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University of Nebraska College of Medicine

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THE PULSE

PUBLISHED MONTHLY

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ADDRESS ALL CHECKS TO THE BUSINESS MANAGER

THE HOSPITAL BUILDING

Bids for the hospital building have been advertised by the property committee of the Board of Regents and after the legal interval the contract will be awarded. It is confidently anticipated that at least the foundation will be completed before the ground is frozen solid. This will give plenty of time during the winter for the ordering and placing of material so that construction of the super-structure may begin actively in the spring.

The Regents of the University met in Omaha Saturday, November 6th. During the forenoon they inspected the college building and campus and definitely decided on the location of the hospital building. The front of the hospital steps will be about 190 feet back of the lot line on Forty-second street. This places the building some 88 feet back of the present flag stakes. The regents are much interested in the success of the College of Medicine.

Nobody loves a doctor,
The world would better be
If all his clan to the last man,
Were sunk deep in the sea.
He's but a vain pretender,
An addle-pated drone,
And yet some day we'll likely say
These words into a phone:

"Oh, doctor, doctor, doctor!
Please come right over quick!
Iv'e a terrible pain in my throbbing brain
And I fear I'm awful sick.
Oh, doctor, doctor, doctor!
Hurry as fast as you can,
Please hear me cry—I'm about to die—
And I want a doctor man.

EDITORIAL

The active organization of the Pre-medic society again this year and the good things that they are planning bids well for the spirit that the men must have. The Pre-medic society can now be said to be one of the best and most active organizations on the campus at Lincoln.

The Nebraska Alumni Association at their business meeting held while the organization was in session in Omaha recently, decided to do away with the bulletin of alumni proceedings that has heretofore been published, and to turn over to the "Pulse" the publication of these papers. The "Pulse" will endeavor to publish all of the material that it is possible to procure, and in view of this valuable material that is to be had, valuable not only to students but more so to the practicing physician, we solicit your subscription, alumni, and feel sure that the subscription price will be a small matter in comparison to the material that will be offered.

The next issue of the "Pulse" will contain an article prepared by Dr. Lyman, on the medicinal plants and their growth as practiced in the medicinal garden on the campus at Lincoln.

Dr. Donald B. Steenberg, B. Sc. 1911, who recently completed an internship at the Massachusetts General hospital, left during the summer with a Harvard medical group for service in one of the large French Military hospital. Dr. Steenberg returned to this country late in October and addressed the students and faculty at convocation on Monday, November 1st. Dr. Steenberg held the attention of his audience for over an hour with a very instructive and detailed account of the service in the Military hospital. The nature of the cases and injuries were described with the emergency and routine treatment.

The group of medical men with whom Dr. Steenberg was associated had entire charge of one of the large hospitals of the Allies, and were enabled to compare the medical and surgical efficiency of American and European hospital units. A number of the members of Dr. Steenberg's group were entertained while in England by Sir William Osler.

The Embalming Course, which began October 4th, was completed November 1st. Four students successfully carried the course as follows: Mr. Walter Korisko of South Omaha, Paul Boland of Omaha, Henry Clark of Omaha, and James O'Callaghan of Schuyler, Neb. The University will issue a certificate to the men successfully passing the course which will entitle them to a State License for the practice of embalming. The College of Medicine is anxious and willing to assist in all activities which may have any bearing upon public health. The training of competent and skillful embalmers is greatly to be desired and it is with a sense of gratification that the first course of this sort given in Nebraska under educational auspices has been brought to a successful conclusion.

ALUMNI ^{OF} U. N. C. M. NOTES

Dr. H. Gideon Wells of the University of Chicago was a visitor at the college building this past week.

Dr. Edgar M. Medlar a former Nebraska man was appointed laboratory assistant in pathology at the Boston City hospital.

Dr. K. E. Miller of the U. S. Public Health Service visited the building, October 25th.

Dr. Orr returned recently from his trip to attend the meetings of the Central States Orthopedic Club and the Mississippi Valley Medical Association. At these meetings he was re-elected secretary of the former and elected a member of the latter.

