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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

MARCH 1, 1915

No. 6



LABORATORY BUILDING

HOSPITAL NUMBER

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42nd and Dewey Avenue

OMAHA, NEBRASKA



# The Pulse



Vol. IX.

Omaha, Neb., March 1, 1915

No. 6

## AN EXPOSITION OF THE NEED FOR A STATE HOSPITAL IN CONNECTION WITH THE UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE AT OMAHA, NEBRASKA

Four years ago there were sixty-four students in the four medical years proper of the University. At that time the legislature appropriated \$100,000 for the present laboratory building. Today there are ninety-six students in the four medical years proper. A gain in four years of exactly thirty-two students or exactly 50 per cent. Four years ago there was no thought whatever but that the projected laboratory building would be adequate for at least ten years. Today 1914-15 the laboratories are all overcrowded and it is necessary to work students in divisions in chemistry, entailing additional expense for assistance and supervision. The chemical laboratory has room for only twenty-four desks. Forty students work in this laboratory. In bacteriology the students' work is too crowded for safety. In anatomy and in histology and embryology forty students work where accommodations for thirty are provided. The library of nearly 9,000 bound volumes is crowded into a room leaving seating space for consulting readers which will accommodate but twelve or fifteen. There is no provision possible for a gymnasium and the locker rooms are now used to capacity. Next year, 1915-16, unless registration is actually refused Nebraska young men, the school will not register less than 115 to 120 students.

### The Omaha Hospitals

Since the removal of the College of Medicine from Lincoln to Omaha, and since the University has taken control of the teaching of the four medical years proper, the use of the Omaha hospitals has nearly trebled. Senior clinics are held each entire forenoon during the school year in some Omaha hospital, and Junior clinics are held four half days each week correspondingly. Four years ago this amount of clinical teaching would have been thought sufficient for many years to come. On the contrary, the year 1915-16 will find the classes so increased (a Senior class of more than twenty instead of ten as heretofore) that group bedside teaching will require several additional hospital clinics.

This year eleven half days per week are devoted to clinics in the Senior and Junior years combined. Four years ago four and one-half half days only were spent in clinics.

Nebraska is going through exactly the experience of other states. The University of Minnesota, with clinical opportunities in the large

public hospitals of Minneapolis several times greater than those afforded by our Omaha hospitals, has found a University hospital absolutely essential. The University of Indiana with the medical college at Indianapolis (the University proper at Bloomington) has also found Indianapolis hospitals inadequate and a University hospital is the result. Kansas has a University hospital of sixty-five beds. The University of Iowa supports a large teaching hospital of 317 beds at Iowa City. The Minnesota University hospital has recently been increased from 126 beds to 175 beds. The University of Texas has a University hospital of 200 beds. The University of Michigan has a University hospital of 438 beds. The state of Wyoming with no medical school has three State General hospitals aggregating 180 beds, for the care of the state sick. Oklahoma with a medical school considerably inferior in equipment to our own, has a State hospital of sixty beds. Practically every medical college of any standing whatever in the country, especially those connected with State Universities, has a University or State hospitals under its own control. This list might be extended to include practically every reputable college of medicine in the United States.

#### **Need for Clinical Advantages**

It goes without saying that medicine cannot be taught without patients. Nowadays we provide in all our Normal Schools and in the Teachers' College of the University, practice schools where students who expect to become teachers may observe good teaching. At the farm expert stock judging is taught with success only by using animals and demonstrating their good and bad points. Civil, electrical and mechanical engineering are now taught by means of practical problems with the actual machinery of the course. Law is taught by the case system, using actual cases from a real court. So it is with medicine. To render a student capable of efficient medical service to the people of the state that student must have observed hundreds of cases under the guidance of skillful instructors.

#### **Worthy Sick Poor**

There is another side to this University hospital plea. Namely, the poor unfortunate citizen who has no funds to employ expert medical care and whose community does not support a charity hospital. Hardly a week passes but that the College of Medicine receives many requests for medical or surgical care from some poor but worthy citizen who in three-fourths of the instances could be restored to health and become self-supporting. A few citations may not be amiss:

#### **The Actual Need**

Dr. George Roeder, Grand Island Neb.—States that he has seen more than twenty cases during the past year that should have been cared for in a State hospital.

Dr. C. J. Miller, Ord, Neb.—States that he has seen over thirty cases that should properly have been sent to a State General hospital. One-half could have paid \$1.00 per day for hospital care.

Dr. Andrew Harvey, Craig, Neb.—States that he has had ten char-

ity cases this past year which were in need of hospital care. They could not afford a nurse at home and as a result received only partial care.

Dr. A. P. Overgaard, Fremont, Neb.—Says that a State General hospital would be made use of by every county in the state. The staff must be made up from the faculty of the University College of Medicine. This has been worked out in a large number of states and found to be satisfactory in every way.

Dr. Paul E. Koerber, Yutan, Neb.—States that he has had twelve cases this past year which would have been greatly benefited had they been able to enter a State General hospital.

Dr. P. M. Pedersen, Dennebrog, Neb.—States that he has during the past year had several cases that should have gone to a State hospital.

Dr. G. W. Sullivan, St. Edward, Neb.—States that he has at least ten patients annually who ought to be cared for in an institution such as outlined.

