discoveries have furnished, we may miss the great opportunity personally and prove unworthy of the trust that is given us. Clearly, Medicine has had three epochs. First, as practiced by the ancients, it was an art with the empiricism dominant; second, a trade; and third, a science. No clear line is drawn between the first and second epochs, and I regret to say that not a few today are satisfied to practice the medicine of our fathers.

Medicine, I mean modern medicine, as a science occupies a unique position in that, on one hand, it is closely allied to the industrial sciences like zoology, botany, physics and chemistry; and, on the other hand, its intimate relation with the life of the people associates it insolubly with sociology. Medicine has taken the best from the store-

house of knowledge and in return it is not too much to ask the best of her representatives.

The State has not undertaken to furnish medical education to give you a trade, but those who direct her policies recognize that health of body and mind are the greatest assets of the commonwealth and that no broad and lasting civilization can be built on the bodies of people enfeebled by disease, filth and overwork. In accepting the opportunities of such an education at the hands of the State you should also accept the broad responsibilities of modern medicine.

We have been wont to discuss with the student the necessities of possessing a trained mind and successful scientific observation; these are ideals of medical training and as such are not to be in the least minimized, but they belong to the equipment of the individual and determine thus success on the side of science. I wish to urge two other qualifications for the person who wishes to become a representative of medicine. I refer to imagination and idealism.

I fear as the facts of medical lore are presented to you in your college years you will be inclined to think that they are more fixed than they really are, and your view will be inclined to become static rather than dynamic. Our science is, as all true science, ever ready to accept new discoveries and to place new interpretations on old facts. If you are not to be biased by the conservatism of lecture and text you must make these the tried directors of imagination to broaden the scope of medicine and your own usefulness.

At the risk of wearying you I will repeat that medicine of this epoch is science and sociology, and the responsibility of the person entering the profession is double; he must as opportunity offers make new observations and contribute new facts and at the same time educate society and find means of making medical practice better fit its needs.

I would not suggest that you allow your imagination to run riot, but would say with Bernard, "Put off your imagination as you take off your coat when you enter the laboratory; but put it on again, as you do your coat when you leave the laboratory. Before the experiment and between whiles let your imagination wrap you round; put it right away from you during the experiment itself, lest it hinder you observing powers." "The true man of science shows the creative power which makes him brother to the poets. He must be a sensitive soul ready to vibrate to Nature's touch." Your function in college is not to become card-index cabinets for the filing of medical data, but rather great trees whose roots are to take nourishment from laboratories through trained observation and whose leaves are illumined by lecture and conference and whose imagination builds all into enduring substance and power of future growth. "As a man thinks, so is he." Do not allow the grind of daily routine to shut out proper time for dreaming and as your mind is trained this imaginative speculation turns over, digests and assimilates what others have given you and if you are fortunate in your attainments, creative genius is born. Beware of the desire for the "practical in medicine." This is a confession of lack of training or weakness of mind.

The laboratories and clinics are constantly working more and more closely together to solve the problems that beset us on every hand. Now if you are alert, if you have imagination, your opportunity is at hand, as an undergraduate or an M. D., to do something worth while; each may find a problem suited to his powers. Use your imagination now, for later it will be much more difficult.

The humanitarianism in medicine always has and always will be one of the factors which call men to the profession, and that which is ideal in all of us delights in the thought of relief of human suffering. I do not wish to be misunderstood when I say that this blinds us sometimes and becomes a source of serious weakness. The salvation for society in her misery is not to be alone through sympathy, but wisdom as well. "He who answers the calls of the sick must resort to direct methods and must generally tread the paths of the obvious. He has not time to turn aside to the indirect ways of winning the citadel, nor, indeed, is he likely to be in the frame of mind which urges to such an approach; he is preoccupied with the crying needs of the suffering or dying man committed to his charge. Yet it is growing every day clearer that the progress of medical science depends in a remarkable degree on discoveries made by indirect methods." There is a form of imaginative thought which is only satisfied to pursue pure ideals, no matter what the sacrifice may be. This idealism has characterized the geniuses of medicine and not only them, but the lesser ones as well.

If you are seeking a trade in medicine, you are a remnant of the past and medicine doesn't want you.

If the one quality which recommends you to medicine is sympathy, medicine can't afford you, for the room in her ranks is too precious to devote a place to this attribute alone.

If with the other attributes of the scholar, you have imagination and idealism, medicine welcomes you and assures you a worthy career and the satisfaction of mind that will come through helping the individual, improving the condition of society or perhaps throwing some light on the varied problems in the mystery of life.

FUN FOR THE DOCTOR.

"No man lacking a sense of humor should ever be a doctor," said a noted physician not long ago. Then he added:

"The doctor is so constantly amid scenes of suffering that he would get morbid and be in a chronic state of that woeful thing we call the 'blues' if a sense of humor did not sustain him at times."

Then this doctor told of several amusing things that had recently come into his own experience. One was of a man who came to the doctor complaining that he was "all run down" and he wanted the doctor to "tinker him up." The doctor made a careful examination and told the man that his vital organs seemed to be normal.

