

4-23-1915

## The Pulse, Volume 09, No. 8, 1915

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# The Pulse

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

Vol. IX

APRIL 23, 1915

No. 8



THE WAR  
TAKES  
SECOND PLACE  
APRIL 23-4.



- UPDE.

PRE-MEDIC NUMBER



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# The Pulse



Vol. IX.

Omaha, Neb., April 23, 1915

No. 8

## THE LIFE INSURANCE EXAMINER

WILLIAM F. MILROY, Professor of Clinical Medicine and Physical Diagnosis

The great majority of physicians are called upon to make life insurance examinations, but, so far as I am able to recall, *The Pulse* has never in all its history made any reference to this part of the work of our alumni. A few remarks upon the subject will, therefore, not be out of order.

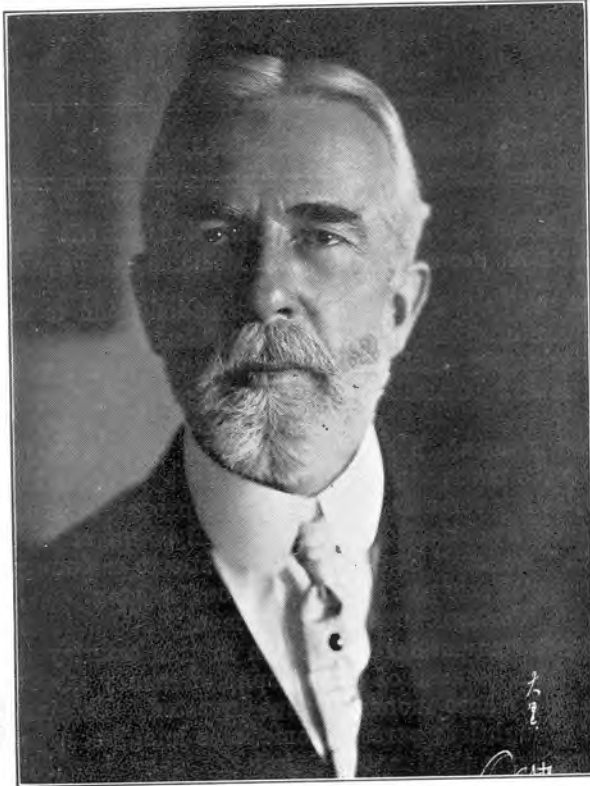
I shall not attempt to tell how to make these examinations, but rather refer to the matter in a very general way. Indeed, to the readers of *The Pulse* my remarks may seem inappropriate as a leading article in a scientific publication because I will admit at the outset that I can say with "Bobbie" Burns, in his Epistle to a Young Friend:

"Perhaps it may turn out a song  
Perhaps turn out a sermon."

The greatest commercial institution in this country is life insurance. This is true because of the amount of money involved and the number of people whose money is thus invested. The insurance of a life is not, as thoughtless persons sometimes imagine, a gamble, a bet by the company upon the length of time the insured will live. On the contrary this has all been reduced to a mathematical certainty of wonderful exactness, the premium being fixed not upon the estimate of the length of an individual life, but upon the average length of a great number of selected lives. Now, for this selection of lives the companies depend chiefly upon their medical examiners.

Considering the matter from the commercial standpoint only a medical examiner naturally regards himself in this connection simply as a business man. It is perhaps not difficult to acquire the feeling that this work is a thing apart from our duties that are properly and essentially scientific and medical. However, viewed simply from its commercial aspect the task of the examiner is no trifling one. It demands wide knowledge and experience. In every case the value of his service is measured by his ability in diagnosis. Those who handle great sums of money do not seek inferior legal talent to advise them in reference to their business. Likewise the medical examiner should appreciate the greatness of his responsibility, keeping in view the fact that this tremendous commercial structure depends upon him for its success.

There is, however, a widely different viewpoint from which the physician should regard this function of his profession. Of late years benevolent persons have been turning the world upside down in every



WILLIAM F. MILROY, M. D.  
Professor of Clinical Medicine and Physical Diagnosis

sort of endeavor to elevate the human race and promote the advancement of civilization. Publications, conventions, associations, societies, professorships and what not, have been kept perpetually in the public eye in the interest of social welfare, home economics, child saving, protection of working women, suppression of white slave traffic and eleemosynary enterprises, under many other names and including various lines of preventive medicine. These are commendable. But do not fail to observe that they all, individually and collectively are not comparable in importance with life insurance when estimated by the results secured. In this paper there is not space to trace out in all its lines of influence bearing upon these matters, the value of a life insurance policy. By way of suggestion I relate a little story. This story might be duplicated times without number, but, while not unique, it is a true story.

During that period of drought and famine in Nebraska about 1895, many poverty stricken people drifted into Omaha. The charity organization found that there were people enduring the utmost pri-



vation rather than ask aid. They instituted a house to house visitation in certain localities. Upon a certain very cold Sunday, two friends of mine, engaged in this work, found in a cottage visited a young widow with three small children, one of them an infant. They were in the utmost destitution. The little clothing they had was in rags. The pantry was empty and though zero weather prevailed they had no coal and most of the furniture had been consumed as fuel. The woman seemed to be in every way worthy, but her husband had recently died, leaving her nothing in the way of support. Upon the adjoining lot stood another cottage similar in outward appearance to the first. Upon entering this they also found a young widow with two or three small children. But here the resemblance to the neighboring home ceased. This cottage was furnished comfortably and the family was well clothed. Everything presented the appearance of comfort, a warm fire burning and abundance of food and fuel in sight. "How is it," this mother was asked, "that you are so comfortable and your neighbor so wretched?" She explained that although only a few months before she had lost her husband, who died having accumulated no property, he left her a life insurance policy for \$2,000 and she was by that means able to care for herself and children.