Drs. J. F. and F. W. Johnson, Fullerton, Neb.—State that they have from ten to fifteen cases every year which are not properly cared for because there is no state institution to which they can be sent. They have a great many cases of hernia, chronic appendicitis, etc., which demand such an institution. These people are unable to make a living and are either cases of charity or are classed as worthless. At least 10 per cent of their general practice would be greatly benefited by such an institution.

Dr. F. D. Haldman, Ord, Neb.—States: "In our county the townships look after their own sick poor. Many cases are cared for only by reason of the good nature and long suffering physician. These cases would do much better if they were in a hospital."

Dr. R. J. Murdock, Blair, Neb.—Says: "We have at least twenty-five cases each year in the vicinity of Blair which should go to such an institution. Many cases would be willing to pay \$1.00 per day for their care, although unable to pay a physician's fee."

Dr. Ward H. Powell, Minden, Neb.—States that he has numerous poor patients who are deserving of medical attention and who cannot afford to go to a private hospital. He had ten such patients during the past year. This vicinity would welcome such an institution.

Dr. A. A. Bald, Platte Center, Neb.—States: "I have had six absolute charity patients who could have been saved to society by a State General hospital. I have had no less than fifteen who could have afforded to pay for part of their hospital care. I have many patients who need medical and surgical treatment and cannot afford to pay a private hospital. It certainly is not fair to a private hospital to ask them to take these charity cases."

Dr. O. H. Magaret, Papillion, Neb.—States that he has fifteen or twenty cases each year who would be greatly benefited by such an institution.

Dr. H. R. Carson, Norfolk, Neb.—States: "I am heartily in sympathy with the movement. The state needs just such a hospital."

Dr. John B. Reed, Pilger, Neb.—States: "I treat cases unable to pay in my end of the county (Stanton) and there are always sev-

eral sent to the hospitals every year at the county expense. I have had two cases recently which should have been in a State hospital. The result was that the county did not send them and both died. One was a woman with valvular disease of the heart, who left a family of five small children. These children are now county charges. I feel that this woman could have recovered if she had had proper hospital care."

Dr. J. H. Medtlen, Bloomfield, Neb.—States: "Within the past year I can recall many cases which have been county charges and which should have been placed in some such institution. An institution of this kind would certainly relieve various counties of considerable expense."

Dr. C. D. Eby, Leigh, Neb.—States: "I have had many cases this past year which would have been vastly better off if they had been able to go to a State General hospital."

Dr. R. R. Reed, McCook, Neb.—Writes as secretary of the Red Willow County Society: "I can truthfully say that this county would average a large number of cases each year. Some of them would be able to pay for their hospital care, although not able to pay a doctor's fee. In this end of the state I think we have need for such an institution more than the eastern end. I have personally seen from fifteen to twenty cases during the past year that should have had hospital care. More of these cases would have been restored to health and earning capacity had such an hospital been available."

Dr. E. M. Ware, DuBois, Neb.—States: "There are always many cases to whom such an hospital would be a great benefit. I have one woman now who has beginning cancer of the breast. It is probably early enough if complete removal could be secured to save her life. This could only be done by some such institution as you outline."

Dr. J. W. Smith, Albion, Neb.—Writes: "I have known of many persons in the past year who would have been glad to go to a State General hospital. Most of these cases are too proud to ask the county for help. Let me mention a few cases: A man 50 years old with cancer of the stomach, his little home encumbered, his wife dead and with four minor children; a man 55 years of age with a broken hip, the county having taken care of him for over a year; a woman 44 years of age with a plevic tumor; a woman 68 years of age with apoplexy, etc., etc."

J. M. Easterling, Attorney, Kearney, Neb.—Writes: "There is a man here with cancer of the face. He is financially unable to pay his way, but has heard that the State hospital treats such cases and wishes to be taken care of."

From the preceding citations it is apparent that a State General hospital would meet a specific demand and need. It would create most active co-operation in the relief of the sick and suffering, wherever found, within the borders of the state. It would be no experiment station. The history of State General hospitals is that they serve the cause of education best when their prime object is the good of the patient. Everything in the hospital would be under the careful supervision of the most mature, expert and competent. It would

be desirable that such rules and regulations should be adopted as would permit the entrance into the hospital of worthy sick poor wherever they may be found.

For the great mass of Nebraska's poor who are suffering from physical defects, the state has done but little. There are hundreds and hundreds of Nebraskans who are mentally and morally sound, who would work if they could, but no effort has been made to render them physically able. If a poor unfortunate citizen is insane, commits crime or is feeble in mind or morals, the state cares for him. If crippled or tuberculous the state of Nebraska will lend a helping hand, but if lying on a bed of sickness, poor and helpless, with no one to care for him, no hope is held out to the citizen save county or private charity. Nebraska cares for crippled children in a most worthy way, and why not care for those sick unfortunates who are unable to help themselves.

#### Relieve Counties of Expense

Such a hospital would relieve the counties of the state of no small amount of expense, as can be shown by a glance over the items paid by the various counties for the year 1914 for the care of sick poor.

Dr. F. H. Morrow, Columbus, Neb.—States that Platte county paid over \$600 for medical and surgical care of county poor.

Dr. W. K. Clark, Niobrara, Neb.—States: "Mr. F. H. Linger, County Commissioner of Knox county, informs me that it cost Knox county \$1,250 for the year 1914 to care for county sick."

