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University of Nebraska College of Medicine

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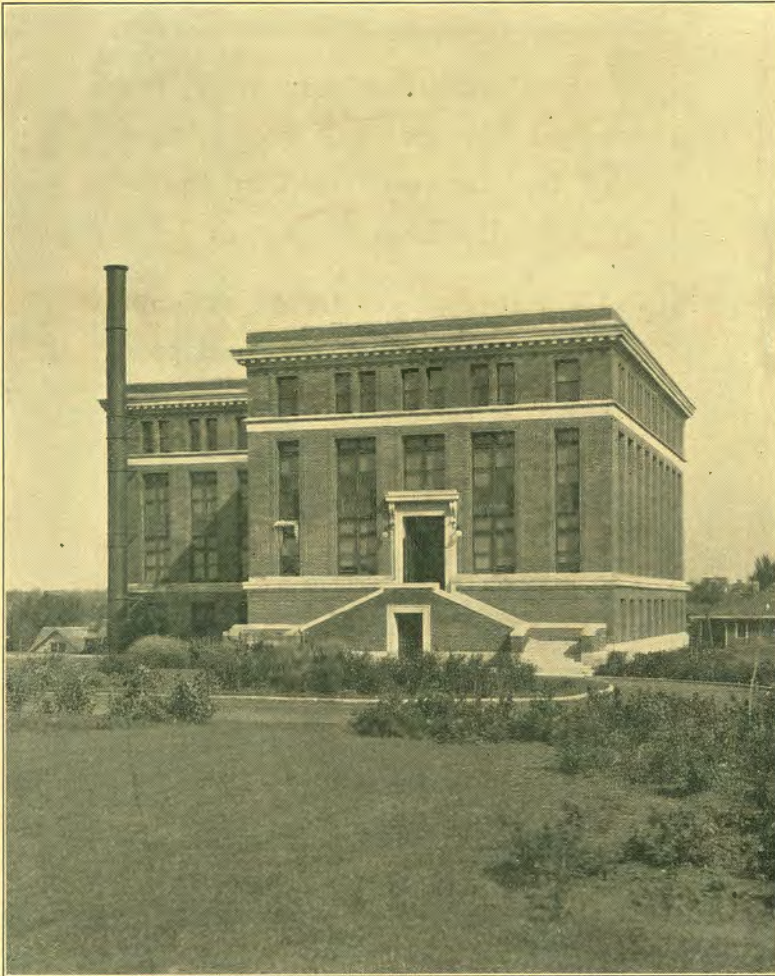
The Pulse

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

Vol. IX

SEPTEMBER 21, 1914

No. 1



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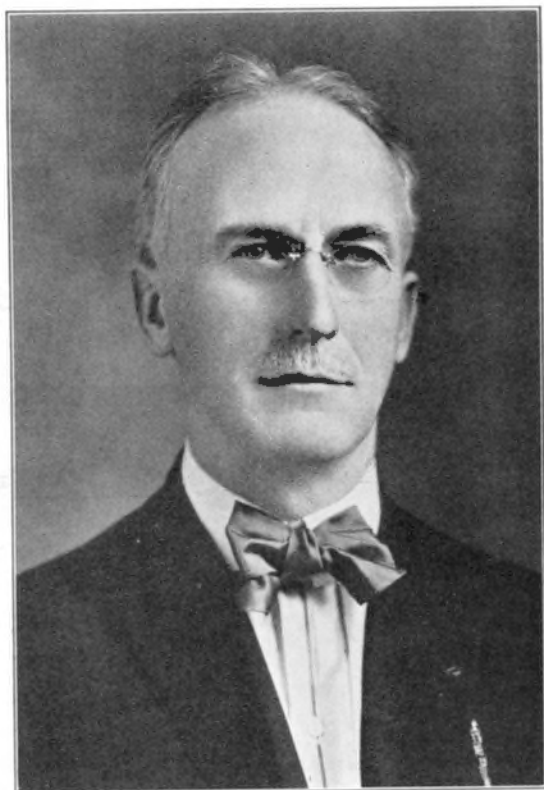
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J. P. LORD, M. D.
Professor of Orthopedics.



The Pulse



Vol. IX.

Omaha, Neb., September 21, 1914

No. 1

THE PREVENTION OF DEFORMITY

By J. P. Lord, Professor of Orthopedics.