The meeting of the Central States Orthopedic Club was held on Monday, October 10, at the University of Minnesota, where about twenty members of the faculty of the College of Medicine of the University gave clinical lectures and demonstrations. On Tuesday, October 11, the meeting was held in St. Paul at the Minnesota State Hospital for the Crippled and Deformed with Dr. Gillette in charge of an elaborate clinical program. On Wednesday the meeting was transferred to Rochester, Minn., where the resources of the Mayo clinic were kindly placed at the disposal of the club. About fifty Orthopedists were in attendance at these meetings. Dr. Orr remained over in Rochester for three days as the guest of Dr. Henderson who is in charge of the Orthopedic department of the Mayo clinic and who kindly explained the care of many interesting and instructive patients.

On Monday, October 18, Dr. Orr was the guest of Dr. Freiberg of Cincinnati, who is Orthopedist to the New Cincinnati City and the Jewish hospitals. The new City hospital is quite wonderful. It has just recently been completed at a cost of four million dollars, (about \$5,000.00 per bed), and which is planned to eventually provide care for about 1,500 patients.

Dr. Orr later was in attendance at the Mississippi Valley Medical Association, at Lexington, Kentucky, where he read a paper on "The Character of Orthopedic Treatment Necessary and Its Importance During the Period of Spontaneous Improvement After Infantile Paralysis."

This paper was read at the same meeting with a most interesting paper by Dr. Freiberg on a related subject, "Role of Tendon Transplantation in Infantile Paralysis."

MARVELOUS.

The doctor told her that what she needed was a good hearty meal at night and then to stop thinking about her stomach.

"But, doctor, only two months ago you told me to avoid dinner at night, and to take a light supper instead."

"Oh, did I?" replied her medical adviser, reflectively. "Well, that shows what marvelous strides medical science is making."—Boston Transcript.

**PUBLICATIONS OF THE FACULTY—FROM JANUARY 1914 TO
SEPTEMBER 1915.**

Aiken, Joseph M.

1. Cleanliness and Godliness.—Nebraska Methodist Hospital Herald.
2. Neurasthenia—West. Med. Rev., January, 1915.
3. Post-operative, Nervous and Mental Disturbances.—Am. Jo. of Med. Sc., May, 1915.

Anderson, William N.

1. Effect of Chronic Valvular Lesions upon the Heart Muscle.—West. Med. Rev.

Ballard, C. H.

1. Radiography of the Gastro-Intestinal Tract.—Wes. Med. Rev., January, 1914.

Banister, J. M.

1. Insects in their Relation to Disease.—Wes. Med. Rev., June, 1915.
2. Diagnosis and Special Treatment.—Read before Nebraska State Medical Association, 1915.

Davis, B. B.

1. Acute Surgical Conditions of the Gall Bladder and Passages and of the Pancreas.—Wes. Med. Rev., February, 1915.
2. The Cancer Question.—Medical Herald, June, 1914.

Gifford, H.

1. Accessory Sinus Diseases in Relation to the Eye.—Medical Herald.
2. Brain Explorer and two Modifications of Allport's Speculum.—The Laryngoscope, January, 1914.
3. The Hard Plug Method of Controlling Hemorrhage in the Orbit.—Ophthalmic Record, February, 1914.
4. A Method of Destroying the Lachrymal Sac in Chronic Dacryocystitis.—Ophthalmic Record, January, 1915.
5. A Spectacle Frame for Tennis-players and Farmers.—Ophthalmic Record, February, 1915.
6. A Theoretical Consideration of some Phases of Sympathetic Ophthalmia.—Ophthalmic Record, February, 1914.
7. The Therapeutics of Sympathetic Ophthalmia.—Ohio State Medical Journal, March, 1915.

Jonas, A. F.

1. Bowel Obstruction.—Heus, Wes. Med. Rev., Febr., 1915.
2. Lymphatic Drainage.—Wes. Med. Rev., July, 1914.

Lord, J. P.

1. Arthroplasty of the Inter-phalangeal Joints.—Am. Jo. of Orth. Sur.
2. Operation for the Prevention of the Recurrence of Intussusception.—Western Surgical Association Transactions.
3. The Prevention of Deformity.—Read before Missouri Valley Medical Assn.