Dr. J. E. Olsson, Lexington, Neb.—States that he has had the County Clerk give him a list of such medical expenses as would be taken care of in a State hospital. Those items, in Dawson county alone, reach \$2,260.48.

Dr. George Roeder, Grand Island, Neb.—Writes that Hall county spent last year \$1,600 for nursing and care of sick poor.

Dr. R. B. Armstrong, Papillion, Neb.—States that Sarpy county spent last year \$786 for nursing and care of sick poor.

Dr. John D. Reed, Pilger, Neb.—States that Stanton county appropriates over \$400 per year for nursing, etc., for sick poor. This is a small part of what is actually paid by the county.

Dr. A. P. Overgaard, Fremont, Neb.—States that Dodge county pays over \$450 per year for hospital care alone for its sick poor. The Fremont (Dodge county) hospitals do considerable charity work which is not charged to the county.

Dr. W. E. Talbott, Broken Bow, Neb.—States that for the past five years the total expense to Custer county in caring for sick poor is \$10,278.79.

Dr. J. C. Waddell, Pawnee City, Neb.—Writes that Pawnee county spent approximately \$300 last year for the care of sick poor. Many of these patients could be cared for much better in a State General hospital. In most cases the home surroundings were such that good care could not be given the patients and Pawnee county practically never employs a nurse for these cases. It seems to me that if our state could take these sick poor and place them in a hos-



pital where they would have an equal chance with their wealthier neighbors the state would be doing a great and useful work. If only a small percentage of these could be returned home and become self-supporting, the investment would more than pay.

Dr. Walter C. Moodie, Newcastle, Neb.—Says that during the past year he has had something like twenty cases which should have been in a hospital, although they were not able to pay hospital fees. Some of these were taken in as charity cases by the Sioux City and Walthill Indian hospitals, although these are not charity hospitals. The county paid for the hospital care of five or six. A State General hospital would be of immense advantage to Thurston county, which is a comparatively poor county. Let us have a hospital which will do for Nebraska what the Massachusetts General hospital does for Massachusetts.

Dr. J. E. Meisenbach, Staplehurst, Neb.—States that a note received from Mr. J. R. Roberts, County Clerk, indicates that \$250 per year is approximately the amount spent by Seward county for the care of sick poor.

Dr. Andrew Harvey, Craig, Neb.—Cites two cases as follows: First; a man frozen hands, feet and knees; resulted in amputation of hands and feet. This case cost Burt county over \$275. Second, a man from the western part of Nebraska had only been in the county five days, taken with intestinal obstruction; operation required. Cost Burt county over \$150. This man was not a resident of the county, although a citizen of Nebraska, but Burt county could not let him die uncared for.

Dr. H. E. Mantor, Sidney, Neb.—States that the year 1914 Cheyenne county expended \$335.50 for the care of the sick poor, but is considered by the county authorities as a very light year.

O. T. Anderson, County Clerk of Washington County—States that for the year 1913 the county expended \$233.20 for the care of sick poor. In the opinion of Dr. Murdock of Blair, Neb., this amount would be doubled if all cases of sick poor had received hospital care.

Under the plan of hospital operation as conducted in Iowa, Michigan, Kansas, Oklahoma, Wyoming, etc., the payments by counties of the actual cost of caring for sick poor has reduced the individual county costs approximately one-half. The state can care for a sick patient at about \$1.20 per day, whereas county costs in most instances approximate \$3.00 per day.

### Part Pay Patients

While the proposed hospital should be available for all who are penniless, yet the history of State General hospitals is that in very many instances people will apply for hospital care who can and will pay a portion of their hospital expense. The payment to the hospital of a minimum of \$1.00 per day for hospital care should render available to worthy cases the professional services of the hospital staff. People who will not appeal to private or county charity will avail themselves of an institution under University auspices, the character of which is unquestioned.

In no instance should the state assume the function of private or denominational hospitals. No patient would be received unless his application for admission is accompanied by the affidavit of a reputable physician, affirming that the patient is unable to pay the regular hospital fee as well as a physician's or surgeon's fee. In this way the state would be protected against designing individuals who might seek state care for those able to employ competent medical and hospital care.

The following letter from Dr. Mullins of Broken Bow to the World-Herald (Omaha) states the case convincingly:

#### **For a State Hospital**

Broken Bow, Neb., Feb. 9.—To the Editor of the World-Herald: The present legislature has under consideration a bill to appropriate \$150,000 for the construction of a state-owned and controlled hospital to be located near the medical department of the State University at Omaha. This is known as House Roll No. 29. I would like to call the attention of the legislature and the people of Nebraska to a few reasons why this bill should pass. I am a country doctor and in no way interested in this bill except as I am interested in my profession. I am not connected with any medical school, but simply a general practitioner.

Nebraska is lagging in the matter of medical education behind some of her neighboring states. Iowa and Minnesota, for instance, have state-owned and controlled hospitals where the sick poor from over the state may be cared for and where these sick people may be of very great value to the medical students, the men who tomorrow are to go out and treat the sick men, women and children of this state. These sick poor in such hospitals suffer no inconvenience by reason of the students being enabled to see them and examine them, as their treatment is directed by able and experienced men, among the very best in the state, the teachers in the medical department of the University. Such hospitals are among the best managed in the country, in fact their management serves as a model for all others today. Thus the patient receives the best care and receives the best medical and surgical attention, the medical students receive the tremendous benefit of the experience here obtained and lastly, and what is the object of the measure, the people receive the benefit in having as their family physician better trained medical men, something to be desired. What Nebraska really needs is not more doctors nor more different kinds of doctors, but better trained doctors.