Here you have the story of social betterment by the aid of life insurance. Its value can not be overestimated as a protector of homes and all that they stand for.

It has often occurred to me that in the training provided for the making of physicians we permit his higher aims and relationships to become too completely overshadowed by the strictly technical and scientific and possibly mercenary considerations. These certainly are essential. Nevertheless it is worth while to remember that the physician ought to be a man and a citizen as well as a practitioner of scientific knowledge. The doctor will often have his sympathies aroused if he has a heart in him at all. The compensation for injustice and want of appreciation will be found in the heart-felt thanks of others whom he may be able to help over a difficult place. So it is best for the insurance examiner to keep in mind this side of life insurance. He stands as the defender of a most beneficent institution and is a very important factor in maintaining its stability and insuring its success. If there is really any basis in fact for the praises bestowed upon our profession and the credit it has received for disinterested and helpful benevolence, these qualities appear in the work of insurance examination. Many great companies pay a reasonable fee for the service they receive. Many assessment associations pay a mere pittance. Efficient work for these poorer ones characterizes the examiner of the big heart. It is his contribution to the good of the human race.

I am convinced that when this estimate of life insurance is considered the examiner must acknowledge that here is a task entirely worthy of a place among the most dignified acts of his professional life.

Now, a word as to the examiner and the examination. The best companies are very careful in the choice of their examiners. If you

receive such an appointment, it is not a matter of accident. It is because a careful investigation has indicated that you are the most desirable man in your town or at least equal to the best. Personal habits, education, including the standing of the alma mater and hospital experience, professional experience, local financial standing, medical society membership are some of the things considered in the selection. After an examiner has been appointed the quality of his work is carefully observed and in some manner recorded. One of the big New York companies has a card index of every examiner. Everything he does is noted upon this card by a system of merits and demerits. If he shows an extra degree of promptness in his correspondence with the company, that is voted in his favor, but if he is negligent, causing needless delay, that gives him a mark upon the other side. Every death of an insured person is noted in the record of the physician who examined him with cause of death. If presumably the presence of this fatal disease should have been discovered at the time of the examination naturally a discredit appears. No company will discard the services of an examiner for a mistake. They recognize the fact that all make mistakes. They only ask a faithful, honest effort to render the best service of which one is capable.

I have several times listened to discussions of the problem of examiners in meetings of medical directors of insurance companies. The great complaint is of carelessness and negligence of duty. There are a few doctors who would participate for gain in absolute fraud upon the company whom they are supposed to serve. There are not many of these. There are unfortunately a great many who are downright lazy and careless. The medical attendant upon a person who is sick knows that the patient and his friends are constantly criticising the doctor's work. It is not so evident that anybody is checking up his work when he makes an insurance examination nor is the criticism so promptly expressed. For this reason many examination reports give the result of urinalyses that were never made. They state the results of physical examinations which were of the most perfunctory nature or not made at all and are really of no value. Many similar deficiencies occur. For inferior risks thus placed upon the books of the company the good risks must pay.

There are in operation three so-called impairment bureaus. These organizations include practically every insurance company in the land. To a central office notice is promptly sent by every member of the bureau of each application received by it showing an impairment that renders the risk undesirable. These warnings are sent to every member of the bureau so that all have on file conveniently indexed a record of every bad risk seeking insurance. The file is examined for the name of every applicant presented in its office. Thus a mutual defense is established both against fraud on the part of applicants and ignorance or carelessness or dishonesty on the part of examiners. In the same manner unsafe examiners are posted. This business is all conducted by a code system. For instance there comes from the bureau to one of its members a card of a certain color bearing your name and

address together with a certain number. The number indicates the name of the company giving out the report. The report indicates that you are untrustworthy as an examiner and the probability is that you will never again be asked to make an examination for a member of this bureau.

Of course these measures are but a partial defense. Fortunately, and to the honor of our profession be it said, defense is required against only a small minority of physicians. The great majority of our profession are honest, faithful, high-minded men and the medical officers of insurance rely upon them with the utmost confidence.

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## TENNIS

The prospects for a winning tennis team at the college were never brighter than they are at the present time. The courts are in the best of condition and all the necessary new equipment has been placed at the disposal of the association members.

The executive committee of the association has decided to conduct two tournaments this season as last year. The first will be the inter-class and the finals will be held on Friday, the 23d of April, in the afternoon. The tournament will be conducted under the leadership of the different class managers appointed by the committee, namely, Messrs. Gifford, Wildhaber, Galbreath and Meyer. The college tournament for the possession of the Stokes Trophy will be held during the last week in April and the first week in May. The challenge round will occur about the 10th of May if the tournament is far enough advanced at that date. The tournament this year will also include a doubles tournament, the winners of such to be rewarded with small cups if the association plans materialize. The rules for possession of said cups to be the same as with the Stokes cup.

At present the most promising men in the school seem to be among the Freshmen. Cassidy, Bantin, Thompson and Delzell are a fast four who will be hard opponents for some of the other classes to tackle. Of the upper classmen, Brix, Keegan, Wildhaber, Farnam, Johnson and Meyer show signs of making their younger friends go their limit if they are to annex the honors.

The committee has appointed Mr. Meyer as manager of the tournaments and all matters of dispute will be settled by him. Drawings for play will be made the 26th of April and play will start immediately. The school is in need of a few more trophies and it is hoped by the association that some of our more intimate friends may be the donor of the same in the near future. At present Mr. Meyer is in possession of the Stokes Trophy, while Mr. P. Thompson was the winner of the fall tournament. Nearly every student has joined the association this year and let every one hoost for the game and if you are not already an enthusiast get out and get the benefit of the best college courts in the middle west.