"Lungs and heart all right?" asked the man.

"Yes," said the doctor. "Pulse reg'lar?" "Quite so."

"Well, what about the gizzard?" asked the man in perfect seriousness.—Ex.

SENIOR NOTES.

The local hospitals have selected internes from our present Senior class as follows: Charles Harms, F. J. Kotlar and B. A. Young go to the Methodist hospital; H. D. Burns goes to the Clarkson and R. H. Gramlich to the Immanuel. A few more appointments remain to be filled.

We have been informed that D. D. King will accept an internship at the Iowa State Methodist hospital of Des Moines.

The potentiality of the Fallopian tube for doing evil has recently been demonstrated to our complete satisfaction. For aside from its proclivities for associating with the gonococcus it has shown a remarkable tendency for doing harm to the innocent bystander. Now the wary Senior shudders when he hears the dread word, for we have been promised a "flunk" if we again mention the fact that the tube has been known to menstruate.

Chuck's explanation of the process of refraction is absolutely the latest thing out.

Now that our college course is nearly finished it is amusing to observe the Senior's tendency to revert back to early habits and shamelessly delight in such menial tasks as passing the water for teacher, etc. For explanations inquire of our captain, Jack Goodnough.

H. D. Burns represented the Senior class at the pre-medic banquet in Lincoln Saturday, February 21st.

Mrs. Williams will serve a year's internship at the New England Hospital for Women and Children, Boston, succeeding Dr. Olga Stastny, 1913.

Torrence C. Moyer will remain at the Wise Memorial another year.

FRESHMAN NOTES.

Johnson remarks that we are certainly "oriented in Anatomy now; in it up to our ankles, head first.

Who knows why our Favorite of Piperheidsick, "Red," often goes to Council Bluffs after 8 o'clock? Nine o'clock law over there.

"Shrimpy" Davis used to be a captain, but soon will be an interne at the Clarkson.

C. Willard Way wants to be an assistant in Neurology for his name's sake. Andrews would be all right if most of the Medics were girls.

The mailman on Farnam street often wonders why Sigworth, Way and Farnam always meet him for their mail. Well, he doesn't know that they're in love.

If Ross's and Higbee's skulls were cut down to fit their brains, a thimble would make a high hat for them.

Riggert was caught smoking peacefully in the laboratory of the college building. "He should worry" if he had been made to apologize to the board of regents.

Montgomery, our human phonograph, is continually having a record on.

WANTED—More rest by Lake; Second-hand overcoats by Wildhaber; some one to call Farman and Talcott down at the Medic dance.

JUNIOR NOTES.

Miss Orvis' father, A. H. Orvis of Yankton, S. D., attended classes Monday.

We're glad the winter is nearly over. Miss Warner is too. She fell on the ice last week and sprained her ankle to such an extent that she got to miss dispensary for a few days.

The entire class is worried for fear Experimental Surgery will be discontinued. Dr. Stokes mildly hints at such a condition if we are not all on deck every Saturday promptly at 2 o'clock. Absolutely no excuses accepted.

We imagine we hear a rumor to the effect that an annex is to be built at the County Hospital for the accommodation of students who have to spend forty-eight hours or so waiting on obstetrical cases. However, the present conditions aren't bad at all.

By careful observation our reporter has been successful in finding just about where we stand and as a result we think our friends should know **WHAT THEY THINK OF US:**

Dr. Towne—"Class apparently needs ventilating."

Dr. Peterson—"I like the way you are getting hold of my course."

Dr. Johnson—"Certainly evidence no thirst for Pathology."

Dr. Pollard—"Poorest class yet."

Dr. Poynter—"Fifty per cent below par."

Dr. Hamilton—"At **least**, you have no enthusiasm for smallpox."

Dr. Manning—"Too lazy; can't even get up mornings."

We feel quite certain that in spite of these opinions, Drs. Jefferson, Hull, Hollister and Davis are giving us the benefit of any doubt they may be entertaining.

We note with **SOME** satisfaction that several of our instructors took kindly to the suggestion we made in our last issue about quizzes.

NOTICE—Juniors will please take their seats quietly and promptly hereafter at 1 o'clock on Tuesdays.

SOPHOMORE NOTES.

If Sinamark had a million dollars and Hoffmeister had two dollars, Andrew would be rich and George wouldn't be so poor in comparison. Likewise Sinamark is immune—and the German is not immune—so susceptible—so beware of Hoffmeister, coming from Germany where they have an army—which our physical diagnosis man has doubts about.

Parks—Why is the Pulse so like an empty jug? You'll appreciate this one as you continue reading. Continue!

You all ought to pep up like our friend, the "Kaiser," alias Baston. Realizing he wasn't proficient in the new wiggle-wags as he might be, he availed himself of Chambers and brushed up on the new steps before the big dance comes off.

McGrath surely was disillusioned by Dr. Johnson about the invasive power of Koch's famous anthrax bacilli. "Why, young man, if you would put a few of these organisms into a rat's tail, they would find their way to the animal's most anterior prolongation before you could cut off his rear appendage."