After many years of experience as a general practitioner in Nebraska, it seems plain to me that this is also one of the best financial investments the state can make at this time. The different counties pay out many thousands of dollars for the care of the sick poor at their homes in the respective counties. A large number of these cases could be sent to the state's hospital for free care and treatment, a place where the expense to the taxpayers would be reduced to the minimum. As it is now, the county pays the doctor, sometimes a trained nurse, many are sent to smaller hospitals in the counties, all

at large expense to the taxpayers. The saving here would within a few years repay the taxpayers for the original investment and the expense of upkeep. All these items appeal to me, but the one that appeals even more than the saving of expense is the matter of gaining for Nebraska better trained doctors. The medical department of our University now owns a fine medical college building with finely equipped laboratories, all absolutely essential to a good medical training, but no more necessary than that clinical, beside training without which the young man going out to practice is at best but a bundle of theories.

DR. C. L. MULLINS.

The World-Herald (Omaha) comments editorially upon Dr. Mullins' letter as follows:

#### **An Investment in Health**

In the "Public Pulse" today Dr. Mullins of Broken Bow writes in support of an appropriation for a state hospital to be operated in connection with the college of medicine of the State University.

World-Herald urges the members of the legislature, whose duty it will be to pass on this question, to give Dr. Mullins' statement of the case fair-minded consideration. In few words he has summed up the argument why such a state hospital as is proposed should be established.

If the legislature will divorce its mind from prejudice, and consider only the interests of Nebraska, it is difficult to see how it can refuse the appropriation asked for.

The hospital, in the first place, is essential to the state medical college, which is an established and flourishing department of the State University. Without a hospital the medical college cannot retain its rank as a school of the first class. Without a hospital it cannot be expected to give to the state medical men of safe and trained ability. It is folly for Nebraska to spend the money it is spending for a medical college, and will continue to spend, if it cannot produce the best results. The health of a people is too valuable a thing for the people themselves to trifle with. Every community in Nebraska, large or small, is entitled to the best doctors that a careful and thorough education can produce, and when the state invests its money to produce doctors it ought to invest enough to insure the production of the best. We can all take our chances with incompetent lawyers, or farmers, or engineers, if we must, but we can none of us afford to take chances with incompetent physicians or surgeons.

In the second place, as Dr. Mullins points out, such a hospital will prove an excellent investment for the state wholly aside from its value in medical education. It will provide a place for the free care and treatment of the numerous cases every year, occurring in every county, that are now a burden to the taxpayers. It would enable many unfortunate people who get no care at all, or incompetent care at a relatively high cost to the community, to get the best of care at no cost except that incident to the maintenance of the school of medicine. It would put Nebraska on a parity with those other progressive western states that give the health of their people trained, scientific attention.

The World-Herald stands for economy in state government. But it does not believe in a niggardly, short-sighted narrow-minded economy. It does not believe in economy at the expense of education—least of all the expense of medical education. It does not believe in economy at the expense of the public health. When Nebraska is investing millions of additional dollars for the higher education of lawyers, engineers, farmers, bachelors of arts, teachers, it can well afford to invest the modest \$150,000 asked for to protect the public health, now and in the future. It is an investment that will pay increasingly higher dividends with every year that passes.—World-Herald, February 5.

#### The Cost

It is costing the warring nations of Europe \$30,000 to destroy a human life in battle. Would it be too great a contribution for the wealth and civilization of Nebraska if it were to appropriate the amount which it takes to kill five men in battle for the erection of an institution which has for its purpose the training of men and women in the art of treating and preventing disease and the enabling of some of the poor of its citizens to have health and life restored to them?

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#### CENTRAL VASOMOTOR REACTIONS

J. D. Pilcher, M. D., Associate Professor of Pharmacology.

As is known to the reader the vascular tone is maintained by the tonicity of the vessels themselves aided by impulses from the vasomotor centre. Until the past few years the actions of physiological procedures and of drugs were studied indirectly, for instance by measuring organ volume, vein flow through a part, etc. This paper will present a few of the more important physiological and drug actions on the vasomotor centre as observed directly. The method consists of perfusing an organ (usually the spleen or the kidney) that is separated from the body, excepting the nerves; so that any change in the volume of outflow from the vein must depend on direct impulses from the vasomotor centre.

Among the physiological processes that act on the vasomotor centre, asphyxia and stimulation of sensory nerves cause the most marked effect; both processes stimulate the centre intensely. The asphyxia stimulation is manifested either when respiration is completely prevented by clamping the trachea, or by hindering the entrance or exit of air to the lungs, as by having the animal breathe into several feet of one-half inch tubing. The central stimulation thus largely explains the rise in blood pressure that accompanies asphyxia in an animal whose centre is active. Stimulation may also be noted when the centre is depressed. The central stimulation is not due to the deprivation of oxygen. A number of drugs excite the vasomotor centre indirectly by depressing the respiration and thus causing asphyxia; cocain, cyanides and spartein are among the more important of the group. Cocain and spartein have practically no demonstrable action on the centre until respiration has been considerably lessened,

and the action is roughly proportioned to the lessening of the respiration. Cyanides excite the centre, probably by the interference with the utilization of oxygen by the tissues and not to the accumulation of the carbon oxide, for the stimulation occurs even during artificial respiration. Sudden cardiac arrest also excites the centre. Sensory stimulation is frequently recommended clinically in cases of circulatory collapse. Faradic stimulation of the sciatic nerve causes considerable excitation of the vasomotor centre, that results in a proportional rise in blood pressure; this action may explain the reported beneficial results from stretching the rectum and similar procedures in collapse. However, mild degrees of sensory stimulation may cause a slight fall in blood pressure and not a rise.