McClanahan, H. M.

1. Management of Premature and Delicate Infants in the Home.—*Jo. of Am. Med. Assn.*, November 14, 1914.
2. Importance of Examination of Stools in Infants.—*Am. Jo. of Med. Sc.*, June, 1915. (By Dr. McClanahan and Dr. C. Moore.)

Manning, E. T.

1. Focal Infections of the Upper Respiratory Tract. (By Dr. Manning and Dr. Wherry).—*Wes. Med. Rev.*, Dec., 1914.
2. Hay Fever, It's Treatment by Injection of a Solution of Ragweed Pollen.—*Jo. of Am. A.*, Febr. 20, 1915.

Mogridge, George.

1. Higher Types of the Feeble Minded.—*Bulletin of Iowa State Institutions*. Vol. 17.
2. Modern Penology.—Read before Briar Club of Glenwood, Iowa, June, 1915.

Moore, Clyde.

1. Practical Importance of Examination of Stools of Infants.—*Am. Jo. of Med. Sc.*, June, 1915. (By Dr. Moore and Dr. McClanahan.)

Morse, Max.

1. The Role of Halogens as Accelerators of Tissue Enzyme Action.—*Jo. of Biol. Chem.*, Aug., 1915.

Nilsson, John R.

1. Ectopic Pregnancy.—*West. Med. Rev.*, March, 1914.
2. Hypernephroma of Kidney.—*Pulse*, 1914.

Pileher, J. D.

1. The Absorption of Drugs from the Nasal Submucosa of the Dog.—*Jo. of A. M. A.*, July, 1915.
2. An Interpretation of the Membrane Manometer as Affected by Variations in Blood Pressure.—*Am. Jo. of Physiol.*, '15.

Poynter, C. W. M.

1. A Study of the American Negro Brain.—(By Dr. Poynter and Dr. Keegan).—*Jo. of Compar. Neurol.*, June, 1915.

Schalek, Alfred.

1. Inherited Syphilis.—*Medical Herald*, July, 1915.
2. Pemphigus Foliaceus.—*Pulse*, Vol. 8.
3. An Unusual Case of Generalized Nonpigmented Sarcoma of the Skin.—*Jo. of A. M. A.*, June, 1915.

Schultz, O. T.

1. Promitosis in Tumor Cells.—*Jo. of Med. Research*, May, 1915.

Somers, A. B.

1. Safe and Sane Obstetrics.—Read before Nebr. State Med. Assn., May, 1915.
2. Toxemias of Pregnancies.—Read before Alumni Assn. of State Uni., Oct., 1914. Pub. in their proceedings.

Summers, J. E.

1. The Differential Diagnosis Between the Acute Pathological Perforations within the Abdomen.—*N. Y. Med. Jo.*, March, 1915.

2. An Observation on the Question of Heredity in Goitre, with Corroborative Operative Findings.—Wes. Med. Rev., Febr., 1915.
3. The Incidence of Heredity as a Factor in the Causation of Goitre.—Annals of Surg., Aug., 1915.
4. The Preparation of Advanced Cases of Prostatism for Surgical Treatment.—Wes. Med. Rev., Aug., 1914.

Wherry, W. P.

1. Treatment of Corneal Ulcers.—Medical Herald., Aug., 1914.
2. On Recent Developments of Focal Infections in the Upper Respiratory Tract.—Wes. Med. Rev., Dec., 1914.
3. Tonsils as Diphtheria Carriers, Treatment and Rept. of Cases.—Wes. Med. Rev.

Willard, W. A.

1. A Double Embryo of *Squalus Acanthias*.—Anat. Rec., January, 1915.
2. A New Counter Stain for Vertebrate Embryos.—Abst.-Anat-Rec., 1915.

PRE-MEDIC SOCIETY.

The Pre-Medic Society held its first meeting of the year October 1, 1915. Dean Lyman, the new dean of the Junior college was in charge. He gave a brief address in which he showed the progress of medicine in the U. of N., its importance to the university and medicine's place in the world. At the close of his address officers for the coming year were elected. Wallace Gerrie, Omaha, was elected president; Chas. Wymuller, Omaha, vice-president; Chas. Engle, Lincoln, secretary, and Ray Mills, West Point, treasurer. The outlook seems very good for Junior medics. There are 87 men enrolled and there seems to be plenty of spirit and to spare.