As you noticed in the last issue, P. J. Flory has become advance agent in Omaha for the big piano recital in Lincoln—but it evidently didn't go well with him, especially affecting his biliary duct, causing such inflammation that the damned back bilirubin and biliverdin made him look quite the "yellow kid." From now on he will be referred to as "Ieterus" Flory, the living example of obstructed jaundice.

SOME COMMUNICATIONS.

A city physician once received the following note from the wife of a patient living in the tenement house district:

Dear Dock: You do not have to come no more to see Joe. He has went home. He slipped off as easy as a glove. What can't be cured must be endured. Yours in respeck.
ANN BLANK."

—Ex.

Another doctor received the following comprehensive communication from a patient who had gone to Colorado for his health:

"Dear Docktor: Arrived here all rite last nite and feel some improved, although there seems to be a good deal of sickness here from what I hear. Pewmony seems to be the faverite dizeaze and it often causes fatal death, but not if broke up in time. The air is all rite here and it is so clear they say they can see a ralerode train at a distance of fifty miles, which shows thare are liars here as elsewhere. Living is so high poore folks mite as well be dead enyhow. Still, I mean to hang on if I can. Never say dye is my Mottoe. Butter is forty cents a pound here, eggs the same price. Meat is high and you almost have to pay to look at real nice frute. I was told I would have some trubble in getting my wind here until I got youst to it, but I ain't so far. Still it will take more than wind to make me well. But I live in hopes and as,

"Your friend and well wisher,

D. J. BLANK.

FROM A RECENT MEDICAL HERALD.

Nothing more could be desired in a work on gynecology than is to be found in Findley's new first edition. Those of us who at some time may have taught gynecology in some medical college, and at such time made use of Findley's Diagnosis of Diseases of Women are not surprised at the completeness with which he treats the subject when applied to both diagnosis and treatment. Few, if any, text-books on diseases of women have demonstrated such a comprehensive scope, at least at its first appearance. We see no great chance for improvement until some radical, and as yet unheralded, theories of practice shall have been promulgated. This work serves all, students, practitioners and lecturers, with equal efficiency. In short, we can but marvel at its completeness. Not alone is gynecology treated in a comprehensive manner, but all collateral material of use to those specializing, or the general practitioner, are here utilized in such way as to make this work pre-eminently useful. The text is good and the cuts comprehensive and particularly instructive. Nothing would give us greater pleasure than to recommend this work after a careful investigation.

H. C. C.



CHILD SAVING INSTITUTE, Jackson and 42nd Streets
Which furnishes material for Junior and Senior Clinics

A physician living in a large New England city was visited by a most illiterate appearing woman who brought with her a sickly baby about six months old. When the child's hood was removed the doctor discovered that the child had but one ear. When he spoke of this, the mother said:

"Yes, he ain't but one ear. It's because he is a twin. The other didn't live but three days and he didn't have but one ear either. Seems like a kind of pity that this one couldn't of had both ears, seeing that the other one didn't live long enough to need even one ear. But you don't git things the way you want 'em in this life, an' I reckon this one will have to get along without the ear he might as well as not of had."—Ex.

Mrs. M.—Young Shary will have to apologize before I speak to him again.

Miss I.—Did he insult you?

Mrs. M.—The last time I met him I told him that my uncle had locomotive ataxia, and he asked me if he whistled at crossings.—Ex.

THE DINSPLITTER HUNTER.

This is exciting sport. A dinsplitter is found only in the tops of those gum trees from which the best gum drops are made—and there is only one way to catch them. You go into the woods and shake dice. The rattle of the box arouses the dinsplitter, and he flies down and picks at the ace. He thinks it is a sprick-bug, which he esteems as a great delicacy. The rest is easy.—The Cosmopolitan.

THE WHIFFLE-BAT FISHERMAN.

Did you ever catch a whiffle-bat? You did it in this way. In the still dawn you row out to the middle of a perfectly circular lake, taking with you a hammer, two nails, an auger and a piece of cheese. First you nail your boat to the lake; then you take the auger and bore a hole in the lake; you lay your cheese on the edge of the hole and whistle like a meadow lark. Well, the whiffle-bat hears the music and comes to the hole. When he smells the cheese he comes up after it. This is where you have to be quick. You lean over the side of the boat and giggle it to death.—The Cosmopolitan.

A big German once came to a doctor in a state of tearful anxiety regarding the state of his wife's health. After explaining the ways in which she was "no good no more," the disturbed man said:

"I haf lost me alretty this yar mine best cow, mine best horse, mine dog and six sheeps, und if mine vife die I vill haf me hardly an animal left on mine place."—Ex.

They say there's microbes in a kiss,
That rumor is most rife;
Come, lady dear, and make of me
An invalid for life.—Ex.

Among the new books received is a volume entitled "Theories of Solution," by Svante Arrhenius, Stockholm. This volume consists of lectures delivered at Yale in 1911, under the directions of the Silliman Foundation.



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