The cure of disease has always received greater attention from doctors and patients than has its prevention. We are somehow spurred on to our best and supremest efforts in meeting the emergencies of illness and accidents. We seem to lack the wisdom and foresight necessary to live up to the full measure of our knowledge in disease prophylaxis. In comparison the prevention of deformity is perhaps less well understood. The causes, mechanics and pathology of deforming diseases are less well understood and much less considered than relief and cure measures after deformity has taken place. Just as our ideal is for disease prevention so should our aim be to prevent deformity. An acquired deformity is too frequently a reflection upon the medical advisor. Men unqualified to pass judgment are often too pessimistic or are possibly indifferent and parents, discouraged and ignorant, spend too much time both in inaction and with irregulars and incompetents. The dangers of delay and the effects of growth upon the production and establishment of deformity are not foreseen by ignorant and indifferent parents. Neither are they fully understood or appreciated by many practitioners. The existence of an extreme acquired deformity, represents some one's ignorance and neglect. The causes of congenital deformity are too obscure and obviously so remote as to render a discussion of their prevention manifestly unprofitable. The early correction of congenital deformities, however, forestalls some of its more exaggerated types and thus fixed forms may be lessened and even prevented. Neglected deformity usually means an increasing and greater deformity. Early treatment and correction therefore, together with measures to prevent recurrences, is the burden of this paper. Many deformities may be fully corrected early, which, if allowed to exist for years, may be quite impossible to overcome completely, and some are utterly refractory. Congenital club foot is amenable to complete correction and with sufficiently prolonged after care results are practically perfect in the vast majority of cases. This period of after observation and care, however, is absolutely essential to insure full restoration of contour and perfect function. This period should be one or two years.

Close supervision is imperative to prevent the acquirement of deformity following infantile paralysis. Splints or braces have a distinct place in maintaining the limbs in the normal or overcorrected

positions necessary to maintain, to minimize, or prevent the deforming effects of habitual mal-position or posture.

It is important that the muscle balance of a paralyzed leg and foot be determined and adjusted by tendon transference, silk ligaments, arthrodesis, or other means to lessen the tendency to mal-position and the consequent deformity. Of course a proper appreciation of the value and application of these various procedures must be obtained to insure that degree of success so necessary to satisfactory results. Months and years of supervision are sometimes necessary to preserve the balance to insure the permanence of the results previously obtained. Subsequent operative or corrective measures are sometimes required.

The contractures and bone and joint deformities from birth paralysis should be foreseen, guarded against by muscle stretching, apparatus and supports, before the inevitable extreme conditions, resultant upon spastic contractures, are developed. Early tendon transference, as of the biceps to the quadriceps rectus, may correct the contractions at the knees. Lengthening of the tendo Achilles will relieve the equinus. The division of the rectus tendon at the ant. sup. spine of the ilium will do much to lessen the marked lordosis inevitable after years of forward pull upon the pelvis. To divide the adductors at their pelvic origin will also prevent the marked scissor legs or knock knees. Later after marked deformities, the operation must be more formidable and the after treatment greatly prolonged. This consists in massage, exercise, plaster or splints, braces perhaps, and muscle re-education.

A legion of deformities may be lessened and prevented by improved general and individual treatment of fractures and dislocations. It would be necessary to recite many don'ts to do justice to the list of precautions necessary to observe to avoid, in greater degree, the imperfect and too frequently lamentable results from fracture treatment. Radiography is doing much to dispel the self complacency and over-confidence of tyros who await the end results of their treatment to be really certain of their work. Few really serious or doubtful cases involving joints or the larger and more important bones should be treated without this aid. And when it is not or cannot be conveniently made use of it should be made the patient's responsibility. The anatomic corrections now more frequently are serving to lessen deformities. The mastering of non-union and the bridging of bone defects by the use of bone grafts are still further giving modern methods the mastery. Time precludes details of discussion and allusion to cases.

For some years I have made frequent protest against the too frequent and almost general use of the ambulatory treatment of Potts disease of the spine. The mind of the general practitioner seems (too frequently) in my observation to run as straight from the diagnosis, to a cast or brace, as the line from the eye of a cartoonist's figures to the object. To avoid deformity and too great destruction of bone, abscess, complications, recurrence, prolonged bed treatment with fixation is imperative. There are exceptions, of course, but they should

not make the rule. The lesion is too severe and the issue and consequences too great to be lightly regarded. Prolonged bed treatment will insure the best results whether bone grafting is or is not resorted to. It is probable, however, that grafting in suitable cases will by fixation hasten the healing of the process and thereby shorten convalescence and lessen the deformity. It may be said, however, that this is not yet universally accepted. Probably a few more years of trial will be required to establish its true worth.