PRE-MEDIC SMOKER.

The largest smoker ever held by the Pre-Medic association at the University of Nebraska, was given Monday, October 18, at the Alpha Sigma Phi house in honor of Dean Cutter of Omaha. There were 78 present who are enrolled in the college, four guests and eight members of the faculty. Dean Cutter in a speech took the men through the new hospital, following the plans which were brought from Omaha. The program was made up of speeches by the faculty and recitations by the men. The smoker closed by a pep speech by the president and the extending of honorary memberships in the organization to Drs. Cutter, Lyman, Wolcott, Barker, Dales, Lewis, Johann and Frankforter.

Settlement Worker (visiting tenements)—And your father is working now and getting two pounds a week? That's splendid! And how much does he put away every Saturday night, my dear?

Little Girl—Never less than three quarts, ma'am!—Tit-Bits.

THE BUSINESS SIDE OF MEDICINE; DISPENSING V. S. PRESCRIPTION WRITING; DRUGGISTS AS COMPEITORS OF DOCTORS.

(By Dr. J. E. Maple of Chicago at the Nebraska Alumni Association Meeting, Omaha, 1915.)

The art of healing dates back before the Christian era. Many evidences have been discovered of this practice among the ancients and it is presumable that even in pre-historic times, through the middle ages, on up to the present day, those who practiced this art received an "honorarium" (as it was termed in early history), and only in comparatively recent years has it been followed as a business.

The Bible tells us that when Christ was on earth, he did not charge for healing, though he performed miracles and "cured the lame, the halt, and the blind" and even today the Christian Scientists, and their "Healers" who practice in that faith, claim that all disease is the result of "error" and drugs are not necessary to correct that error and relieve human distress. Granting that this may be true in a measure, they are inconsistent or in the business of "healing" for the money there is in it. And Billy Sunday agrees with me in this contention. Although the Christian Scientists claim to be living "the Christ life" they defend their right to charge for the "treatment" they give by a Biblical quotation, "The laborer is worthy of his hire." Thus it would seem (with the exception of Christ), that from the beginning of time, those who have practiced in this noble cause, regardless of methods used, have been and are entitled to compensation for their services.

However, irrespective of the claims of the Christian Scientists, Osteopaths, Chiropractors, etc., I do not believe the use of drugs will ever become unnecessary, unpopular or go out of fashion, for of all the staples manufactured, drugs are used day, night, Sundays and holidays by all classes of people.

The Medical Fraternity, generally, are alive and progressive and making rapid strides in both medicine and surgery toward the improvement of the profession from the ethical and scientific side, but it is rarely one finds a doctor who is equally concerned regarding the business side of his profession and the emoluments that are his just due.

This apathy exists in many forms: an innate fear that he is charging his patients too much for his services; that he may offend and possibly lose them by insisting that they pay him as regularly as they do the butcher and the grocer. The doctor should endeavor to get his business on to a commercial basis, cash if possible for each service as rendered, particularly his office practice, or at least a monthly settlement where the account is booked. And apropos of this, a bill should be rendered soon after the service is completed, before the patient has had time to forget the value of same, for accounts that are not allowed to be forgotten are more likely to be paid promptly.

Collect your bills while they are small; never refuse a payment when it is tendered.

I have often seen patients approach their physician with the money

in hand and say, "Doctor, what is my bill?" and though the doctor be sorely in need of money, he replies, "Oh! never mind that now, I haven't my book with me. I'll send you a bill when I need it." Now! that patient's heart was full of gratitude to the doctor and he wanted to pay him. Do you wonder why so many doctors say collections are poor?

The doctor should also "get the habit" of rendering a monthly statement of every account on his books and if it is sent in the middle of the month, it is more likely to receive attention, than if on the first when other statements from the landlord, tradesmen, etc., arrive. People who owe their doctors frequently become their enemies, those who pay remain their friends forever. The patient will have a greater respect for his physician and confidence in him, if this plan is rigidly carried out, for a good physician should be a good business man for his own benefit and that of his family.

