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The Pulse

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

Vol. VIII

MARCH 27, 1914

No. 10



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JOHN R. NILSSON, M. D.
Member of Surgical Dispensary Staff.



The Pulse



Vol. VIII.

Omaha, Neb., March 27, 1914

No. 10

TUMOR (HYPERNEPHROMA) OF KIDNEY

Dr. John R. Nilsson, '01.

Although all forms of tumors have been found in the kidney, renal neoplasms are comparatively rare. In 37,000 collected hospital cases, 223 were kidney cases and of this number only 23 were tumors of the kidney. In a series of 4,500 autopsies only nine primary renal growths were found by Kelynaeck. As compared to other tumors in general and especially malignant growths, the kidney is the host in about 2 per cent of all cases.

Tumors of the kidney may be divided into malignant and benign.

Malignant—To this class belong the carcinomas, sarcomas and supra-renal inclusion tumors or hypernephroma.

The case I wish to report comes under the third subdivision of this classification of malignant growths, which is composed of the supra-renal inclusion tumors or hypernephroma.

Hypernephroma, or stroma of adrenal origin, sometimes called the tumor of Grawitz, consists of the growth of aberrant adrenal gland masses within the substance of the kidney. They may however, be found without the kidney capsule. Grawitz showed that the hypernephroma consists of epithelial cells arranged in cylindric or columnar form, and in groups as they are in the normal suprarenal bodies. The cells are unlike those of the kidney proper and are like those of the parent body from which they spring.

On section they are flesh colored or canary yellow, although as a rule uniform; sections often show softened areas and hemorrhages. They are usually rounded in outline and form protusions covered by kidney capsule; as a rule the tumor mass is separate and distinct from the kidney tissue. When small they are most always confined to the cortical substance or medulla. Either pole may be involved. As it grows the tumor reaches the pelvis and may extend as do tumors of the adrenals along the veins and even into the vena-cava. Small hypernephromata may clinically be non-malignant, larger growths distinctly tend to metastasis. These have been more often found in the lung, liver and in the long bones. A considerable number of cases supposed to be sarcoma of the long bones have after operation been found to be metastasis from undiscovered hypernephroma. (Keen).

Their frequency may be indicated by the fact that Albarran & Imbert give the number of tumors of the kidney reported from 1890 to 1902 as 588. 17% were hypernephromata.

Symptoms.

1. Hematuria with or without renal colic is the most constant symptom, being found in 70% of the cases, hemorrhage usually very sudden and profuse, interval between hemorrhages may be a few days, a few weeks, or as in one reported case five years.

2. Pain is almost a constant symptom in adults; in children renal tumors pursue a painless course.

3. Tumor mass itself is often the first symptom.

4. Cachectic symptoms with emaciation and secondary anemia develop late, although in some cases there is a rapid loss of weight.

5. Oedema of the lower extremities, and varicocele in the male is due to pressure on or occlusion of the vena-cava.

For all practical purposes a solid tumor of the kidney may be considered malignant.

Treatment for these tumors is Nephrectomy.

Report of Case.

Mrs. A. Age 49 years. Mother of seven children. Has had three miscarriages. Youngest child 16 years old. Past menopause two years ago.

Family History: Mother died of carcinoma of the stomach. Father living and in good health; no brothers or sisters.

Personal History: Always well up to nine months ago, when she began to feel weak and was very much run down, did not consult a physician at that time and did not take any medicine. Weight at that time was 137.5 pounds.

In March, 1907, fell and struck on flat of back, was simply bruised and did not consult a physician.

Says her present symptoms began five weeks prior to time of operation, when she had what she thought was La Grippe; since then she has been getting weaker, losing in flesh, always nauseated, but only vomited three times to date; for three days after beginning of attack had severe pain just below right costal arch and in right hip joint so she could not walk. Now feels sore, burning, aching pain in right side, together with feeling of heavy weight inside. Nauseated, short of breath, and very weak, the least exertion exhausts her. Present weight 108.5 lbs., skin of a brownish hue (sunburn), urine, acid, 1010, no albumen, no sugar, no pus, no blood. Heart, lungs, and other organs normal, not constipated; bowels move three times daily.

On examination found a tumor in the right lumbar region, extending from the costal arch to within two inches of right anterior superior spine of ilium, and over in the umbilical region to within one inch of the umbilicus, posteriorly filled up the greater part of the right lumbar region. Tumor was about the size of an ordinary cocoon and movable.

On inflation of colon with air (Senn's method) we could outline it over the tumor mass.

Diagnosis.