Extensive shortening, following hip disease, either from dislocation or great bone destruction, is evidence of bad treatment, and neglect in the majority of cases. Marked flexation deformity is also evidence of somebody's short comings. Early diagnosis and a keen appreciation of possibilities, intelligent observation, close surveillance and prolonged after care, are necessary to minimize these deficiencies and reduce the numbers of cases that reflect so much discredit upon the treatment and management of hip diseases, as now evidenced by those who are blighted for life by its indelible marks.

Weak or imperfect feet require early and systematic observation and treatment in children and adults, not only to prevent their deformity and greater weakness, but to forestall the secondary postural changes the sure outgrowth of these imperfections, notably the changes in the spine, shoulders, chest and abdomen. Visceroptosis is one of the many ulterior results of faulty carriage. The economic loss, the result of faulty feet, is becoming recognized. Some hospitals are systematically examining the feet of their nurses. The rejection of army recruits on account of flat feet is traditional. Its importance will soon become manifest in the attitude of the trades and other classes of labor. School inspection, sure to come and be universally adopted, will do wonders in directing attention to early and incipient deformities. It is already having its effect in quickening parental observation. Baby exhibitions are having the same effect.

Gymnasium inspection is another check upon the neglect of potential incipient and established deformities. Dressmakers now discover more cases of scoliosis in girls than do their mothers. This emphasizes the necessity and importance of periodic and systematic physical inspection by trained eyes. Physical inspection or hygienic inspection are designations perhaps to be preferred to medical inspection. The word medical is intolerant to the christian scientists (note in reading the absence of capitals), who have, it has been said, defeated medical inspection by their opposition. Whereas a less obnoxious term than the word medical would have vouchsafed their acquiescence to this needed legislation. If we are to secure early this eugenic legislation we would recognize this balance of power, eliminate the non-essential word, harmonize the factions and attain our unselfish purpose for the common good. The cost of rearing, educating and rendering efficient the human animal is too great for us to let pass any measure designed for the improvement of the individual and which will add to the sum total of human improvement and happiness.

After all our moralizing, our don'ts, generalized cautions and

advice, we are face to face with those members of the profession who are so deservedly entitled to commendation and praise for their proverbially numerous good qualities—the general practitioners. The all around doctor is (to be perfectly frank) too much of a composite to be an all around specialist. The polygot specialist is an absurdity if not an impossibility. The true specialist is one who does, in a measure at least, recognize his limitations. It has been my observation and experience that the worst cases of neglected and preventable deformity had passed through the hands of those who had not recognized their limitations, and who had so poor an outlook as to express a pessimistic prognosis, and therefore hinder their patients from securing the advantages of special counsel, making possible the greater service which will prevent rather than make necessary the cure of deformity.

THE MEDICAL SCHOOL AND THE STATE

The state of Nebraska is developing, in connection with its state university, a college of medicine of which it has a right to feel proud. But in its elation over present accomplishments we hope the state will not feel that its duty to the public has been completely fulfilled—will not lay back and rest as far as the college is concerned. For the public health of the inhabitants of a state is without doubt the largest single interest with which a state needs to concern itself. And this public health is best conserved by the maintenance up to date of an effective medical school—the proper education of those men in whose hands the care of the public health is given, by an efficient and progressive medical college as a branch of the state university.

The day has passed when poorly educated men may hope to practice medicine. Both the professional and the lay press are continually educating our citizens to choose carefully those to whom they entrust their care when in need of medical attention and to pick only those men whose education marks up to the highest standards. Sectarian schools are rapidly dropping out of existence. “Deliberately to label oneself an allopath or a homeopath or an electric is to return to a past epoch of medical history.” Yet to keep up with the advancing standards of its own citizens the state must continually plan for the advancement and betterment of its educational facilities.