Undoubtedly as a compensatory mechanism, acute anemia stimulates the centre. Such a condition is met after sudden hemorrhage. Following hemorrhage the vasomotor centre is stimulated, but slightly however, and if the loss of blood be great the centre soon becomes exhausted and finally paralyzed. The activity of the centre may be restored by transfusion of blood or saline solution providing the central depression has not gone too far. Other conditions of sudden anemia, as by temporary cardiac stoppage, by vagus stimulation, the fall of blood pressure following nitrites, etc., also stimulate the centre.

The action of the nitrite group is interesting in that the fall in blood pressure caused by the different members of the group—amyl nitrite, nitroglycerin and sodium nitrite—is purely the result of depression of the vessels themselves independent of any central vasomotor action. In fact, accompanying the sudden fall in blood pressure from each of the nitrites the vasomotor centre is stimulated somewhat. The stimulation is probably secondary to the anemia of the centre and is a compensatory action against the fall in blood pressure, as mentioned above. In no case was there any evidence of depression of the centre by a nitrite.

Probably no drug has attained wider or more indiscriminate use as a so-called "circulatory stimulant" than strychnin, although evidence for its beneficial action is very meagre. It has been, and is still, used as a "heart stimulant," although it has been repeatedly demonstrated that the drug has no action on the heart in doses than can be tolerated therapeutically. There is no direct action on the vessels themselves. Further, in large therapeutic doses, it has practically no action on the vasomotor centre. In toxic doses, that is, when slight general twitchings are met, there may be slight stimulation of the centre; when general convulsions occur the centre may be intensely stimulated. Such stimulations of the centre are found during convulsions from other drugs, as by camphor, and is partially explained by the direct action of the convulsions on the vasomotor centre, although strychnin itself in convulsive doses, does very greatly stimulate the centre, even when convulsions are prevented by curare. The slight respiratory improvement from strychnin may possibly react beneficially upon the circulation. In recent years several competent observers have been unable to determine any beneficial action,

clinically, in cases of cardiac decomposition and in conditions of low blood pressure, as in typhoid fever, even with doses sufficient to cause twitchings of the finger tips. It would seem, then, that the use of strychnin for any action on the circulation is without experimental foundation. There is no doubt that the confidence which causes its wide use is unjustifiable. It may be, however, that the development of an experimental technic that shows finer grades of action may still demonstrate a beneficial action from strychnin.

The action of chloroform in the circulation consists in direct depression of the heart and the vessels, and the vasomotor centre itself. Under certain conditions as when the blood pressure falls suddenly from cardiac depression or arrest, or when asphyxia is induced, either by direct respiratory depression or by depression of the oxygenating functions, the centre may be temporarily excited; but this action, of course, is secondary to the asphyxia. In the intact animal the direct action of chloroform on the vessels is relatively unimportant, for death ensues from depression of the heart and the vasomotor centre before the concentration of chloroform that depresses the vessels is reached in the blood. It may be well to remark also that the depressant action of chloroform comes fairly early in the administration of the anesthesia, and is not solely a late manifestation of the drug. Ether, on the other hand, has very little action on the vasomotor apparatus, central or peripheral. It exerts either no action during the course of its usual administration or may stimulate the centre moderately as a secondary result of respiratory depression. This period of stimulation undoubtedly leads into a period of depression and finally of paralysis of the centre if the ether be administered in too great concentration over a prolonged period. However, it is well to repeat, and to bear in mind, that chloroform is early a depressant of the vasomotor centre.

Many drugs that experimentally produce a very marked rise in pressure, do so with practically no central vasomotor action. Among these are the active principals of the suprarenal and pituitary bodies; ergotoxin and digitalis. Occasionally they may stimulate the centre moderately, but scarcely sufficiently to play any important role in their usual action. Occasionally epinephrin may indirectly and slightly depress the centre in conditions of asphyxia by increasing the quantity of blood to the centres. These drugs, then, cause their usual circulatory action by cardiac and peripheral vascular stimulation regardless of any central vasomotor action.

\*This article is largely abstracted from recent publications by Torald Sollmann and J. D. Pilcher in *The Journal of Pharmacology and Experimental Therapeutics* and *The American Journal of Physiology*.

### THE LINCOLN CAMPUS

At a recent meeting of the Board of Regents action was taken to hurry along the acquisition of all the lots in the block immediately east of Twelfth street and north of R, and to secure other lots in the blocks east of the University to be acquired where reasonable prices may be secured.

The resolution passed authorized the committee to buy such lots as may be secured and to condemn those not purchased in this manner in the block bounded by R, S, Twelfth and Thirteenth streets, and to continue in its efforts at purchase in the other blocks. It is understood that twelve lots in the territory to be in the enlarged campus of the State University have already been bought and paid for.