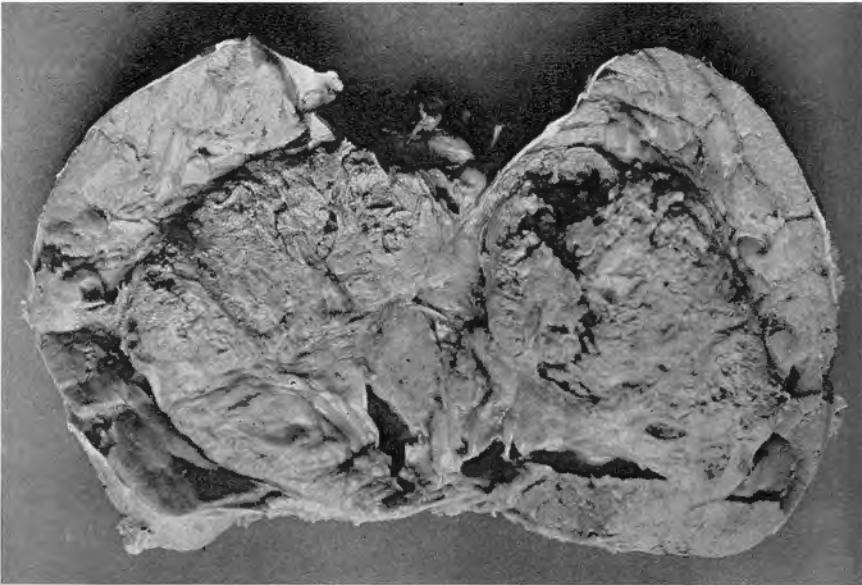
Tumor of right kidney, probably sarcoma.

Advised operation and patient entered hospital, and was put on treatment for four days previous to operation (Ochsner's method), rest in bed, hot distilled water all she could drink, MgSO₄ for bowels, normal salt sol. a pint every four hours per rectum, and hot tub bath daily, diet liquid. Urine was examined daily as to amount, albumen, sugar, casts, pus, blood, but at all examinations it was found to be normal.

Operation—nephrectomy—patient in dorsal position, kidney roll under back, ether narcosis, incision through right edge of right rectus (Abdominal transperitoneal route after Fenger). Kidney removed, post peritoneum closed partly, separate from parietal peritoneum, rubber tube with iodoform gauze in upper angle of wound.

Patient made an uneventful recovery and at the end of six months had gained in weight so that she weighed 158.5 lbs.

Diagnosis from pathological laboratory was hypernephroma moderately malignant.



HYPERNEPHROMA.

From Hecktoen—"In earlier literature called carcinoma, endothelioma and angiosarcoma. Origin from particles of suprarenal tissue included in kidney, ordinarily consists of small yellowish nodules. Cause of development after dormant for years supposed to be due to traumatism. They are rapid in growth, metastatic in bones, liver and lung. To classify with carcinoma, or sarcoma has not been

decided upon by pathologists, so at present use the non-committal term 'hypernephroma.'

Mortality has been reduced from 64.5% to about 22% for tumors of the kidney, for abscess of kidney the mortality is only 2%, for removal of injured kidney or removal following cutting ureter it is about 30%.

Difference in mortality as explained by Murphy is due to the fact, that in the case of slow growing tumors causing destruction of the working portion of the kidney, gradually the other kidney undergoes a compensatory hypertrophy. In injuries the work is thrown on the one kidney at once, and the change is so sudden that the remaining kidney is greatly overworked and suffers from oedema, swelling of the kidney under a tense capsule stops secretion by a compression strangulation, patient has suppression of urine, uremia and death. Danger from suppression in direct ratio to the amount of normal tissue remaining in the kidney removed.

Amount of kidney tissue necessary to carry on the process of life in an adult is estimated at 72 to 108 grams, normal amount is 288 grams in an adult weighing 150 pounds. Therefore a patient can spare from two-thirds to three-fourths of normal amount before crossing the danger line, and can live in comparative ease until the last one-fourth is reached when uremia sets in and patient dies.

SENIOR NOTES

At a senior class meeting Friday, March 20th, it was decided to select Friday, March 27th, as the date for the senior's annual visit to the Iowa Institution for Feeble Minded Children at Glenwood.

Dr. Mogridge each year invites the seniors and juniors to spend a day at the institution for the ostensible purpose of studying clinical types. But from the reports of former classes we may be sure that the clinics will be the most delightful hours ever spent in that popular pastime.

Committees were appointed by the president to attend to the details of graduation and to initiate a series of parties before the end of the year.

Dr. Cutter suggests that we do one final thing to prove ourselves dignified—and that is to graduate with the other university seniors at Lincoln.

Advertisement—Dr. Goetz advises us to carry copies of the Pulse and The Omaha Bee on our intended trip through Germany. (If you want to learn the "point" travel in Germany).

Puzzle No. 537: How would Beany take the blood pressure on a one armed man?

B. A. Young was in bed three days last week with a severe attack of Vincent's Angina.

Messrs. King, Moyer and Harms have become proficient in the shift play to the opposite side of the class-room in avoiding the onslaught from the rear.



Alumni News Notes

Dr. C. I. Wainwright, '05, of Gretna, Neb., died in January. He was formerly located at Anita, Ia., and recently started to practice with his brother at Gretna.

Dr. J. C. Wadell, '10, is now located at Paton, Ia.

Dr. M. B. Wyatt, '07, and Dr. O. W. Wyatt, '09, are now associated together at Manning, Ia.