In surgical, except in emergency cases, either cash or some equivalent should be insisted upon at the time of arranging for the operation.

In obstetrical cases there enters, of course, the humanitarian side; also the physician's knowledge of the financial responsibility of the family, though he should not be swayed too strongly in this respect and, if possible, only by mutual agreement of all the physicians in a given community. The safer course would be, in the majority of cases, aside from arranging the preliminary details, have it understood that it is to be a cash transaction and the price fixed, you to deliver the child, and they to deliver you your fee, or you don't want the job, for it is a matter of frequent record that a family so improvident (knowing for months when to expect the event), and failing to provide for it in advance, certainly are not likely to concern themselves much about it afterward. I have known of doctors who have brought large families into the world and never received a single fee for the long hours usually served in these cases, and these same parents well able to pay too.

The human race today, as a rule, are sadly lacking in a sense of honor and gratitude and when a physician thinks, "this is my family; this is my patient," he errs seriously, for, as most of you know by experience, it is easier to change doctors than to settle a long over-due bill, and, relative to this subject, to be strictly ethical as well as business-like, no physician should ever respond to a call or treat a patient in his office without first satisfying himself that his predecessor has been paid in full and discharged.

In Venereal diseases, no circumstances should permit any laxity regarding payment, cash in advance, or fee secured in some tangible form, for full treatment, or at least a substantial payment before taking the case and cash with every subsequent treatment or prescription, for in most of these cases after a cure is effected the doctor "whistles for his money."

Where the physician dispenses his own medicines, though he may be obliged to book his consultation fee, he should receive cash for his drugs, for generally the patient is prepared to pay cash to the drug-

gist. In the offices of many dispensing physicians, a sign is conspicuous "all medicines strictly cash." This is as it should be and eminently proper, for the doctor must pay for his drugs some time.

He cannot always charge a uniform fee for like services to different people, but must consider the financial status of each patient separately. This might be termed making "fish of one and fowl of another." But it is necessary in view of the fact that the majority of doctors do a great amount of work for charity and do not receive compensation for that, which at the time is not considered as charity. Therefore, those who can afford to pay should be made to pay and pay well. This ought to be the rule the world over, and when taking into account the long drives of the country practitioner, over indifferent or bad roads, frequently at night, the consideration cannot be too great.

I have, many times, observed physicians in office practice (and understand me, I am not saying this critically), calmly listen to a patient's expression of his or her various ailments, ask a few stereotyped questions, guess at the symptoms and proceed to write a prescription and charge fifty cents for it. Why not have the patient loosen the clothing, lay down on the chair or table, percuss, manipulate, use a stethoscope, do something to make more thorough your diagnosis, it only consumes a few minutes more time, and you can double, treble or quadruple your fee, and the patient leaves your office better satisfied and feeling that you know your business and that he has had his money's worth.

Owing to professional rather than commercial instinct, physicians often overlook ways and means of enlarging their incomes and fall victims to systems which deprive them of a large part of rightful revenue.

Before the development of modern pharmaceutic houses dispensing of medicines was a serious problem. Physicians originally were their own pharmacists.

With few exceptions today the pharmacists have deteriorated into variety stores—stores where everything from ice cream, sandwiches and paints, to cigars and fancy goods are intermixed with drugs and pharmaceuticals. Many clerks in these so-called drug stores, hence, lack the experience, knowledge and moral qualities essential to a calling in which health and life continually are at stake. Not only this; druggists have gradually usurped the functions of the physician. Therefore, instead of being co-workers with physicians, most druggists are actually competitors of physicians. These and allied conditions have forced the majority of physicians to dispense medicines wholly or in part.