## U. N. C. M. PULSE

### THE VALUE OF THE POSTMORTEM.

By OSCAR T. SCHULTZ, M. D., Professor of Pathology and Bacteriology

In my meditations upon the subject assigned me I have found it rather difficult to get hold of something with which to make a beginning. That the postmortem is valuable I have been accustomed to look upon as axiomatic—and anxious do not lend themselves well to argument or discussion. This feeling of assurance of the value of the autopsy makes it hard to set down in detail and in proper relation just what are the ways in which the postmortem is valuable. However, the task having been set, I shall try to recall the ways in which the autopsy has been serviceable to scientific medicine. I say recall because, after all, certain facts are the common property of all of us, and with the value of the postmortem all who have had the advantage of proper medical training and who retain a proper attitude toward medicine are as familiar as I. And in the end I shall try to point out in what ways and why we, locally, fail to realize the value of the postmortem. We shall find that in the manner of our shortcoming we are neither better nor worse than other communities; in the degree of our shortcoming we are considerably worse than many communities.

If now we set down the ways in which the postmortem has been and is valuable we may make the following heads: (1) Its value in the development of scientific medicine. (2) The educational value. (3) The value to correct vital statistics. (4) The value in medicolegal cases.

A proper and correct knowledge of the nature of disease must be based upon the anatomy of disease. By nature of disease I mean its complete concept, including diagnosis, treatment and prevention. Medicine, as a science belonging to us all, has advanced in proportion as our knowledge of the underlying structural alterations associated with disease has increased, and medicine, as a property of the individual who practices it, is good or bad according as the practitioner's knowledge of the anatomy of disease is clear or indistinct. I can do no better than emphasize the following statement of Oertel: "It is an interesting observation to the student of the history of medicine that the development of scientific medicine and therapy in any country and among all nations has been inaugurated by the systematic performance of postmortem examinations which made possible the establishment of pathologic anatomy. Its neglect has invariably been attended by stagnation and scientific decay."

If we look into the development of scientific medicine from such a standpoint we find that the ancient speculative philosophies, with their humors, variously colored biles and other fantasies, began to disappear with the study of the anatomy of the human body. The beginning of anatomic dissection did more than lay the foundation of those numerous muscular origins and insertions and those many anatomical relations which the poor young medical graduate must know before he can obtain his license to practice. It gave an opportunity for studying variations from the normal. Early normal anatomy led to the begin-

ning of pathologic anatomy and those names most revered in the early history of anatomy—Fantoni, Morgagni, Fallopius, Malpighi, Bichat—are associated as well with observations upon the gross changes brought about in tissues and organs by disease. Early pathologic findings were the by-products of anatomical dissection. Soon pathologic anatomy became a subject separate and distinct from normal anatomy, and with aims and technique different from those of anatomical dissection. With the further development of pathologic anatomy by Rokitansky and of pathologic histology by Virchow the postmortem began to do more than merely list the structural alterations, gross and minute, which the tissues might show. It became the aim of pathology to elucidate clinical medicine, to explain the physical findings and the symptoms which the clinician had noted before death. Only with such a correlation of structural and resulting functional alterations on the one hand with signs and symptoms on the other did anything approaching diagnostic exactness and rational therapy become possible. With the further and important part played by postmortem examination in increasing our knowledge of the causation of disease through the development of bacteriology, and through this of the prevention of disease, we are all familiar, since the development has occurred within the lifetime of most of us. What is to be especially emphasized is that in the development of scientific medicine, as it exists today, the postmortem has had a fundamental and major part in that it has given us, through the firm grounding of pathologic anatomy and histology, an insight into the anatomy of disease. Physical and laboratory diagnosis, symptomatology, treatment, prognosis and prevention are all directly dependent upon the information thus built up. In the light of the knowledge gained through the autopsy the humoral, and to us humorous, speculations of the ancients are no more fantastic than the so-called ideas of the modern, up-to-date and fashionable Christian Scientist. Medical systems and fads, based upon the isms and pathies of today, can find lodgement only in the minds of those who utterly disregard the firmly established facts relating to the anatomy and consequent abnormal physiology of disease.

The educational value of the postmortem is a manifold one and relates to the education of the medical student, the clinician and the researcher. That pathology must be one of the fundamental subjects of the medical curriculum is recognized and admitted by all. The medical student is an embryo doctor. And just as the embryo of the higher mammal passes through successive stages of development which repeat the life histories of lower forms, so must the medical student for himself pass through those stages of education which have helped to develop medicine as a whole. He must learn first hand those things which medicine as a science learned tens or hundreds of years ago, things which today are the established facts that form the foundation of all medical knowledge. He must be taught the anatomical basis of disease, since only the knowledge with such a basis has real and undisputed value. For the study of the gross and minute alterations produced in the tissues by disease, material illustrating the various disease processes is necessary, and such material can be obtained in suf-

ficient variety only at autopsy. In connection with the teaching of pathology one of the greatest weaknesses of medical education in this country may be mentioned, namely, the poor training which the average medical student receives in gross pathology. Because of the paucity of autopsies in this country not one of us is adequately trained in pathologic anatomy, and even the surgeon, whose knowledge of gross pathology should be most profound, and in spite of the freshest material which is constantly passing under his hands, is often woefully ignorant of the nature of the lesions which he treats surgically.