Dr. Geo. L. Sellon, '12, of Broken Bow, Neb., is secretary-treasurer of the Custer County Medical Society.

Dr. D. F. Lee, '02, has resigned from the health department of the city of Omaha.

Dr. Ira C. Atkinson, '87, of Lincoln, has retired from the practice of medicine and is connected with the Commonwealth Life Insurance Company.

Dr. C. C. Morrison, '03, of Omaha, is associate editor of the Western Medical Review.

Ket-chi-can, Alaska, where Dr. B. L. Meyers, '09, is located, is one of the most beautiful places on the Alaskan coast. The mountains come right down to the sea and the warm Japanese currents strike the coast at this point, making it a very comfortable place to live. The government reports give the average temperature as 26 degrees, and the lowest ever recorded was 14 degrees below zero. The town has about 2,500 inhabitants and is built up the side of the mountain, and the streets are made of boards on piling. The town boasts of a beautiful mountain stream with one of the best waterfalls in that region.

Dr. Mary A. Quincy, '96, of Ashland, was re-elected secretary of the Saunders County Medical Society at the annual meeting in Wahoo, Neb., in January.

Dr. F. A. Wells, '01, has moved from Kenesaw to Axtell, Neb., and will continue his practice there.

Dr. J. J. Hompes, '08, is on the committee on arrangements for the meeting of the State Medical Society at Lincoln, May 12, 1914.

Dr. D. W. Beattie, '97, has returned to Neligh, Neb., and resumed his practice there.

Dr. Smith Bellinger, '04, is driving a new 1914 Mitchell on his calls in Council Bluffs.

Dr. Willis H. Taylor, '11, and Mrs. Mabel Brown of Omaha were quietly married the middle of February. They are planning a deferred honeymoon in Europe, leaving here some time in August.

One of our men who went to Columbia to finish saw twenty post mortems his senior year. Our seniors have already seen thirty. Who says we haven't got material.

**REPORT OF A CASE OF ABDUCTOR PARALYSIS OF THE
VOCAL CHORDS**

A. B. Lindquest, M. D., '01.

Mrs. H. came to the dispensary clinic last December complaining of dyspnoea, a choking sensation, spasmodic cough and occasional regurgitation of liquids and food through the nose. Inspection of the nose and pharynx was negative. The laryngeal mirror showed the vocal cords fixed in adduction, respiration going on through a mere slit. Further history of present complaint elicited the fact that it was of sudden onset three months before. Severe headache mostly occipital was of same duration. Respiratory difficulty greatest during the night. Patient had had treatment from throat specialists without relief. Patient is thirty-eight years of age, married twelve years, had two spontaneous abortions about ten years ago. On this brief history a tentative diagnosis was made of cerebral lues—cerebral because of the headaches. The patient was given K I in increasing doses and referred to the medical department for physical examination. This proved to be negative. After two weeks patient noted marked improvement in all subjective symptoms and examination showed some abduction of the cords. The cords now possess normal motility. Through the kindness of Dr. Johnson of the department of Clinical Pathology, diagnosis was verified by a positive Wasserman.

Paralysis of the vocal cords is not uncommon, but such prompt response to treatment as in this case is unusual even when syphilis is the etiology for they are usually of the tabetic type, of gradual onset and progressive degeneration. Symptoms are less threatening when both abductors and adductors are paralyzed, for then the cords are in the cadaveric position with no tendency toward spasm. Sir Felix Semon observed that in bilateral paralysis of the vocal cords the abductors are first affected, the adductors apparently become hypersensitive and on any slight provocation induce laryngeal spasm (Laryngeal crisis of Tabes) which may require intubation or tracheotomy. This phenomenon is known as Semon's Law. Laryngeal crisis may be an initial symptom of Tabes, but in our case the sudden onset and prompt response to treatment indicates an exudative rather than a degenerative process. The involvement of the palate we can only account for by the involvement of some central fibers which supply the pharyngeal plexus.

Illustrating another type of abductor paralysis is the case of Miss N. whom I saw only once at the Dispensary. Miss N., age about forty-five, complained of being unable for many years to do much work because of bronchial trouble. A large goitre had been present for many years, but always considered to be of an innocent type. Laryngeal examination showed abductor paralysis, probably due to pressure of the goitre on the recurrent laryngeals. This could also be the cause of her bronchial (?) troubles. It has been reported to me that she was recently operated for goitre, but I have not had the opportunity of a post operative examination.

FROM THE ONE HORSE CHAISE TO THE AEROPLANE

**Dedicated to the Class of 1914 from the Experience of a
Century Past.**

In the stormy time of the Spanish war
In the Autumn of Ninety-eight,
I seriously thought of myself at par
And dreamed of my growing great.

I started out with the Century's dawn,
"Making hay" as I "blew my horn."
Each night saw a trophy securely won
With another in sight, each morn.

The Public shouted, "Oh Hurry! Come!
My father has threw a fit,
The hired girl's fainted, my wife has swooned,
Our baby's about to quit."

And, fool that I was, I fretted and flew,
I feared I would be "too late,"
Or "the other fellow" would beat me to
A case in this terrible state.