Nearly all of the better class of drug store owners are the agents or members of two powerful syndicates, systematically at work training retail druggists in counter-prescribing. Their list of stockholders and agents include some 25,000 retail drug stores in the United States. These companies manufacture lines of patent medicines that embrace one or more remedies for every common ailment or disease. Natur-

ally, these syndicates are interested in promoting the sale of these medicines. To secure this, the clerks in these 25,000 stores are drilled by means of booklets setting forth the various diseases for which these medicines are recommended. In addition to these two syndicates, there are other companies working along identical lines. These chains of stores are quietly striving to secure for themselves the greatest possible proportion of what should be the office practice of the medical profession. I refer to the Rexall, Nyal, Penslar, Santox, A. D. S., and others, one or more of them being represented by some drug store in nearly every city and town in this country.

For trade reasons, the druggists do not fight the nostrums, in fact their sale comprises about two-thirds of their entire business. Still the crowd streams by your office to the drug store where they hand over the counter \$500,000,000 (Five Hundred Million), a half a billion, every year, according to government statistics. Still some physicians keep herding all their patients over to the drug store. Still the druggist has a bonanza in his prescription counter and another in his counter-prescribing. Still commercialized pharmacy attacks the dispensing physicians at every town.

There are but few druggists in this country who are not technically practicing medicine without a license. Scarcely a case of gonorrhoea, stricture, cystitis, orchitis, or other like complications reach the physician until after they have first been treated by some druggist. Druggists treat more cases today than physicians in their offices. The social dangers of prescribing by druggists appear more seriously in the so-called social or venereal diseases. Here a proper knowledge of diagnosis and pathology is absolutely essential. The period of contagion is a serious question to the patient, his family and the community. Venereal diseases are transmitted innocently in about 25 per cent of cases. The correct diagnosis of recovery is essential. This the druggist without training cannot make, and yet he prescribes for and lets loose on the community thousands of uncured patients.

You are all familiar by this time with the provisions of the Harrison Anti-Narcotic law and the famous Nelson Amendment thereto, In the original form of this bill, it's sole object was to compel physicians to write prescriptions for all narcotics.

The National Association of Retail Druggists was the powerful organization that backed this pernicious legislation.

I note at their recent annual convention held in Minneapolis on the second of last September, where they laid plans for still further restricting of doctors, of this country, in the practice of their profession. I quote from the Minneapolis Tribune of that date, "The tendency of physicians to dispense medicines were attacked by delegates as one of the great evils menacing the life of the business." "The druggists have begun an attack on the growing system by which practicing physicians sell medicines along with their professional services." "Resolutions advocating legislation regulating the sale of medicines by physicians." "Druggists should not hesitate to take steps to prohibit physicians from doing the work of a pharmacist

without the license and qualifications of a pharmacist." (Of course the state pharmaceutical boards shall have the exclusive right to determine the point, irrespective of college diplomas or state medical boards). "Druggists were warned against encroachments of local boards of health in matters over which the pharmacists alone should have control." (They expect to have the entire say-so in this as well).

Now, a little more about the organization of the N. A. R. D., the sentiment and feeling of its members, their campaign of aggression against the medical fraternity and particularly the dispensing doctor as expressed through their official Journal. I will read you a few brief extracts. "As a rule, a physician is not competent to dispense medicines. Indeed, the physician may not know precisely the proper dose of many of the remedies he prescribes. The doctor may put up compounds that are harmful or even deadly. The patient may lose health of life by taking them. Yet, laws are so defective that the doctors have not rendered themselves liable at all."

"Again,—How many lives would be sacrificed each year if all the dispensing was done by physicians. The druggist is the safety-valve for the physician and the public and the only person to whom the dispensing of prescriptions should be entrusted, etc."

"Again,—How did the physician ever get the inherent right to dispense medicine? Who gave it to him? By what process of study did he ever discover the remedial action of drugs? This right is the pharmacist's," etc.

And, by the way, marked copies of these Journals of the N. A. R. D. have been sent by them to the legislative bodies of almost every state in the union. The Harrison Act was their first attempt at national legislation. Their slogan, as copied from their secretary's salutation contains the pertinent remark, "We are now beginning to realize what organization and co-operation truly mean: United action through organization and co-operation; consistent and effective should be our motto for future success." The druggists are urging that the safety of the public demand that restrictions be placed on the medical profession.

You members of this association can scarcely realize the dangers that confront you. The druggists are well organized in every state; also have the national body, with strong committees backed by plenty of money. What are you doing along these lines in self-defense?