Nebraska, although at present ranked in the highest class of American medical colleges, still requires much in addition to what she already has. One of our most crying needs is for a university hospital, built and equipped by and run entirely in the interests of the state. To quote from a recent article by H. S. Prichett, M. D., president Carnegie Foundation for the Advancement of Teaching, “the medical school **and the hospital** ought to form the very heart of those agencies by which the state undertakes to deal with the public health.”

Yet we still lack the hospital. Let us hope that the next legislature, realizing the crying need of completing a work so nobly begun, will appropriate for the use of the board of regents a sum of money sufficiently large to build and equip a university hospital, which will be devoted solely to the purpose of educating our students of medicine.

SUMMER FACULTY NOTES.

Dr. Poynter spent practically his entire vacation period in the laboratories of Harvard Medical. He was engaged on a problem in nerve anatomy and embryology.

Dr. Guenther was in New York City until August. The latter part of the summer was spent in Ann Arbor, Mich.

Dr. Willard was busy until September 1 in keeping his departmental refrigerator filled with ice. He spent some time on his forthcoming monograph, however, sufficient, it is believed, to insure its publication by 1920.

Dr. Johnson attended the American Medical Association convention at Atlantic City and later joined the laboratory staff of Dr. Hektoen, where he devoted several weeks to serological problems.

Dr. Cutter attended the American Medical Association convention at Atlantic City and was last seen by the reporter carefully piloting Dean Bridges homeward. He visited the medical schools in Philadelphia, New York City and Boston, returning to Omaha July 4.

Dr. Schultz held his laboratory open all summer watching for victims requiring the Wasserman. As a result he is expecting to attend the reunion at Hopkins early in October.

Richard Darcy spent three long months, morning, noon and night, watering the lawn and posy beds in order that tired students' eyes might rest upon true nature. Congratulations are certainly due Mr. Darcy for his success.

Mrs. Quinlan took passage on a coast steamer during August, stopping at Jamaica, Colon, etc., enroute. She reports a delightful trip.

The advent of our A plus rating brings added responsibilities to Nebraska. The University College of Medicine must and will afford ample opportunities for true scientific medical teaching. No state westward until the Pacific coast is reached supports an A plus school and much territory to the north and south must look to Nebraska for medical educational opportunities. The present attitude of our clinical faculty assures the students the best that can be had in clinical teaching, and no efforts will be spared to develop and maintain the closest hospital affiliations. Additional clinic is provided this year in both the junior and senior schedules and the dispensary will do its part with a far more perfect organization. Better working arrangements between the surgical clinics and surgical pathology have been outlined and clinical pathology will be closely associated with physical diagnosis. Nebraska accepts the A plus rating not with a sense of elation, but rather with a keen realization of work to be done and a high standard to be maintained.

I. S. C.

The College of Medicine is indeed fortunate in the selection of Dr. J. Douglass Pilcher, who assumes this year the associate professor-

ship of pharmacology. Dr. Pilcher has had broad medical training, as well as special training in his field—pharmacology. For several years he has been the close associate and first assistant of the noted pharmacologist, Dr. Torald Sollmann.

The library has been enlarged by the addition of the laboratory occupied last year by Dr. Mitchell and by the removal of the cumbersome shelf tables. Three new double stacks have been added as well as sufficient cases to insure ample accommodations for all new books and periodicals. The library of the State Medical Society and the library of the Douglas County Medical Society were received this summer and all told the college library contains something like nine thousand bound volumes. Seventy-eight periodicals are regularly received. As provided last year, arrangements for keeping the library open evenings from 7 to 10 have been completed.

Miss Harriet Wilson, formerly of the regular staff of the University library at Lincoln, arrived September 1 and is now in charge as regular medical librarian. Miss Wilson's training especially fits her to assume charge of a specialized library and most excellent results are assured. The College of Medicine is under many obligations to Mr. Malcolm G. Weyer, University librarian, for his interest and courtesy in arranging the transfer of Miss Wilson from Lincoln to Omaha.