O many a horse I've driven to doom,
For many a "blow out" paid repair,
And now, when my life should be at its Noon
I "stand in the gloaming with none to care."

To you of the Nineteen-fourteen class,
So far better fitted to bear the load
Than were we, I say:—"Let a little green grass
Grow under your feet," while the Public goad
And jostle you here,—there's time to spare,
Don't heat up your horses or ruin your ear,
Let your 'plane soar smoothly along "up there"
"With your chariot hitched to a learned star."

If "the old man's dying," why he'll be dead,
So sip your beverage and chew your bread,
Let your automobile bowl smoothly along,
While you sleep sound sleep in your starry bed,
For if it's "the child," he'll soon be well,
The wife will have rallied from her "spell,"
And all that you need is to **get the price**,
For giving good measure and "sound advice."
Then let your aeroplane soar o'er head,
While you sleep sound sleep in your starry bed,
And you'll have youth and health, with your wealth and fame.
The Public will bless you,—you spared yourself.

If the old man's dying, he'll sure be dead,
So sip your beverage and chew your bread,

Let your auto pur as it glides along
 While you whistle a happy cheerful song,—
 Except, just this, when you race with the Stork,
 Let your air-buggy blow out her belly with work!
 Neither mother nor baby nor stork will need you,
 But you need the Needful so FLY straight through!

CLARKSON HOSPITAL

The following account of the Bishop Clarkson Hospital, the picture of which appears on the cover page of this issue, is taken for the most part from a sketch written in 1906 by Mrs. A. J. Poppleton.

“The first hospital in Omaha was built in 1869 on a lot owned by the city at the corner of Twenty-third and Webster streets. It was opened for patients in March 1870, and named the ‘Good Samaritan.’ The association having it in charge was composed of every denomination in the city, and Mrs. Jewett was the first active president.”

“There was never at any time a lack of patients, but there was often a painful lack of means, and it soon became evident that, under the existing system, the pecuniary demands of the situation could not be met. In 1871 the property was transferred to Bishop Clarkson to be carried on under his supervision as a church hospital.

“In October 1881, Bishop Clarkson effected a reorganization, and in December following, a small hospital with six beds was opened at 1716 Dodge Street.

The corner-stone for the present building was laid in June, 1883. The building was completed in December of the same year at a cost of \$14,000, raised largely by contributions.

“It was the Bishop’s first intention that the hospital should be devoted exclusively to the care of children, but this was later found to be impracticable, and in the fall of 1884 it was decided to admit adults.”

Five years ago the hospital first became identified with the Omaha Medical College, when Dr. A. B. Somers began giving senior clinics in obstetrics. Since that time other members of the Clarkson Hospital staff have been added to our clinical faculty with the result that, at present, clinics are being given at the hospital by the following men: Drs. A. B. Somers, B. W. Christie, Leroy Crummer, J. P. Lord, J. E. Summers, Palmer Findley and W. H. Taylor. Other staff men who are also members of our clinical faculty are: Drs. B. B. Davis, W. O. Bridges, Gifford, Patton, Potts and Wm. Anderson.

Dr. Wm. N. Anderson was the first house physician and surgeon and served during the year 1910-11. He has been succeeded each year since that time by one or two men from this college.

The reciprocal relationship between the school and hospital has been to the advantage of both and we prophesy that the continued relationship of the two will give them both greater strength in their appointed tasks.

== The Pulse ==

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== EDITORIAL ==

Through the kindness of Dr. Richard C. Moore, Emeritus Professor of Nervous Diseases, the College of Medicine has recently received a framed photograph of the first class (1881) of the Nebraska School of Medicine and Surgery. The photo will be hung in the library.

With the help of Dr. Milroy, a nearly complete file of the catalogs of the old Omaha Medical College has been gathered together. With the single exception of the first year, all the catalogs are on hand from the independent beginning of the school in 1880 to the present year. If any of our readers should happen to have a copy of the first catalog, the school would greatly appreciate its donation to complete the files.

It is the intention of our faculty to reduce the number of hours of the student schedule. This proposition was decided upon at a recent faculty meeting as a result of a report which showed that the present senior class had spent approximately 7,200 hours in class room, laboratory, and clinics or about 2,800 hours more than the average of the five class A plus medical colleges of this country. The didactic work is to be reduced fully one-third in the senior year and although the number of clinics are to be increased, a few of the clinics will be made elective, so that the number of hours in the senior year will be very materially decreased. There will be a like shortening of the junior schedule.

The wisdom of such a course had not only been proven theoretically, but has been attested to by the older schools in a way that moved Dr. F. P. Mall to observe that "the long hour schedule is the weakling's delight, but the strong man's burden."

The school is in a position to give quality in place of the quantity formerly offered. The present view-point is that our opportunities for turning out exceptionally good men are enhanced in so far as opportunity is given for individual research work.

We believe it to have been fully demonstrated that the man who

has opportunity for indulging in that branch of science which proves most interesting to him, will be a better student and in realizing the supplementary value of other branches in medicine, he is more apt to become well grounded, than if he were given the task of learning equally well, all the branches of medicine.