In the education of the clinician the postmortem's greatest value is in helping to interpret signs and symptoms noted during life and in broadening his knowledge of the anatomy of disease by permitting him to recognize diagnostic errors. Even the slightest increase in knowledge gained at the postmortem of a case studied during life adds greatly to his ability to study and successfully to cope with other cases that he will have in the future. Wonderful clinical diagnoses may create quite an impression among the internist's colleagues, but it is well to remember that it is almost as easy to make mistakes in diagnosis as it is to make clinical diagnoses which lead to awe and reverence. Only the diagnosis confirmed or disproved by autopsy is of value and the internist's reputation based upon supposed diagnostic acumen alone and not also upon postmortem findings may, after all, be worth not very much. It is human to err, and to admit that we may make diagnostic mistakes is no disgrace. How great the liability to error is has been brought out by Richard C. Cabot in an analysis of 3,000 autopsies. In his tables we find diabetes mellitus, typhoid and aortic regurgitation leading with, respectively, 95, 92 and 84 per cent of correct diagnoses. Correctly diagnosed in less than half the cases come hepatic cirrhosis and acute endocarditis, 39 per cent each; peptic ulcer, 36 per cent; suppurative nephritis, 35 per cent; renal tuberculosis, 33.3 per cent; bronchopneumonia, 33 per cent; vertebral tuberculosis, 23 per cent; chronic myocarditis, 22 per cent; hepatic abscess and acute pericarditis, 20 per cent each; acute nephritis, 16 per cent. These figures are rather shocking and their chief value lies in the fact that they are based upon the work done in large modern hospitals by a corps of more than average clinicians with the diagnostic aids that a good hospital can give. Surely the average practitioner can afford to admit that he is liable to make errors in clinical diagnosis. This liability to error can be decreased only by correlating the antemortem clinical findings with the postmortem anatomical findings. Again let us quote from Oertel: "The student and physician who think anatomically think truthfully—they need no 'school' or 'system' of ideas to speculate about the character of a disease. They see and therefore know what actually occurs. They must only be given opportunity to enlarge their experience in that direction. Such a physician applies a treatment not because it rests on a premise of some one else's authority, a premise that he can neither prove nor disprove, but because he has personal knowledge of a disease by his own observations; he knows its character and therefore how it may or may not be beneficially influenced. He is not, to use the old grotesque expression, like the blind

man in a dark room looking for a black cat that is not there, but a scientist, no matter how humble a practitioner, who approaches his patients with the certainty and moral conviction of real knowledge."

Just as so much of what we already know of the natural history of disease is due to the postmortem, so also will further knowledge of those diseases not yet fully understood necessarily have to be derived from the postmortem and from the study of material derived at autopsy. Medicine's greatest advance followed the establishment of the germ theory of disease. Great as is our knowledge of those infectious diseases whose etiological agents are known, much still remains to be learned about even these diseases. In addition there remain the only slightly worked fields of the infectious diseases of still unknown origin, the noninfectious diseases, the diseases due to neoplasms and the so-called functional diseases. In each of these important fields the researcher, upon whom we must wait for further advance, is absolutely dependent upon postmortem examinations.

In the matter of vital statistics we of the United States must bow our heads in shame. With no federal regulation of such statistics there can be no uniformity among the various states. Furthermore, since, as already pointed out, clinical diagnoses are wrong in from 5 to 84 per cent of cases in the various diseases, such mortality statistics as are turned in carry with them the same factors of error. Oertel considers our American vital statistics "extremely faulty" and "scientifically worthless" and says further: "Even not considering those returns of the cause of death made worthless by neglect, stupidity and by intent—and they are not too infrequent—all purely clinical diagnoses that are based on uncertain symptoms only must remain pure conjectures that lack the necessary objective proof." Upon the importance of statistics in disease prevention we need not dwell.

The value of the postmortem in medicolegal cases where questions of homicide are involved is recognized by law and autopsies in such cases are made mandatory in many states. In view of the legal recognition of the necessity of autopsies in such cases, further discussion of the value of the postmortem in coroner's cases is not necessary. I would emphasize, however, the inadequacy and worthlessness of the great majority of such autopsies, faults dependent upon the poor training, in technique and in pathologic anatomy, of the majority of those called upon to perform autopsies in medicolegal cases.

Having pointed out the ways in which the postmortem is valuable, we may ask how much of this value we obtain in this country and in this locality. The Report on Postmortem Examinations in the United States, by the Public Health, Hospital and Budget Committee of the New York Academy of Medicine, published a year ago, brought to light what a surprisingly poor showing we make in this country as compared with other nations. In the General Hospital and the Royal Victoria Hospital of Montreal the percentages of autopsies upon cases dying in the hospitals were 86 and 69 per cent, respectively. In Great Britain the figures varied from 60 to 86 per cent. In Germany and Austria, from 77 to 97 per cent, and it is interesting to note that in the hospital uniformly maintaining the highest percentages, the Allge-



meines Krankenhaus of Vienna, in 1904 a postmortem was not held in only one case in 1,867 deaths, giving a percentage of 99.9 for the year. If we select now some of the American figures, especially from the larger hospitals, we find the following: Bellevue Hospital, 11.8 per cent; Boston City Hospital, 6.2 per cent; Philadelphia General Hospital, 11.2 per cent. In these three largest hospitals there occurred during 1912 6,275 deaths, of which 639, or only 10.2 per cent, were autopsied. Comparison of these figures with those of European nations gives ample explanation of why the United States has never achieved a commanding position, either in pathology or in clinical medicine. In this country the only ray of hope is that isolated localities may make a showing much better than the general average. Thus, the percentage of autopsies at the Johns Hopkins Hospital for the years 1910 to 1912, inclusive, was 62.6; at the University of California Medical School, for 1912, 56.8, and for the San Francisco City and County Hospital, for 1910 to 1912, inclusive, 45.1. Hopeful as these figures appear we have, unfortunately, to note a very much smaller number of deaths in the three hospitals last named than in the three largest hospitals, 705 as compared with 19,260 for the three year period 1910 to 1912.