OUR NEIGHBORS VOICE THEIR SENTIMENTS

Omaha, June 26.—To the Editor of the World-Herald: Now that vacation time is here I have a few suggestions I would like to offer. There is no need for one to go to the expense of a trip to Colorado or any summer resort. On Dewey avenue, between Forty-second and Forty-fourth streets, we have a lovely mountain, on top of which is located the State Medical College of Nebraska. In the side of this mountain we have numerous deep caves which have not been fully explored, and at one point in this mountain we have a waterfall (on rainy days) that makes Niagara Falls look like a ripple on the Cumberland river. We also have an excellent swimming pool located directly in front of my home. The water is somewhat stagnant, so that most anyone may contract the fashionable disease, typhoid. I know this to be a fact, because my little boy is now recovering from it and naturally I expect to sue the city. That's a part of the fun, you know. Then we have dark and gloomy ravines that remain yet to be explored. These run from one side of the street to the other, but are only dangerous after nightfall. I fell into one of them myself the other night, but one is not supposed to be out after sundown on Dewey avenue. Now all this can be seen and enjoyed at a very small expense and I hope that the people of Omaha will think twice before going elsewhere on their vacation. Within the next ten years this particular place may be a memory because Mr. McGovern may wake up and take some action, so now is the appointed time. Thanking you very kindly for the space allowed me, I am

S. M. DENHAM.

4228 Dewey avenue.



Alumni News Notes

Dr. J. F. Allen, '06, was in Omaha this summer assisting Dr. Crummer and has recently gone to New York for a post graduate course.

Dr. Alfred Westervelt, '13, is temporarily located at Reliance, Wyo.

The class of 1904 will hold its decennial reunion during the fifth annual alumni week this fall. A large percentage of the class will be present, as the secretary, Dr. Trostler, is already receiving enthusiastic acceptances from members of the class.

The plans for the fifth annual alumni week are about completed and the arrangement committee is to be congratulated on its early start. Several new and interesting features will be introduced this year, improving the programs of previous years. Every alumnus is urgently invited to be present, as the meeting is given by the alumni association for the alumni. The date of the meeting this year is October 12-17.

Dr. Hiram Burns, '14, spent three weeks in Minnesota this summer.

Dr. C. R. Kennedy, '05, recently made a short trip to Rochester, Minn.

Dr. William N. Anderson, '10, is an authority on the European war situation, having been in Paris during those exciting days of early August. His year of study was, of course, spoiled, but Dr. Anderson is rejoicing that he was able to get back to a civilized country safely.

A 1902 alumnus of our school passed the Nebraska State Board of Health at the examination in February, with a grade of 94 per cent, which was nearly 10 per cent higher than any other candidate.

Dr. S. A. Swenson, '10, of Oakland read a paper on "Pneumonia" at the Nebraska State Medical Society, which met in Lincoln in May.

Dr. R. A. Lyman, '03, of Lincoln, Dean of the College of Pharmacy, is a delegate to the American Pharmaceutical Association from the Nebraska State Association.

Dr. John E. Prest, '04, has moved from Comstock to Deering, Neb.

Dr. C. D. Nelson, '09, has located at Platte Center, Neb.

Drs. I. S. Cutter, '10; W. P. Wherry, '03; A. C. Stokes, '99, and J. B. Potts, '07, were among those registered at the June meeting of the A. M. A. at Atlantic City.

We are pleased to register as candidates for future membership in the alumni association, a son of Dr. Waldo Scott, '10; a son of Dr. Clyde Moore, '06, and a daughter of Dr. George Buol, '10. All are recent and welcome additions to our growing family.

Dr. George F. Bartholemew, '02, until recently of Denver, is now practicing in Central City.

Dr. A. E. Lane, '05, of Laramie, Wyo., vice president of the alumni association, is enthusiastically boosting the coming alumni week and will be on hand early to help carry out the committee's plans.

Dr. Torrence C. Moyer, '14, is recovering from an attack of typhoid. He is at the Wise Memorial Hospital, where he has been an interne for more than a year.

The Medical Society of the Missouri Valley is meeting in annual conference at Colfax, Ia., this week. Our medical college is represented by the following faculty members, who are on the program: Dr. J. P. Lord, Dr. A. C. Stokes, Dr. J. B. Potts and Dr. H. W. Orr,

THE LIBRARY

The Journal of the A. M. A. for August 22, 1914, contains a great deal of matter that is of interest to the medical student. In glancing it over recently we noted a prominent article on "The Value of the Medical College Library to the Student." The article served especially to impress us anew with the value of our own excellent library. Its possession may have had something to do with our recent arrival in the much sought "Class A plus" of American medical colleges. The Council on Medical Education of the A. M. A. states that to receive recognition as an acceptable medical college, "The college should have a working medical library to include the more modern text and reference books with the 'Index Medicus' and thirty or more leading medical periodicals, the library room should be properly lighted and heated, and easily accessible to students during all or the greater part of the day; it should be equipped with suitable tables and chairs, and have a librarian in charge."