These same druggists ask for your prescription business, they not only ask for the latter, but demand it. Further, they not only demand it, but they propose to get it. Do you want to wake up some morning and find your hands bound so that you cannot dispense?

"What are you going to do about it" is the question that naturally follows exposure of organized rascality. "When you touch a man's pocket, you touch him where he lives." Get away from this antiquated habit of prescription writing; that is the only way to get back at your competitor. "Friend Druggist," dispense your own medicines. And the ancient right of the physician to dispense any and all of the medi-

cines he prescribes is as inherent and supreme as is the right to relieve human distress, and any legislation prompted by the drug organizations that shall tend to restrict or impair your services should be not only condemned, but earnestly and strenuously combatted. No more audacious or insulting affronts were ever offered the medical profession. Their association has sought legislation in many states with the view of restricting the work of physicians. Up to date, they have secured the enactment of drastic laws against the physicians in California, Kansas, Ohio, and Maine, and in Iowa a law instigated by the State Pharmaceutical Association became effective January 1st, 1914, making it compulsory on the physician to report in detail every case of syphilis and gonorrhoea coming to his knowledge, to the local board of health on blanks furnished for the purpose, and for failure to do so, he shall be punished by a fine not exceeding \$100.00 or imprisonment in the county jail not more than thirty days, and in addition thereto the State Board of Health may revoke his license or certificate to practice medicine, surgery, or obstetrics, in the State of Iowa. There is not one word in this law making it obligatory on the druggist to report the cases to whom he sells "Big G," "Zip," "Knox-It," "SSS", and similar nostrums. This law in Iowa has resulted in the physicians of that state getting little or no venereal business; when the disease reaches a stage necessitating medical advice, the patient seeks a doctor in some adjoining state.

In Nevada, although there are areas embracing as much as a full county without a licensed pharmacist, a state law provides that a physician cannot dispense medicine without first passing a State Board of Pharmacy examination and securing a license as a registered pharmacist. I believe the right to practice medicine includes the right to dispense and legislation or no legislation that right will stand supreme.

It is evident that these dangerous and oppressive restrictions to the practice of medicine are not sought by this association because they are for the betterment of the public or to insure an improved service on the part of physicians. The N. A. R. D. has but one object and that is to increase the prescription business, and if we may judge by existing conditions to augment the number of refilled prescriptions.

I challenge the right of the N. A. R. D. or any other organization of druggists, to set themselves up as censors and regulators of the medical profession. If investigation discloses that the graduates of our medical colleges are deficient in a proper knowledge of pharmacy, which I deny, then, if I may take the liberty, I suggest that our medical curricula in this particular be strengthened and that enough attention be given to pharmacy and dispensing as may be necessary to make the latter scientific and safe. Where did the druggist or prescription clerk acquire his knowledge to diagnose and prescribe for the cure of human ills and maladies? You Doctors are apathetic, to say the least, regarding this great menace to your business, you seem to lack the wisdom, the courage, the inspiration to correctly interpret "The hand-writing on the wall." These matters appear to you, if at all, as mere ugly, grotesque shadows, but do not overlook the fact that

it takes a solid body to cast a shadow, and I am trying to sound the alarm to you that the drug interests constitute a decidedly solid unit that will eventually prove your undoing. The brazen manner in which they flaunt their defiance of your rights should arouse you also, to organize. The responsibility rests with you alone in permitting them to over-ride you. You calmly sit in serene silence and confidence and say, "it will amount to nothing." Don't you believe it.

If a law be passed forbidding dispensing, what will be the probable condition when the great mass of dispensing physicians, probably two-thirds of all licensed practitioners (many of whom have never written prescriptions), are compelled to dispose of their dispensing stock and rely exclusively on the prescription pad? If there is trouble now, there will be chaos then.

After a study of this proposed legislation, I find little included that will prevent druggists from recommending or prescribing medicines.

Conditions are serious enough when druggists assume to prescribe for supposed coughs, constipation, diarrhoea or rheumatism and for which a severe penalty should be inflicted. But what, may I ask, should be the penalty inflicted on druggists who presume to prescribe for consumption, Bright's disease, diabetes or venereal diseases?