So much for what obtains generally in this country, and now a few words as to what holds locally. To the medical stranger the most striking thing is that of the five largest hospitals of Omaha, with a total capacity of 1,000 beds, not one contains any provision whatever for postmortem work, and the best only the meagerest accommodations for pathologic work of any kind. Under such conditions both internist and surgeon must be working at a great disadvantage which is certain to stifle scientific advancement.

How can existing conditions be remedied? The committee of the New York Academy of Medicine ascribed what it terms "this pitifully poor showing of our hospitals" in postmortem examinations to five factors: (1) Adverse public opinion and existing prejudices; (2) The existing law; (3) The undertakers and burial societies; (4) Hospital rules, and (5) The claims of the departments of anatomy. Undoubtedly all of these are important factors, and the most important of them, such as public opinion and existing laws, will require many years for betterment. However, the statistics from hospitals in certain isolated localities show that in any community considerable improvement can be brought about. Much can be done by education.

This education, to bring about improvement, must apply to the laity, the undertaker and the physician. The laity should be made to understand that a properly conducted autopsy does not mutilate the body, that it is a much less gruesomely crude procedure than that of the average undertaker when he embalms the body, and that the body from which the organs of the great cavities have been removed can be better preserved than that which has not been so treated. Furthermore, the laity should be made to realize that only through postmortem study can medicine, and especially the medicine of the practitioner, advance to the advantage of those still living. After the publication of Cabot's paper dealing with the rather high percentage of mistaken

clinical diagnoses a number of newspapers referred to the facts brought out, most of them in an intelligent and charitable manner. Among them, the Omaha Daily News printed a very commendable editorial which emphasized the value, to the living, of postmortem examination. With the help of the physician and undertaker it ought to be easy to overcome much of the prejudice which exists against autopsies.

As regards the undertaker, the work of the postmortem examiner should be done in such a way as to interfere least with that of the embalmer. Recognition of the rights and difficulties of the latter will do much toward overcoming any hostility which the undertaker may have. If the pathologist's work is properly done the embalmer's can be made easier and the results will be better.

A proper attitude upon the part of the physician means more than all else. The physician, if he realizes the importance of the postmortem to himself and to his scientific development, can usually obtain permission for an autopsy if he will but try. The value of the postmortem to the clinician is apparent from Cabot's statistics. He who develops an attitude of scientific curiosity toward his work and who is willing to learn through the mistakes that he makes, realizing that other physicians are making just as many mistakes, is a much better doctor than he who goes his way in a spirit of blind self-complacency and of ingenuous satisfaction with his own work. This is only a paraphrase of the ancient proverb which compares him who knows not and knows that he knows not with him who knows not and knows not that he knows not.

In hospitals the resident staff is the most important factor in obtaining permission for autopsies. If to the intern's desire to increase his knowledge of medicine there is added the kindly and considerate treatment of patients and their relatives and visitors which is their due, there is usually little difficulty in securing a postmortem.

In regard to local conditions it is only fair to say that most undertakers meet the desire of the physician for an autopsy with great willingness, usually demanding, however, that they be permitted to inject the body before autopsy. What we need are a more intelligent attitude upon the part of the laity, and this can be obtained through the medical profession; a little more interest in scientific medicine and a somewhat more intense desire to learn, upon the part of physicians and hospital interns; and finally, postmortem facilities in the hospitals. The last apparently will not come until our hospitals shall become more truly institutions for the study, teaching and application of scientific medicine, rather than religious and charitable institutions.

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### **The Prerequisites for the Study of Medicine.**

He who purposes to study medicine should have in high degree three gifts, not one of which is common among mankind, yet all of which he must have: the power of reliable observation, intellectual endurance; loyalty.—Minot.

**NOTABLE EVENTS IN THE PRE-MEDICS LIFE FOR THE PAST MONTH.**

APRIL

- 1—Nothing to do until Tuesday.
- 6—Mitchell returns with a hair cut and shopping bag.
- 7—Rains ink in Physics 12.
- 9—Hoffman stays awake in same.
- 10—Northrup appears in gray top shoes.
- 11—Beck declares his love for the 481st time.
- 12—Nielson gets away good in Zoo. 6.
- 13—Mogee gets 110 in Zoo. 6 (10 for good writing).  
Pharmacy 42 attend the Lyric.
- 14—Red Nolan misses the window in lab.
- 15—Emma McChesney Christiansen sends to Boston for hook on  
Bostonese accents for use in the cannibal isles. Hoffman pays  
the postage.
- 16—Deeving makes a speech in Pre-Medic Society in favor of the work-  
ing man (loud applause). Tool hugs bottle (hair restorer).
- 17—Oden stops cramming. Nolen gets a haircut—comes down to earth-  
(light-headed). Weymiller gives his Mexican athletic title to  
Zook.
- 18—Newcomb, Angle, MacDonald and Weeth pay party call on Miss  
Parsons. Misko and Stonecypher go fussing.
- 19—Sheldon comes to Physics with hair combed nicely. Newbecker  
cleans up in poker. Collins commits suicide as a result and  
Cultra decides to become an undertaker.
- 20—The Dean misses class. Updegraff swears he came to class. Bur-  
lington offers to run a special train to Omaha for the Pre-Medic  
trip. Edminston and Neville roll pills in Pharm. 42 and receive  
high mark.
- 21—Walvoord comes to school. Coleman raises the banner. Pharmacy  
students howl as usual they are not getting their share. Lam-  
here and Bailey decide to quit fussing. Copper disagrees with  
them.
- 22—Medic convention. Record crowd. Luncheon at the Commercial  
Club. Everyone goes to bed early in anticipation of the Omaha  
trip.
- 23—Omaha—History is now in the making! We are greeted by the  
warmest of welcomes and are busily engaged in having the time  
of our lives.