The man who graduates with the power of concentration and with the power to apply to the best advantage what he has learned, is far better equipped than the man with the great fund of information. We are positive that the long hour schedule is a menace to men who are capable of attaining success if they are given time and opportunity to choose and strive for a definite goal.

MEDICAL EDUCATION TODAY

In glancing over the last Journal of A. M. A. we were struck by an article by Bevan of Chicago which provokes the following:

Nine years ago at the time that the Council on Medical Education first came into being, there were over 28,000 medical students in the United States, distributed among some one hundred and sixty medical colleges, good, bad, and indifferent. Today, largely through the effort of the profession itself to raise the standards, there are 17,000 students, in one hundred colleges, mostly good, and while nine years ago only four of the one hundred and sixty schools required more than a high school education for admission, now eighty of them require advanced standing. Just what does this mean from the point of view of the suffering, overworked student? Of course it means harder work and more of it, but also it means lessened competition in an ever increasing field with greater chance of a decent living for all of us and room for big work for the more ambitious of us.

Medical schools are rapidly passing the stage of private endowment, and are, even as the Arts and Sciences, no longer dependent upon private endowment and the caprice of private patronage, when, as in the middle ages, learning hung upon the fluctuating fortunes of personal favoritism. We are approaching a time when medical education will be a function of the state alone. We of Nebraska are very fortunate in finding ourselves in the vanguard of the new medicine, with the resources of such a great commonwealth as our own state at our back. We sometimes growl when the course is hard, but we are often more ready to "holler" when it is poor, and most of us realize, even though we do not often speak of it, that our advantages are many. We will graduate better equipped than our fathers, with an education superior to that of many of our competitors and equal to that of the rest, into a wide field with decreasing competition and increasing opportunity. Surely we have much for which to thank the profession as a whole and our State University in particular.

Resident: "Think of opening an office in this neighborhood, eh? Seems to me you are rather young for a family physician."

Young Doctor: "Y-e-s, but—er—I shall only doctor children at first."

NEW PHI RHO HOUSE

Charter members of the Iota chapter of Phi Rho Sigma fraternity directed the breaking of ground for the chapter's new \$15,000 house at Forty-second street and Dewey Avenue, Saturday, March 7th. The following charter members were present: Drs. B. W. Christie, M. A. Tinley, W. P. Wherry, C. W. Poynter, C. F. Avery, A. H. Cooper, W. B. McDowell, S. B. Hall, H. W. Heffelfinger, A. B. Lindquist and H. A. Reichenbach. They were assisted in the ceremony by the local chapter members and the celebration was completed by a dinner at the Empress Garden and a theater party at the Brandeis.

The building will be erected during the summer and will consist of three stories and a basement.

Case reported in Dr. W. E. Milroy's class in medicine by Blaine A. Young, B. Sc.

Mr. M.—67 years old. Married. American born, Has lived in Nebraska last 28 years. Druggist. Family History: Father died at 38 of typhoid. Mother died of liver complaint at 66. One sister in good health at 64. An only brother died as result of an accident. His wife is in good health and he has four sons and one daughter living and well. One child died of diseases of hereditary nature in the family.

Past history: Whooping cough in early childhood. Some fever at ten or twelve years of age, probably typhoid. Malaria while in southern Missouri thirty years ago. When fifty-seven years old had measles followed by pneumonia at which time he was confined to the house from October until the following April. Since then has taken cold very easily and has coughed some most of the time. Has smoked and chewed tobacco a great deal, but used very little alcohol and that only in the form of beer. Denies having had any venereal diseases.

Present trouble: For the last year has had a feeling of slight ill health which he had attributed to his advancing years only. The past four or five years he has tired easily and has felt somewhat played out. Has not been confined to his bed. Lately he has had to get up in the night to urinate. For some time his eye-sight has been failing; objects have a peculiar glimmering appearance. Some times there are color sensation and spots before the eyes. While in bed on the morning of February 22nd, 1914, he awoke suddenly and there was an appearance of a ball of fire before his left eye and then something seemed to pass through his left arm from his shoulder to his finger tips leaving a peculiar tingling sensation in the arm. He sat up in bed and rubbed the arm a few minutes until it felt natural. While sitting up he experienced a sharp pain in the right side of his head a little above and in front of the ear. There was no unconsciousness and no paralysis. The left leg was not affected. A very short time after the attack he was asleep again. In the morning he got up and dressed and felt as usual, possibly a little weak. He remembered all of the details of the spell. His bowels are quite regular, takes a cathartic only occasionally. Appetite only fair. Sleeps well. Does

not think he has lost weight. On February 27th and again on March 4th he had an attack of tingling and numbness in the left arm, without paralysis or loss of consciousness, which came on suddenly and left about as suddenly upon rubbing the arm. On March 5th he complained of a slight feeling of sick headache with some dizziness.

PHYSICAL SIGNS.—The patient is a well nourished individual of average height and average build. His hair and moustache are gray and he looks his age. There is a moderate arcus senilis. His teeth are not in very good condition and stained from long continued use of chewing tobacco.