That we have such a library is conspicuously evident. And the recent removal of the library of the Omaha-Douglas County Medical Society from the Omaha Public Library to our own library is a substantial addition to the wealth of material which was already at our command. When we consider with this that we will also have this year an experienced full time librariain in charge, we realize that our medical library is one of the very best in this section of the country. To quote from the article previously referred to, "To cultivate in the student the habit of reading in the odd moments and spare time of his medical course is to be encouraged and fostered in every way, for the possession of such a habit after entering on practice will be of inestimable value to him." The only remaining excuse we have for not developing such a habit is now sheer laziness, for we have the opportunity, and, if predictions are true, we will have the time.

And really our library contains much of general cultural interest, aside from the technical aspect. If you are inclined to doubt this, drop in some time and pick up one of the volumes on the History of Medicine. We are sure it will hold your interest and entertain you till way past the time for your next lecture.

== The Pulse ==

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EDITORS:

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== EDITORIAL ==

Most of the dope in this issue was written on request by a group of obliging people who had no opportunity of talking over their respective assignments together before they doped out the same. We therefore ask our readers to overlook any repetition or undue emphasis on one subject which they may find. Respectfully submitted by
THE SUFFERING STUDE WHO EDITED THIS ISSUE.

Pending a reorganization of the staff, we who are responsible for this first outbreak, have left the space usually devoted to the names of the editorial staff, blank.

SUBSCRIBE

We all realize that in order to promote our medical school it is necessary for each and every one of us to take an active part in the various interests of the school. Now since five or six of our number are giving their time for the publication of this little journal, and since it portends to represent the entire student body, the faculty and the alumni of the school, it is fitting that these five or six be supported by the students, faculty and alumni.

There is another side to the question. Why deprive ourselves of the pleasure of reading our school paper just because we disagree with the editorial staff? This disagreement may be no fault of theirs.

The new staff will need our heartiest co-operation in many ways. First of all, it will be necessary for them to know that we are all with them. We can show this best by subscribing. **Subscribe today and then you'll naturally become a promoter.**

Plan to hear the address of Chancellor Avery Wednesday morning.

THE COLLEGE OF MEDICINE AND ITS A. M. A. RATING

It is a source of great satisfaction and pride to the students, alumni and faculty of the College of Medicine that the Council of Medical Education of the American Medical Association, at its June meeting in Atlantic City, transferred its standing from class A to class A plus. It is also a mark of recognition of the efforts on the part of the Chancellor and the Board of Regents of the University to spare no pains or expense to place the department on a plane with others of the University which have attained a reputation for substantial accomplishment second to none in the country.

The College of Medicine is now one of twenty-seven colleges granting the degree of M. D. in class A plus out of a total of one hundred and nine in the United States, and is rated on a par with such old institutions as Harvard, Columbia, Pennsylvania, Michigan, Northwestern and Rush. This does not imply equality of opportunity and resources for instruction in all departments, but it does signify a general average in entrance requirements, buildings, equipment, full time instructors, clinical resources and honesty of purpose which must carry conviction to the great body of the profession concerned with the high ideals toward which it is constantly striving.

The conferring of the highest rating in the power of the American Medical Association should be considered in the same light as that of the conferring of the degree of M. D. on the medical aspirant. It is but the beginning of a career which must be sustained constantly on a basis of accomplishment to warrant the recognition of its worthiness. Therefore it is incumbent on the students, members of the faculty and alumni to take seriously the high honor, to appreciate the necessity for vigilance, for painstaking effort, for unselfish initiative and attentiveness, for constant regard for lofty ideals and impressive influence, which will place the College of Medicine before the profession and the public, whose creature it is, as worthy of its active support.

Efforts toward higher standards have prevailed constantly since the early days of the affiliation of the Omaha Medical College and the State University. As one of the requirements of this affiliation in 1902, the entrance was advanced from a high school credential to one year of college work. In 1908 it was still further advanced to two years of college work, taking a step in each instance beyond the requirements of the State Board of Health.

The admission of the medical school has been accomplished only through the Board of Regents and consequently the frequently repeated accusation of not living up to published entrance requirements has never been heard as referring to the College of Medicine of the University of Nebraska.