You tell your doctor that y're ill,  
And what does he do but write a bill,  
Of which you need not read one letter.  
The worse the scrawl the dose the better,  
For if you knew but what you take,  
Though you recover, he must break.

—Prior.



Friday and Saturday, April 23 and 24, the College of Medicine will have as guests a delegation of pre-medical students from Lincoln. The visitors will arrive at noon Friday and will be entertained at a luncheon given by the faculty at the Commercial Club. Friday afternoon will be spent at the building with tennis matches. In the evening an informal smoker will be given in the Rathskeller of the Hotel Loyal, which will be a general jolly-up and get acquainted session. Saturday forenoon will be spent in clinics at the various hospitals in assigned groups. A representative delegation is expected and a good time is assured.

Nothing is more estimable than a physician who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it, the remedies which benefit it, exercises his art with caution, and pays equal attention to the rich and poor.—Voltaire.



# The Pulse

PUBLISHED MONTHLY  
UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE  
42nd and Dewey Ave., OMAHA, NEBRASKA

SUBSCRIPTION PRICE. - - - ONE DOLLAR PER ANNUM

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## EDITORIAL

It seems to us very fitting and appropriate that we can have the privilege of presenting to our readers at this time an article and the picture of one of the fathers of our school.

Dr. William Forsyth Milroy was born in 1855. He graduated from Columbia University College of Physicians and Surgeons in 1882, and after serving internships in New York Maternity and in the Charity (now the City) Hospitals of New York he came directly to Omaha and became identified with the Omaha Medical School in 1884. It was in the beginning with the school at that time. Dr. Milroy served first as demonstrator of anatomy and has been constantly connected with the school since that time. He is the senior member from the standpoint of service. Throughout these years he has been the medical students' friend. He was their unselfish champion during the "commercial era" of medical education. He has always been a staunch advocate of bedside work in the school. He sees the fulfillment today in the State Hospital of his ambition for the classes. He has always been a student himself and is well known in the medical circles of the country. His courteous manner and beautiful attitude toward his profession has earned for him among the students the title "the grand old man."

House Roll No. 29, a bill providing for an appropriation of \$150,000 to erect a teaching hospital on the campus of the College of Medicine in Omaha, passed the thirty-fourth session of the Nebraska state legislature. The bill was signed by the governor April 19, 1915, and becomes a law. The bill was introduced by Representative Fred H. Hoffmeister of Imperial, Chase county, Nebraska, and to him the hearty thanks and congratulations of all friends of the school are due. The contest in the legislature was a perfectly friendly one throughout and was largely a matter of education. At no time did it seem difficult to convince the

members of the legislature of the need for a hospital. The main question was the expense and the advisability of the appropriation at this particular session. To our intense gratification the legislature thought that now was the time and that the state could well afford to establish a hospital which not only would provide adequate teaching facilities for medical students, but would take care of hundreds of sick poor the state over. The College of Medicine is deeply grateful to hundreds of friends in Omaha and over the state for their assistance in this campaign of education, and the endeavor will be to construct and maintain a hospital of which all may be proud.

IRVING S. CUTTER,  
Secretary.

The Pulse, in behalf of the student body and others who have the interest of the school at heart, wish to express their thanks and appreciation to the one who have given his time and untiring efforts for the past few months in the interest of this bill. He it is who has planned the campaign and demonstrated to the people the need of a state hospital. All thanks to Dr. Cutter!

The university extension courses given at the college for the nurses are about completed for the year. Chemistry is the only course which remains. About seventy-five nurses of the city hospitals have taken advantage of these courses as a part of their training.

A class considers it a rare treat when an instructor condescends to talk to them out of his experience and express his convictions on problems which every man must meet and yet are so seldom mentioned during the regular course. It is the old story of "a student on one end of the log with Mark Hopkins on the other." It is the sort of instruction that reveals personality. It is the man who can do this that wins the place in the hearts of the students. We are glad that we have men of this sort on our faculty—men who teach more than is outlined in the catalogue. The number of cases that a student sees in a year does not count as much as the way that they are presented. Those who were present at the pre-medic banquet and heard Dr. Fisher will remember that he brought out the fact that Bright did his famous work on nephritis on three cases, that ward walks are often well named where the material is so plentiful—they are merely walks, not studies.

The Juniors have been granted special permission to celebrate the passage of the hospital bill in honor of their classmate, George Hoffmeister, son of Representative Hoffmeister, of Chase county.

See one physician, like a sculler plies,  
The patient lingers and by inches dies.  
By two physicians, like a pair of oars,  
Waft him more swiftly to the Stygian shores.

"Dope" has been a scarce article for The Pulse lately. We wonder if the new federal law has anything to do with this scarcity.



## Alumni News Notes

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

E. B. Erskine, '14, has just been appointed county physician of Wayne county.

Dr. Charles Root, '03, and Dr. E. L. Brush, '06, both of Norfolk, were in Omaha recently.