The eyes react to both light and distance somewhat tardily.

There is no paralysis, wasting, or deformity on either side of the face or body. Both hands are equally warm, the grip is very strong and is equal as near as I can tell, on both sides. The pulse is the same in character in both wrists.

The chest expansion is exceedingly good and is the same on both sides. The resonance is good on percussion over both lungs and no rales or abnormal sounds are heard on auscultation.

The area of heart dullness is not increased. The apex impulse cannot be seen, but can be palpated in the fifth interspace just within the nipple line. The heart sounds over the apex are clear and strong, the second aortic sound is markedly accentuated. No murmurs heard.

The radial pulse is regular as to rhythm, but slightly irregular as to strength of beats. The pulse comes up full and strong and seems to indicate considerable increase in arterial tension.

The blood pressure taken at different times by different observers and with different instruments has varied between 165 and 190 mm. I read it 178 mm. the afternoon of March 4th.

The liver dullness is normal, beginning at the upper border of the 5th rib in the mid-clavicular line and extending down 4 inches to the costal margin, and there is apparently no enlargement of the organ. Palpation and percussion of the abdomen are negative.

The feet show no oedema.

Mucous membranes have a good normal color.

Deep reflexes are normal.

No areas of anaesthesia.

Since March 1st, 1910, temperature 97.8 to 98.6, pulse 56 to 70 per minute, respiration 16 to 22 per minute.

Urine analysis March 4, 1914: Deep amber color; quite clear; acid sp. gr. 1.026; albumen, sugar, indican, and bile are negative.

The only day the total quantity of urine was measured gave 22 fluid ounces. Another day 16 fluid ounces were measured and he voided once besides. Still another day showed 24 fluid ounces and one urination not measured.

He expectorated a small amount of rather thick grayish mucous.

Differential Diagnosis.

The difficulty of the case and the physical examination of the patient makes the diagnosis of the condition of a generalized arterio-sclerosis. But as to just what has occurred to produce the present

symptoms might cause some difference of opinion. Because the patient has had no injury to his left arm and because of the description of the attack with the sharp pain in the right side of the head, I feel that there is some lesion of the central nervous system, and would locate it near the fissure of Rolando probably posterior to the fissure involving the sensory center for the arm principally. Now as to the nature of the lesion, it might be either a localized congestion, hemorrhage, thrombosis, embolus, or tumor. A localized congestion would be rare and would be only a transitory affair while here there remain symptoms of some continued irritation. There is no such thing as infection, endocarditis, or malignancy in this case to account for a thrombosis or embolus. A tumor would be slow in its growth and the symptoms would appear gradually.

Diagnosis.

There is a catarrhal bronchitis of the larger bronchus which accounts for the cough. General arterio-sclerosis. A chronic nephritis due to changes in the kidney vessels and manifest by the presence of casts in the urine. On account of the high blood pressure, the suddenness of the onset of the attack, the pain in the right side of the head, the sensory involvement of the left arm, with recurring abnormal sensations, and from the age of the patient, my diagnosis is a hemorrhage from one of the cerebral vessels in the neighborhood of the sensory arm center posterior to the Rolandic fissure on the right side.

Treatment.

The patient should be kept just as quiet as possible and as free from excitement and worry as is possible. He should not attempt anything which will cause the least exertion. He may eat a moderate amount of any food he desires. The bowels should be kept open with a saline cathartic which will help relieve the high arterial tension by removal of fluid from the body. Small doses of potassium iodide 5 gr. t. i. d. might aid in the absorption of a blood clot and will relieve his bronchitis. Iron iodide might be used in place of potassium iodide or with it in hopes that it would not only promote absorption but also be of value as a styptic in preventing further hemorrhage. Nothing should be given at present or perhaps not even later to reduce the blood pressure, for fear that capillary dilation would produce fresh hemorrhage. In case it is decided to give a drug to reduce blood pressure in 2 or 3 weeks, it should be begun in small doses, say $\frac{1}{2}$ gr. sodium nitrite t. i. d. at first. An occasional sweating with hot packs or the electric light bath would be beneficial and in this case would be the safest and most efficient means of reducing the blood pressure.

Prognosis.

Even with as mild symptoms as the case presents, the prognosis must be grave. Another hemorrhage may occur at any time and be fatal. Or he may have a number of mild recurrences, due to "miliary hemorrhages," extending over a period of several years. The chances are that death will occur sooner or later from an apoplectic attack.

THE STOKES TENNIS TROPHY

At last our barren clay beds to the west are no longer uninhabited, but in the morning and in the evening every positive sign of life can be elicited with the aid of but a single drop of neurons. The executive committee have oriented themselves to the extent of laying plans for the completion of the courts and before many moons the school tournaments will have begun and contests with other schools will have been scheduled.