Older members of the faculty whose association dates back to those early days will rejoice over the success of their efforts, at times fraught with menace to class members, which has finally landed the first prize. Members of the alumni association who were adopted by the university must find especial satisfaction in the new relation which they bear to American medicine. It is incumbent upon us all—

students, alumni and faculty—not only to make ourselves worthy of the honor conferred, but also to endeavor to pull up to our own standards other medical schools in our midst, and particularly so the State Board of Health which should long ago have been a leader instead of a follower.

A prominent member of the faculty did the above for us. He is very modest, but you are permitted to guess, if you wish, who he is.—Ed.

PULSE PLAN

It is necessary at the present time for some action to be taken whereby The Pulse will be under the control of a representative student, faculty and alumni board. Therefore the following plan is to be approved by the student body:

Article I. The Pulse shall be the official publication of the College of Medicine of the University of Nebraska, and shall represent the students, faculty and alumni.

Article II. The governing board of The Pulse shall consist of five members; three regularly registered students of the College of Medicine, one member of the faculty and one alumnus.

The faculty member shall be the chairman of the faculty committee on publications. The alumnus member shall be the president of the alumni association of the College of Medicine. The three student members (no two of whom shall be members of the same class or medical fraternity) shall be elected annually.

Article III. The duties of The Pulse board shall be to organize on the day following their election and to invite applications for positions on The Pulse staff, from which applications the board will appoint the staff.

It is understood that no student who is considered by the faculty to be delinquent in his work shall be eligible to a position on The Pulse staff.

Watch the bulletin board for further details.

We wish a change in the policy of publication. We have talked it all over with as many of the faculty and students as we can find and have decided to put out but one issue a month. We can promise you much larger issue than the first one each time. We hope that you will find this change to be a decided improvement.—Ed.

Dr. F. A. Brewster, Beaver City, Neb., attended the Mayo clinics during the month of August.

MEDICAL EDUCATION.

During the year ending with June, 1914, six medical colleges closed their doors. Of these two are merged with other institutions;

the rest are just naturally defunct. During the same year there were registered in the United States 16,502 medical students. This is a **decrease** of 513 below those registered in 1913; of 1,910 below 1912, and of 11,640 below 1904.

The school year of 1913-14 gave to the country 3,594 graduates. This is a decrease of 387 below the number graduated in 1913, 889 below 1912, and 2,153 below 1904.

Of those graduates, 22.5 per cent of those graduating in 1914 held B. S. or A. B. degrees; 18.9 per cent of those in 1913 held degrees, and 17 per cent of those in 1912 held degrees.

There are now 101 medical colleges in the United States, the smallest number the nation has seen since 1880.

We still have far more physicians in proportion to our population than any other nation. The Council of Medical Education of the A. M. A. says we could get along nicely with 50 per cent of the present number of colleges.

And don't forget, fellow students and alumni, that Nebraska would be among that 50 per cent. Don't forget that we are a class A plus school. And above all, don't forget that there is always room for a good man at the top. Run your eye over the above figures again and get that satisfied feeling that comes from being at the top, with competition steadily going down.

THE DISPENSARY

September 17th marked the close of the first year of our dispensary work in our new quarters at Jacobs' Hall. About 1,800 patients, including the out calls, have been cared for through the dispensary during the year. This does not include the return cases.

Several changes have been made recently. The office has been placed at the first entrance on Dodge street and the drug room has been moved into new quarters. The many improvements, together with the return of the students, will afford much better handling of the dispensary work.

The laboratory has been equipped with a new microscope and other needed supplies. Dr. Johnson is planning to arrange for special features in this department which will make the work well worth the student's close attention.

The surgical department will occupy one of the former medical rooms and the old surgical room will be used in connection with the eye department as well as for laboratory work. It is hoped that the surgical department will be able to care for a larger number of patients in a more satisfactory surgical way, with a room which can be closed and kept clean. The surgical instruments, which have a way of suddenly and mysteriously disappearing from the dispensary, if returned will be kept for use in the dispensary. It is not an easy matter to understand just who needs these instruments worse than the dispensary. The property placed in the dispensary is for the use of the doctors and students while attending the clinics and is not supplied by the state for the personal use of any individual.

**A COMPARISON BETWEEN THE MEDICAL COLLEGES OF THE
UNIVERSITIES OF NEBRASKA AND SIWASH***

By David R. Higbee.