Dr. F. W. Johnson, '94, of Fullerton, Neb., is secretary-treasurer of the Nance County Medical Society.

Dr. Voorhees Lucas, '95, is president and Dr. T. J. Kerr, '08, is secretary of the Lincoln County Medical Society.

Dr. H. B. Lemere, '98, has an article on "Diagnosis of Glaucoma" in the March number of Western Medical Review.

Dr. D. W. Beattie, '97, of Neligh, Neb., died suddenly January 8, 1915. He was fifty-five years old and well known in Nebraska.

Dr. Charles Moon, '14, is located at Reliance, Wyo., which is just seven miles from Rock Springs, where Dr. J. H. Goodnough, '14, is practicing.

Dr. John R. Nillson, '01, who has been seriously ill at Rochester, Minn., has sufficiently recovered so that he has left the hospital and will be home soon.

Dr. J. C. Tucker, '12, of Long Pine, Neb., reports a very interesting case of "Appendicitis Complicating Pregnancy" in the February Western Medical Review.

Dr. G. W. Bartlett, '03, is president; Dr. G. H. Rathbun, '02, is vice president, and Dr. S. A. Preston, '00, is secretary-treasurer of the Dodge County Medical Society.

At the annual meeting of the Saunders County Medical Society, Dr. P. E. Koerber, '96, was elected vice president; Dr. M. A. Quincy, '96, secretary, and Dr. Frank Thornholm, '02, censor.

Dr. D. F. Lee, '02, of Omaha died very suddenly April 13 of heart failure. The medical profession has lost one of its most lovable and talented members in the passing of Dr. Lee.

Dr. Smith Bellinger, '04, died at his home in Council Bluffs March 15. Although his many friends knew that he had been ill during the winter, his death comes as a shock to all who knew him.

## FRATERNITY NOTES

### Phi Rho Sigma.

Mrs. Quinlan visited the house Saturday morning.

Lloyd Myers was 1—years old on Saturday, the 17th.

Dr. Beede of David City visited the house Sunday, April 18.

Dr. and Mrs. Rush of Malvern, Ia., visited the house Sunday, April 18.

Westover and Park are superintending the grading of the chapter house grounds.

"Raymond" Sherwood returned from an extended visit at York. Business affairs (?).

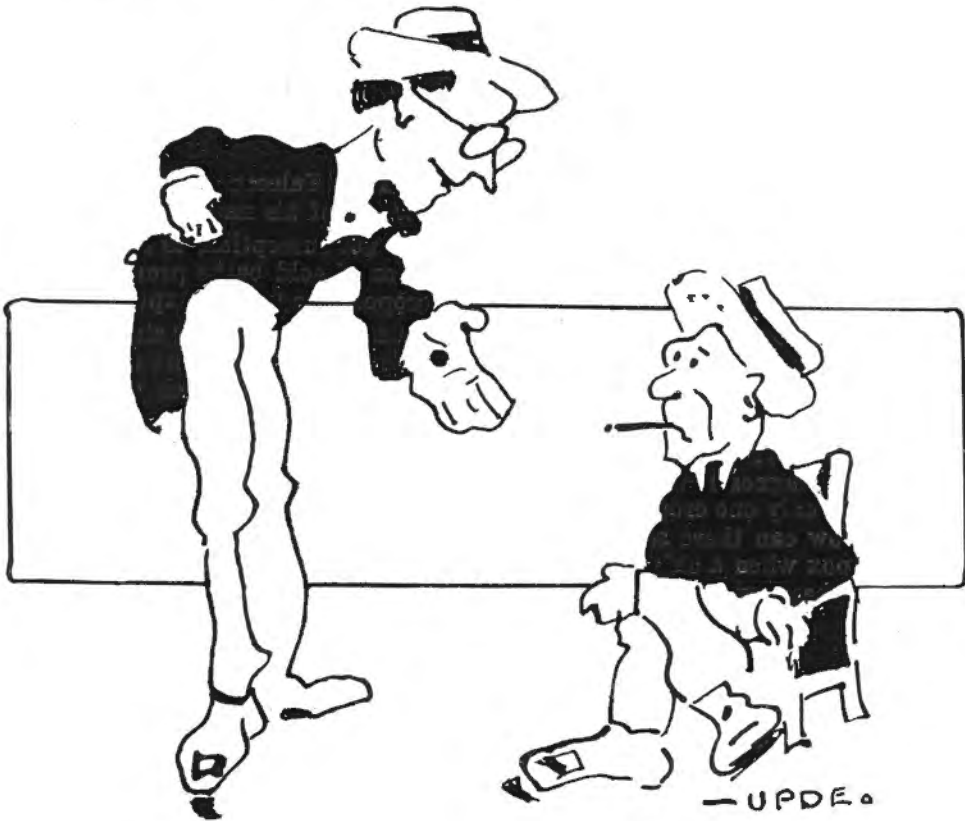
The members who play tennis are beginning to appreciate the thoughtfulness of the alumni in choosing a location so near the school.

Iota and Eta chapters held a joint stag party at the house Friday, April 10. Eta chapter was represented by twenty-seven active men and eleven faculty men.

Kirk Riley complained of a headache when he hadn't been out the night before. We believe that this is an illustration of a problem representing great possibilities for some enterprising student.

The house has been invaded by a species of human "leech"—a Cuban selling "Cuban Magnificos," and loudly denouncing "American Stinckos;" also parties soliciting faces to adorn their studios, etc.

Sunday afternoon, April 18, Undine was pleasantly surprised by a visit from his maiden aunt, though she did not visit the house and we did not learn her name. She no doubt is a very pleasant entertainer, for Clyde returned at 12:30 a. m.