The present plan in regard to the conducting of the tournaments, suggested by Mr. Meyer, and adopted by the executive board, is to first hold a class tournament which will decide the class championship; this to be immediately followed by a College tournament, the winner of which will be awarded the Stokes Trophy. The above trophy—a large loving cup—will be awarded the winner of the singles tournament. The board is doing all in its power to secure two smaller cups to be given to the College champions in doubles, and we hope at the next issue to announce the donors of the same. The students and faculty rejoice very much over the gift of Dr. Stokes and the association as a whole wish to extend to him many thanks for the trophy and the interest manifested in the activities of the school.

The winners of the class tournaments will be awarded banners, the same to be placed in the men's apartments in the basement.

The prospects for a representative team are very bright and by the close of the college tournament it is safe to say that the college will be able to make a creditable showing against the other schools in this vicinity. Several men already show evidences of fast play and with good weather and the speedy completion of the courts nothing should bar the Nebraska College of Medicine being heard from in athletic relations as she has already been in scientific circles. Let everyone boost for the association and help make the Gifford Courts the best in the country.

JUNIOR NOTES

We wish to announce that on Thursday between the hours of 9 and 10 the "Clerk" is in the office.

It is thought among scientists that Father Bobbie Kerr has discovered a new classification for deformities and a "tenia equinovarus and valgus," will occur in the next copy of Hull's Surgery.

Those registered at the Hotel de Towne last Monday for slumbering parlors were Messrs. Nosnhoj, Resom and Relssieg.

Up to the time we go to press, Male Fern, Stomatitis and the eating of green apples before they are ripe have not been prominent enough to secure honorable mention in this issue.

Curator Keegan took his pediatries last Monday morning on the Gifford courts learning the racket game instead of rickets.

Resolved, "That Abe Greenberg is more of a pesticator when sitting back of Miss Orvis than is Paul Geissler." Decision in favor of affirmative, three to nothing.

SOPHOMORE NOTES**Obstetrics Class.**

Prof.: "Mr. Rosenbaum, what do you understand by a child being born with a 'caul'?"

Rosie (in meditation): " ? ? ? "

Prof.: "Do you know that Abraham Lincoln was born in this way?"

Rosie: "Yes, but that was the 'call' of his country in his instance, doctor!"

Bacteriology Class.

The pneumococcus, it is to be remembered, is the "friend of the aged" and "the enemy of the drunkard."

Physical Diagnosis Class.

The "Ebstein touch percussion method" has its advantages, but the "finger-finger percussion" you always have on hand.

Pathology Class.

Dr.: "I would like to impress upon your youthful minds that the study of "inflammation" in this course is as important to you as the understanding of the Trinity is to the student of theology."

Pharmacology Class.

Prof.: "What parts of the body are effected by phosphorus?"

Stude: "The bones of the extremity, particularly the jaw bone. The disease is found especially in match-makers."

FRESHMAN NOTES

!?

ANATOMIC PUZZLES

(With Apologies to Dr. Poynter, Professor of Anatomy.)

Where can a man buy a cap for his knee?

Or a key for a lock of his hair?

Can his eyes be called an academy

Because there are pupils there?

In the crown of his head what gems are set?

Who travels the bridge of his nose?

Can he use, when shingling the roof of his mouth,

The nails on the ends of his toes?

What does he raise from the slip of his tongue?

Who plays on the drums of his ears?

And who can tell the cut and style

Of the coat his stomach wears?

Can the crook of his elbow be sent to jail?

And if so, what did it do?

How does he sharpen his shoulder blades?

I'm hanged if I know—do you?

—From Boston Transcript.

NEWS OF THE DISPENSARY

For the six months beginning September 15, 1913, and ending March 15, 1914, the dispensary reports a total of five thousand and eleven cases. We can well be proud of such a showing. The number of cases is in excess of the requirements of the American Medical Association for Class A colleges. It is over twice as large as that of the only other medical college in the city, and if the experience of other years can be relied upon, it will be even larger during the summer months.

The general dispensary staff had a meeting scheduled for Saturday, March 15, when they talked over plans for the still greater dispensary next year.

CHICAGO MEETING

There was recently held in Chicago, of interest to medical students and medical educators generally, three rather important meetings. The first, a meeting of delegates from state medical societies, state secretaries, state boards of health, etc., under the auspices of the A. M. A. Council of Medical Legislation. The second, a meeting of the medical college authorities interested in medical education under the auspices of the A. M. A. Council on Medical Legislation. The third, a meeting of the American Association of Medical Colleges. The University of Nebraska is particularly interested in the two latter meetings. The principal points that stand out in the discussions at the second meeting are:

First, the practical unanimity of sentiment that medical education, properly conducted, is entirely too expensive for schools or colleges save those connected with state institutions. This was emphasized in an address by Dr. Bevan, head of the department of surgery in Rush Medical College. Dr. Bevan showed that historically the state formerly controlled medical education, that this was true on the continent of Europe and that it must eventually become true in the United States. He does not except the large privately endowed institutions like Harvard or Hopkins, but makes the prophesy that in order to be most effective these schools must be under state control. His own college, Rush, presents the problem of a large deficit each year which must be made up by subscription among members of the faculty.