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### THE NEW MUSEUM

The partition between the former museum and the laboratory for clinical pathology has been removed. The museum will now occupy twenty spacious cabinets in the north hall on the second floor. These have been built at a cost of over five hundred dollars and will afford as much room space as before. The change was made because the clinical pathological laboratory was too crowded. Under the new conditions in the remodeled and enlarged laboratory are accommodations for over thirty-seven students. This is done in anticipation of the larger classes which are expected in the future.

The pathological and bacteriological laboratory will at present seat only twenty-five students. The classes of next year will be over thirty-five, so the present preparation tables will be removed and more desks put in. Only one-third of the light is used at present and there will be ample light for the second row. Next year forty-three students will be easily accommodated.

In order to even up the work of the Sophomore year, it is planned that bacteriology will be given during the first semester with the more difficult science of physiology, while pharmacology will be given in the second semester with pathology.

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Mid-semester examinations are over and most of us are busier than ever with more advanced work. But unfortunately over half the class in both pharmacology and therapeutics still have to worry about an innumerable number of "DOSES," not that we ever expect to prescribe all of them, for it has been said that after you have been out in practice for a while you find how few drugs are really useful. It has just been announced that the makeup examination for all failures in pharmacology will be given the 25th of March. Splendid! How thoughtful! On that day we will have only three other examinations, and after two months have elapsed we will of course have remembered all about drugs.

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### CHARTER DAY

Charter Day was a very momentous occasion this year at the medical school. Being a holiday, most of us celebrated in our usual ways. However, a small group of "would-be" surgeons from the Junior class organized the "G. I. G. (Get In Good) Club." They wanted to operate so badly that they phoned to Lincoln to get permission, only to learn that "This is a holiday—nothing doing." STUNG!

# The Pulse

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## EDITORIAL

"What It Means to Be a Doctor" is the title of an article in a late issue of McClure's which would disturb even a nervy medical student. The author in his opening statement says: "Five hundred employes of the Boston Elevated Railway are graduates of medical colleges." Later he says: "You may share the fate of a young man I know who made just twenty dollars during his first year by twice administering ether for a friendly surgeon."

He places paragraphs on "withstanding strain and exhaustion; the cost of good training; competition; night-bells; Bernhard Shaw's accusations; and quacks" over against a short paragraph on "the doctor's opportunities."

We wonder who the Omaha Street Railway employees will be ten years hence. Let us at least aspire to the "Jitney" driver's position.

### HOW LONG DO YOU EXPECT TO LIVE?

Was Methuselah a doctor, is the question on our mind just now. In a recent number of The Practitioner we find an article entitled "The Longevity of Medical Men." It produces a complete set of statistics and proves that medical men as a class, in England at least, live longer than their patients. The average duration of life was 67 years and 5 months for 2,113 prominent doctors. This, as compared with the average duration of life for men—50 years—is startling.

The author explains: "We find a fallacy in this comparison, however, since the average of 50 years refers to all males who survive the age of five years, but then we have no doctors at five. Men do not become doctors until 21 at the earliest, and therefore one should compare the longevity of doctors with the 'expectation of life' of men of 21. The expectation of life' at 21 is thirty-eight years; this gives



an average of 59 for the general population as compared with 67 for doctors."

What is the reason for the much greater (ten to 20 years) longevity of medical men? Is it because they obey the laws of health or because they abstain from drugs more than other people? Or is it merely a matter of the survival of the fittest? It certainly does take some endurance to withstand a modern medical course. But what's to lose, so long as it's old Bacillus Age-osus that we are developing the immunity for!

#### THE OMAHA MEETING OF THE "MISSOURI VALLEY"

Members of the Medical Society of the Missouri Valley may anticipate a scientific program of rare excellence when the gavel falls at the spring meeting in Omaha March 25, 26, 1915. A number of distinguished guests have accepted invitations to be present, including Dr. Frederick Handlett Albee of New York City, who will deliver the oration in Surgery, taking for his topic, "The Future of the Bone Graft in Surgery" (illustrated by lantern slides). Dr. Albee occupies the chair of Orthopedic Surgery in the University of Vermont, and is also adjunct professor of Orthopedics in the New York Post-Graduate Medical School.

The oration in Medicine will be given by Dr. Charles Spencer Williamson of Chicago, dean of the College of Physicians and Surgeons; subject, "An Experimental Study of Cardiac Overstrain."

Papers have also been promised by Dr. Reuben Peterson, University of Michigan, Ann Arbor; Dr. Robert H. Babcock, Chicago; Dr. F. H. Wahrer, Fort Madison, Iowa; Dr. Hugh Patrick, Chicago; Dr. Paul Paquin, Asheville, N. C., and Dr. O. H. Brown, St. Louis.

The meeting will be held in the new million-dollar Hotel Fontenelle.

Our medical school will be on inspection more or less at that time. We also wonder if somebody cannot arrange a few extra clinics for the visitors and invite us to make an audience.