# CLASS NOTES

## SENIOR NOTES.

'Tis a pity, and a pity 'tis, 'tis true that the Seniors' remaining days are few! Wow!

Neither gone or forgotten, but \_\_\_\_\_?

## JUNIOR NOTES.

# ?

## SOPHOMORE NOTES.

L. O. RIGGERT, Editor

When the Brewery day, Skip day, Holiday or picnic? The grass is green. All out for a spring tonic!

We have learned that the women come in for their bad habits, too. Some women have the tea habit, which is bad.

In roll call two persons answer to the name Talcott. One sounded like a female voice. She was probably jealous of his name.

Bacteriology teaches that chickens are not susceptible to anthrax, but can be infected by giving them a series of cold baths previous to inoculation. Way and Wildhaber have proposed to try the experiment.

Sherwood's examination paper on clinical history taking starts out as follows: "Address the patient with a pleasant and cheering remark, try to get his confidence and if necessary follow some such outline: \_\_\_\_\_."

We learn in Medicine under Dr. Hall that the distinguishing feature of diagnosis between smallpox and chickenpox is that in smallpox there is only one crop and in chickenpox there are several crops of pov. But how can there several crops in chickenpox and only one crop in smallpox when a chicken has only one crop? Also chickens have a big crop when you take them out to dinner.

## FRESHMEN NOTES.

R. P. WESTOVER, Editor

The Moler Barber College does first class work. Our barbers are graduates of the state penitentiary. For references see Brewer.—Paid Ad.

Dr. Poynter (entering room in anatomy lab.)—"A young man went to Dr. Cutter the other day and requested that he be allowed to work in chemistry lab. on Saturdays and informed him that he wished to do so because he was going to finish anatomy in two weeks."

Student—"Say, I would like to get hold of that man."

Dr. Poynter—"You can't, his hair is too short."

Question—Who is that man? Answer—

Freshmen tennis tournament is in full swing. It looks as though the championship lays between Cassidy and R. Thompson.

Geisler—Dewey, how large is a suprarenal gland?

Dewey—Why, about as large as a dollar.

Geisler—Not any larger than that?

Dewey—Well, perhaps as large as a dollar and a quarter.

Barney Oldfield Owen is going to quit medicine and drive racing cars instead. We understand that he has made his trial trip on the speedway with his fastest car, which is a Ford.

Hollenbeck and Way are smoking corn cob pipes now.

The shower baths have been moved to the third floor. They are open for use and Undine was the first man to try them out. A section has been reserved for our hen medics and we view it as rather a peculiar coincidence that this section was also first used by a member of the upper classes, namely, Bess Mason. They report them in good working order.

Keegan (calling roll)—Brewer!

Brewer—Yo!

Yes, Brewer, they are still making sand-paper collars for rough necks.

Westover makes weekly trips to Lincoln now. We wonder why?

Frandsen is in school again after having undergone an appendix operation which was very successful.

For any information pertaining to the anatomy course see Myers, as he has full charge of the information department now and has retained Hon. J. Walter Hough as his counsel because of his oratorical abilities.

## COMPLICATIONS AND SEQUELAE

### Around the School.

We are very much pleased to see the pavement being laid on Dewey Avenue and the much needed crossings put in. After having bounced from splinter to slab to get across the street here for the past muddy season we are in a position to appreciate this improvement.

If a professor wishes to add insult to injury to his class some of these fine days, just let him telephone a quiz to the building.

One of our promising Sophomores was called upon to take charge of a doctor's practice for a day. He fully realized the importance of his position and assumed the duties thereof. While busily attending to patients in the office an urgent phone call came; a baby very ill—couldn't the doctor come at once? How could he leave those patients in the office? (tricks of the trade learned early). However, he would leave as soon as possible. "The baby had had a convulsion, so please hurry, doctor." With the treatment for convulsions ringing in his ear he hastened to find a jitney. With a large surgical bag in his hand he approached the house, rang the bell and inquired of the lady if they had sent for a doctor. Being assured that he had the right place, he disposed of coat and hat, passing some pleasant remark about the weather. He pointed inquiringly toward a closed door, and with a professional air entered the sick room. Imagine his astonishment—sitting on the side of the couch was Horton, with a serious face, gazing anxiously down into the face of the patient, our friend Sinmark. With a wild swing of the grip which landed on poor Andy and a crest fallen air our young physician collapsed with the one word on his lips—"Stung." It happened to be April first.

A goodly number of the students were seen at the Fontenelle during the Missouri Valley Medical meeting. It at least afforded those of us who are for various reasons unable to attend the stockholders' banquet an opportunity to see the inside of this fine institution.

#### A Prescription We All Hate!

**R** Date: Any Spring Day, 1915.  
 For \_\_\_\_\_ Class.  
 Questioni Min. XV  
 Discussionae Min. XV  
 Symptomologii q. s. ad Quiz J  
 Miss et chargi cum aire calore.  
 Sig: To be administered in one dose by the stenographer.  
 By DR. DON'T COME.

Had you thought that the fact that the County Hospital is a good five minutes' walk from the car line is probably of considerable advantage to your health. Your lungs are full of fresh air when you go into the sick wards and the walk aids in aerating them when you leave.

Nowhere are the advance signs of spring more in evidence than on our campus. If we were of a poetical turn of mind, we could surely get material among the "nodding narcissi," green terraces and lazy students.

#### Detected.

"My dear, did you make this pudding out of the cookery-book?"

"Yes, love."

"Well, I thought I tasted one of the covers."—Sacred Heart Review.

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