Second, that increasing requirements are the order of the day and that sooner or later most of the medical colleges in the country will be requiring, in addition to two years of pre-medical college work, a hospital interne year. This has already been done by state law in Pennsylvania.

At the meeting, that of the American Association of Medical Colleges, the rule passed last year of a one year college requirement, was interpreted by a committee and definitely placed before the association. This means that all colleges who expect to retain their membership in the American Association of Medical Colleges must require at least one year of college work for entrance to the freshman medical class. Even this requirement will not admit the graduates

of such colleges to examination in many of our states. The rule in Iowa, Minnesota, etc., is that no graduate of a college requiring less than two years of college preparation shall be permitted to take the state board examinations.

On the whole, the concensus of opinion was very evident, that second and third class medical colleges would ultimately have to discontinue; that with increasing intelligence on the part of the people more is being demanded of a physician in the way of preparation. It was very evident too, after a casual visit with many of the delegates present, that practically all the colleges represented have their own peculiar, disappointing problems and draw-backs, and it is a matter of considerable satisfaction that the position of the University of Nebraska as a medical center was generally acknowledged.

The writer returned a hundred per cent better satisfied than ever before with our own conditions, problems and prospects.

I. S. C.

TENNIS

With the advent of occasional warm weather the tennis enthusiasts are taking their rackets down from their winter resting place on the wall over the dresser to spend an occasional half hour knocking the balls around once more. One man was even seen on our courts in a complete and horribly clean white tennis suit.

The courts are being rapidly worked into excellent order. Mr. Johnson, the manager of the Field Club Courts (which latter, by the way, are supposed to be the best courts in the middle west), was invited over to give a few suggestions, and when he saw the ground he became so enthusiastic over the material which we had for making a wonderful set of courts, that he volunteered to oversee, free of charge, the rather particular work of leveling and rolling them. He says there isn't better ground for courts in Omaha. The courts will drain north and south, one inch fall from net to service line and one inch from service line to back net. There will be a shallow, broad, sodded ditch at each end and between the courts to carry off the water. The bank on the west will be sloped off and seeded. Work has already begun and the east court is even now in good order.

The Tennis Association held a meeting Monday afternoon, March 16th, at which a unanimous vote of thanks was extended to Dr. Gifford for his generosity in fitting up the courts. He was voted a life membership in the association. Another meeting will be held soon. Meanwhile our burly athlete, Obie Meyer, is hard at work upon a schedule for the tournaments. We are wondering if it wouldn't be nice to get a day off some time this spring when we could hold a tennis celebration, dedicate the courts, and hold the tournament finals.

A list of the men eligible to play on the courts will soon be posted. It is scarcely necessary to add that playing in any other than tennis shoes will not be allowed. Even a few minutes of play in ordinary shoes will do considerable damage.

We need benches at the sides of the courts. There are many ways of getting them. One method we learned while freshmen in the University. ? Will we have a few benches?

KILLING TIME

There are many ways of killing time. One is to sit and smoke; another is to go to the Empress. But the newest and latest is to sit in a laboratory some sunny day when you are not supposed to be there, vainly striving perforce to become an artist that you may practice medicine. Yet in all seriousness we question the value of painstakingly drawing normal gross tissues (foetal membranes especially are responsible for this little out-burst) which we have all seen before, will see many times again, pictures of which abound in our texts, and the parts of which we know and can recognize at a glance. If it is knowledge we are after, a few moments of explanation and demonstration would save hours of work. If it is art we are after, let us spend our time copying Dr. Poynter's Greek slave. We would learn as much drawing, and would get a little beauty thrown in.

The direct current generator set which was originally ordered as part of the equipment of the new building has come and is being installed. It will replace a smaller set which has been giving temporary service. We are kept from slumber in the main lecture room by the frequent zing-g-g hum-m-m of the motor as the workmen test it out.

Here is some cheering news for the disciples of the tub. Dr. Cutter has ordered the water heater to be fired up every day from now on. It seems that the heater coil in the boiler, from which we have been getting out hot (or tepid) water is way back in the boiler fire box and when the fire is low the water is cold. But there is a separate water heater in the boiler room which has now been pressed into service. The boys will have a chance to keep clean for the rest of the year.

Last fall we heard a rumor that we would be given a chance to buy our microscopes from the school as we went along, by paying a microscope fee each semester. Every one liked the idea, for every one realized that the up-to-date medical man should have a microscope, and we all knew that the easiest way to get one would be to buy it on the installment plan. The rumor came to naught. Nevertheless it has revived again, and is even whispered about among the powers that be. Next year it is quite possible that we may be privileged to buy our microscopes in this way from the school.

Beginning with the first week in April the sophomores will have their turn at dispensary work. On Tuesday from 2 to 3 will be obstetrics lecture down town, so that we won't have to spend time going out to school, and from 3 to 5 will be physical diagnosis clinic. There will also be two sophomores in each dispensary service, for one week in each service, whose work will be history taking and record keeping. Each man will probably be on three of these services before the end of school. This is the first break in our long years of close confinement to laboratory work, and should come as a welcome change for all of us.



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