#### THAT OPIUM LAW

On December 10th the House of Representatives passed a law putting many restrictions on the sale of coca leaves or opium or any of the alkaloids and other preparations made from them. The bill provides that "every person who produces, imports, manufactures, compounds, deals in, dispenses, sells, distributes, or gives away" any of these drugs shall register with the collector of internal revenue of his district, and shall pay an annual tax of one dollar. Drugs can be sold or given only on the production of a written order of the purchaser or recipient which order shall be preserved by the seller or giver for two years. Any one giving a prescription for any of these drugs must write it upon a special form in duplicate and preserve the duplicate for two years to show it to any authorized government agent upon request. The provisions of this act apply to the United States and all its territories and possessions, and go into effect March 1, 1915. It is presumed this law is constitutional, since it has been

enacted by both houses of congress and signed by the president, but it seems to leave to the individual states no power to regulate the licenses of drug sellers within their own boundaries unless to place still further restrictions upon the traffic.

A list of about 600 hospitals furnishing acceptable internships for medical graduates has just been issued by the American Medical Association. A copy may be found in the office.



## Alumni News Notes

A daughter was born to Dr. and Mrs. C. D. Eby, '04.

Dr. D. D. King, '14, has recently located at Waco, Neb.

Dr. A. R. Knode, '04, made a short trip to Chicago recently.

Dr. Smith Bellinger, '04, of Council Bluffs is reported quite ill.

Dr. Hector McArthur, '04, will be located at Gillette, Wyo., about March 1st.

Dr. John I. McGirr, '98, of Beatrice is vice president of the Nebraska State Medical Society.

A son was born to Dr. and Mrs. L. T. Sidwell of Glenwood, Ia., at the Immanuel Hospital January 26, 1915.

Dr. A. C. Stokes, '99, is librarian and Dr. A. P. Overgaard, '00, is president of the Council of the Nebraska State Medical Society.

Dr. J. C. Tucker, '12, of Long Pine, Neb., has an article on "Appendicitis Complicating Pregnancy" in the February Western Medical Review.

### FACULTY NOTES

Dr. E. L. Bridges was ill last week and unable to be at the Dispensary.

Dr. Cutter was toastmaster at the Pre-Medic banquet at Lincoln February 12.

Dean W. O. Bridges was called to Lincoln recently in consultation with Dr. J. F. Stevens over the illness of Dean Bessey.

Dr. Cutter has been spending a large portion of his time at Lincoln in the interests of House Bill No. 29.

Co-operation and communism have reached a high degree of development among the professors on the laboratory faculty. In fact, it has reached the point where one baby buggy serves beautifully for all families represented. We have already noticed however that "faculty row" cannot hold them all.

# CLASS NOTES

## SENIOR NOTES

A. C. Barry, Editor

Meyers will have to change his brand of cigarettes, as the "moochers" have learned to like that cheap stuff as well by this time.

Kerr has arrived at the stage of absent-mindedness. He forgets to put on his collar and tie before appearing at clinics.

Keegan has become a second-hand agent for physicians and surgeons' supplies. The three balls are over his office door, but they are turned upside down so that they look like a shamrock.

That terrible week of exams is past. The class is the best ever or the worst I ever had, so when "the testimony is taken and the evidence weighed" there is not a great deal of encouragement.

Moser has described a new route of infection from one eye to the other. Germs pass down the lachrymal duct of one side across the septum and thence up the duct of the opposite side of the eye.

Alex. Young has acquired such an extensive practice that it requires much of his time from class to make his calls. By the way, this same man no longer worships at the shrine of Bacchus. His countrymen will surely disown such a wayward son.

## JUNIOR NOTES

Remember, class, a pus appendix is just a boil in the belly.—Dr. Hollister.

The surgery clinic at the County started with Horton and the Crane on deck—everybody else in the hole.

Scene at Child Saving Institute—Enter a bevy of small children with their governess, making way into Junior clinic, the rear being brought up by Geissler.

They have just instituted a new chair at the University of Omaha for one of our members—Professor of Cat Anatomy—for none other than P. J. Flory of Pawnee.

It crops out every now and then who are the "speedy" ones in the class. Ross, for instance, in all his obstetric work, intends putting a towel around the baby's head while the rest of the body is being born.

Dr. Waters brings to light some very interesting comparisons in gynecology. For instance, a displaced ovary in the female may lead to a congestive disturbance, especially in the left side, which may be likened to a varicocele in the human.

## SOPHOMORE NOTES

Dr. Hall: "How can you tell when Peyer's Patches are infected?"

Higbee: "By palpating them."

(How could he tell whether it was a Peyer's Patch or a bean in the intestine?)

Hot Air, according to the teachings of Dr. Schultz, is a sterilizer. If that is true, Aage Brix should be fairly aseptic.

Dr. Hall: "What would you give for diarrhea in typhoid fever?"

Gad Farman: "A cathartic—Senna." (Everybody jubilee.)

Dr. Hall, in giving the class the "once over," advises that we always keep a loophole to crawl out of, and always crawl out.

"Gad" Farman, when you recite, or try to define certain acts, try not to embarrass the rest of us.

"Does strychnin affect the heart?" Is this class going to practice according to the theory that strychnin has no effect on the heart, or according to the experiences of the clinical men that it is an excellent heart stimulant?

Wildhaber (in the drug room of the Dispensary, handing a lady powders labeled, "For Vomiting"): "When you want to vomit take some of these powders."

Lady: "No, it's when I wish to stop it, that I'll take them."

Sigworth, you had better get a pronouncing dictionary. Remember "Opisthotonus."

In Obstetrics Class Nedergaard says: "The placenta weighs anyhow eight pounds."