In attempting this article, the writer wishes to confide that his predicament is much the same as one finds himself in trying to make a choice between two friends.

Although sentiment is never a negligible factor, yet one is never so unselfish as to prefer for such reasons, attendance in an inferior school.

When I left Omaha to take up work in the University of Siwash, my feelings were loyal to my own school, but I must confess that I expected to find her eclipsed in some very important features of medical work. This largely because of the size and reputation of the new institution to which I was going.

One of the greatest assets for student efficiency, perhaps the greatest of all, if we eliminate personalities, is the general equipment and facilities for conducting the work in hand. This is particularly pertinent to medical laboratories. A comparison between these two institutions from this point of view gives Nebraska a tremendous lead. Full appreciation of our laboratories will come to us as a student body, only when our pride has been invoked by individual visitations to those of other schools.

A few personal experiences will suffice to indicate a fair contrast of the conditions in these schools.

Good microscopic work demands the right kind of light. A southeast corner of the anatomy building of the University of Siwash is given over to this work. Long tables are located against the walls and in the center of the room. Bright sunlight, we know is a thing to be avoided in working with a microscope, consequently in this room for the convenience of those students working near windows, all shades had to be drawn. With great difficulty each day I would endeavor to adjust my scope so that any available light which was charitably disposed might be made to serve my needs. Then I would throw my mind into a psychic phase in an effort to repel any wanderer whose pilgrimages might lead him twixt the microscope and the source of that light. After such an experience I thoroughly appreciated why our microscopic laboratories are located in the northwest corner of our building, and the abundance of soft light which we receive.

In one of the courses for which I registered, a part of the preliminary work entailed the making of various stains which would be used throughout the quarter. The afternoon that I set about weighing the various constituents of these is a memorable one. I was told where the scales could be found, and with visions of delicately adjustable, cleanly kept balances, I made off to the appointed place. They proved to be rusty affairs without many accessories for coaxing both pans into absolute opposition. A large ball of tin foil was near and from the visible appearance of it, I could make out that small bits

*Name changed by war censor.

of it were to be torn off and placed in the pans for that purpose. I was elated when I finally got the pointer swinging to 4 left and 2 right. I jotted down a credit to the right hand side and proceeded to weigh the materials. A few days later I saw one of the instructors insert a key into a cabinet and swing open a door, exposing to view a pair of balances which greatly resembled the ones I had been permitted to use in the department of chemistry back in the U. of N.

In this same course an experiment in artificial hemorrhage was performed. It became evident as the operation was finished that the animal was very weak and that an injection of saline solution would materially increase its chances of surviving. As future readings were to be taken from this animal, it was very essential to the success of the experiment that this be done. A search failed to disclose a needle, so no injection could be given. Fortunately the animal lived.

These instances are not recounted for the purpose of disparaging the quality of work done or the instruction given at the University of Siwash. I would regret to have any one so interpret them. They do, however, offer a basis for comparison of the laboratories of the two schools. As there is so much in environment which can put one in a propitious frame of mind, the point I wish to make is that here in this school we should prove ourselves better workmen and more thorough technicians.

The most vital influence in a student's life is found in his instructors. Here in our school, every student is known to his instructors and the heads of the various departments. I hope that our medical college will never outgrow such conditions. When we get so large that our faculty cannot associate names with faces, the most inspiring personal element of student life will be lost. The fact that our difficulties, peculiar to each individual, can be personally known and met by those from whom we receive our instruction is a factor which vitalizes our energies to efforts far in excess of what otherwise they might have been. It is very gratifying to every one of us that we have a faculty which strives to do this and which embodies for the most part a group of young men who are not too far removed from their college days to sense the students's situation, and who at the same time in point of efficiency measure fully up to the standard of those of the largest schools of its kind.

Students in the University of Siwash encounter no such conditions. Teaching is done largely by assistants, who of course, are competent, but one does favor first hand knowledge, which must be sacrificed in a school of such proportions.

Even as men recognize that every man they meet is his superior in some particular phase of character, so as an institution we must freely give credit to those schools of equally brilliant personnel and whose aim is a goal no less than our own. The University of Siwash is today regarded as one of the greatest institutions in the country. In comparison with it Nebraska university may suffer this particular prestige, but the work offered here and the manner in which it is given is much more acceptable.

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