"All trade solicited!"—Red Martin Jitney Bus.

The Sophomores who are on duty at the Dispensary surely are "real" doctors now.

Talcott—G. U. Specialist.

Salisbury—Surgeon.

According to a certain professor, Brix is a good Samaritan in looking out for the rest of the class.

Talcott: "In pyogenic infections the temperature rises up to 120 degrees. (A big roar from the class) I know that this is true, because I read it in 'Osler' two or three times."

There was a Sophomore cocky,  
He was neither short nor stocky,  
And the way after class  
To get him a pass  
He'd palaver with the prof  
Was quite "shocky."

Some are born with cold feet; some get cold feet; while others have cold feet thrust upon them.

## AMONG THE PRE-MEDICS

### OUR IDEA OF MEDICAL COLLEGE



The annual banquet of the Pre-Medical Society was held at the Lincoln hotel on February 12. Quite a delegation attended from here. The boys claim that they have the livest organization on the University Campus. The following is the schedule for the meetings of the Society for the remainder of the year:

February 26—F. D. Barker, Ph. D.: "Opportunities for Medical Men in the Far East." Illustrated.

March 12—R. H. Wolcott, A. M., M. D.: "Newer Phases of Biology of Interest to Medical Men."

March 18—J. F. Stevens, A. M., M. D.: "Medical Ideals."

April 9—J. M. Mayhew, M. D.: "Scientific Aspects of Heredity or Eugenics." Illustrated.

April 21—Speaker announced later. Medic Convocation.

April 23—Omaha. Inspection of School. Open House.

April 24—Omaha. Clinics. Open House.

May 7—Medic Dance.

May 20—Medic Field Day. Capitol Beach. Barbecue.

## FRATERNITY NOTES

### NU SIGMA NU

Dr. Boeken of Harlan, Iowa, spent a few days in Omaha last week. On January 31 the Freshmen entertained the active chapter with some of their talents.

Nu Sigma Nu will entertain at a Washington's Birthday dance at the fraternity house February 27.

A six-piece orchestra has been started by the musically inclined members, Mr. Schembeck being the conductor.

Dr. Blaine Young, '14, has gone to Meriman, Neb., where he will take up the practice of medicine. For the past three months he has temporarily taken charge of a doctor's practice at Wood Lake, Neb.

### PHI RHO SIGMA NOTES

R. G. Sherwood has been on the sick list the last few days.

Dr. Knode presented the chapter with a beautiful sectional book-case.

"Way" spent the week-end of February 20 with his parents in Wahoo.

R. L. Thompson spent last week-end with his parents in the city of West Point.

"Tuck" Westover spent the week-end of February 12 with friends in Plattsmouth.

O. D. Johnson was a pleasant and welcome caller at the Clarkson hospital Friday night.

Dr. Baker of Tilden was a guest of the fraternity during the week-end of January 19.

Phi Rho Sigma was well represented at the Pre-Medic banquet at Lincoln last Friday night, the following men being present: O. D. Johnson, J. J. Keegan, F. W. Niehaus, D. B. Parks, R. P. Westover, G. L. Weigand. The men reported a very pleasant time.

Guests at the Fraternity House during the month were:

January 24—

Dr. and Mrs. B. B. Davis

Dr. F. S. Owen

D. F. Owen and wife

January 29—

Dr. and Mrs. MacClanahan

Miss Katherine MacClanahan

Miss Gamble

February 7—

Dr. and Mrs. Patton

Dr. and Mrs. Stokes

Dr. and Miss Tucker

D. B. Park and wife.

Dr. Tucker of Long Pine, class of 1910, spent the week-end of February 7 at the fraternity house.

On February 12th the chapter held a Valentine dance at the chapter house. Dr. and Mrs. A. C. Stokes chaperoned the dance. Invited guests were: Dr. Lynn T Hall, Dr. Ryder of Creighton, Dr. C. F. Moon and Mr. Richards of Omaha University.

## REFLEXES AND IMPULSES

A history card at the Dispensary shows the following notation: "Inspection of the patient showed a wide diapedesis of the recti muscles and a lax abdominal wall." Whose handwriting? Sh—, surely not a Senior's.

The most of the professors added an appendix to their respective courses in the way of a quiz at the close of last semester. The Junior class wishes to publicly thank Dr. Poynter for closing his course in surgical anatomy with "appendectomy."

Lydia Schaum recently accepted an invitation to attend a "Slumber Party" at the Child's Saving Institute. After spending the night answering twenty-minute calls for seven measly kids, she decided to cut out this sort of social entertainment.

The Library has just received the Year Book of the United States Brewery Association. This book is "not copyrighted, but is for the general use and service" of the public. Students may be interested to know some of the arguments put forth against nation-wide prohibition found therein.

### IS THERE A REASON FOR DREAMS?

"During my ocean trip I awoke from a dream about a scrambled egg, in which I was the egg, to find that the ship was rocking violently."

Many a man could have put on the brakes when he started down the toboggan if he hadn't insisted oiling the track with whiskey.

My Dear Miss Grey: I have been told that only one of a pair of girl twins can ever bear children, and is the same true of boy twins?—  
R. K. O.

A prominent Omaha physician says there is absolutely no truth in this theory concerning either girls or boys. At least the wives of boy twins may bear children.

The doctrine of heredity should never be forgotten by parents or remembered by children.—Bagshot.

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