INSTEAD OF LEGISLATION HAVING FOR ITS OBJECT THE ABRIDGMENT OF THE RIGHTS OF PHYSICIANS, I SUGGEST THAT RIGID LAWS BE ENACTED MAKING IT A CRIMINAL OFFENSE FOR A DRUGGIST TO PRESCRIBE OR RECOMMEND A MEDICINE EXCEPT HE HOLDS A PHYSICIAN'S LICENSE.

If the medical fraternity could only realize their wonderful potentiality for effective legislation, and it only requires organization and co-operation, they certainly would rouse up to a material degree before being driven to it by the stern lash of necessity, and do something to resist the existing menace to their business and peace of mind. "Self-preservation is the first law of nature." Think what a powerful factor a letter or telegram of protest from every physician in this land would mean to his senator, representative, or congressman. If legislation be necessary to regulate the practice of medicine, it should originate either in medical societies or from a general demand on the part of the public.

PHI RHO SIGMA NOTES.

An enjoyable house dance was given October 30. The interior of the house was decorated with the appropriate festoons and much zest was added to the occasion by the presence on the refreshment table of hard cider made from apples stolen from Sherwood's vegetable cellar.

Sixteenth annual banquet for alumni and initiation of Iota Chapter occurred at the University Club October 20, 1915. The following were the goats: V. R. Daken, R. B. Eusden, A. L. Cooper, D. C. Richards, F. L. Coleman, H. L. Updegraff, M. J. Nolan, C. G. Newbecker, L. C. Northrup, A. L. Nielson, A. A. Larson, L. O. Hoffman, G. M. Cultra, J. S. Deering. Toastmaster D. B. Park filled his chair in

an admirable manner and Drs Cutter, Potts, Stokes, Anderson, Lane, Wherry, and Poynter responded to toasts. Updegraff was elected High Arch Warden for the coming year.

Great consternation reigns among the freshmen because someone stole the clapper from the breakfast bell and now everyone is compelled to sleep late.

L. Weaver, manual training instructor at Lincoln, visited the house last week. Miss Thompson, a sister of K. L. Thompson, was also a visitor.

The fraternity has been honored by the presentation of a magnificent picture of Dr. A. F. Jonas, Professor of Surgery of the College of Medicine, University of Nebraska. This picture is one step toward completing a number of pictures that we already have, and we hope to complete the series soon.

A DOCTOR'S STATEMENT

"Prompt settlement of all accounts is requested. If bills are not paid promptly they will be passed to my attorney for collection. If you pay your physician promptly, he will attend you promptly, night or day, rain or shine, while your slow neighbor waits, as he makes his doctor wait, and while he waits, 'The Angels gather him in'."

JUNIOR NOTES.

Dr. W. P. Wherry has closed his course in Rinology and the hour is given to Otology, under Dr. Lemere.

Nedergaard's great delight seems to lie in his collection of fountain pens, each probably filled with a different variety of ink, and an accumulation of pencils. Each of these indispensable articles is fitted with a holder. The whole gives him a breast protector envied by any German officer in service uniform.

The Glands of Montgomery, named after their discoverer,—but where might they be? and who believes it, anyway?

Doc. Talcott misplaced a deformity of the spine when he associated schlorosis with the septum of the nose.

The Juniors should have a period for individual research. Theories are suggested which are passed over without so much as a trial or thought; for instance: Maybe Kriz could formulate carrots and milk into a diet for Eclampsia. Can we positively say that Davis was wrong in saying that Ergot was the active principle of rye? Sherwood could perhaps prove experimentally that Myxedema was a variety of Oedema. Who knows?

Poynter: What is an aneurism needle?

Lake: Something used for injecting aneurisms.

Hull. What is the importance of knowing the patients' address in taking a history?

Davis: To know where to send the bill to!

We wonder whether Gifford's frequent attacks of anemia of the brain are caused by night shift duty.

INFANT FEEDING.

Dr. McClanahan is giving the senior class a very interesting and instructive series of lectures on "baby feeding." The one on baby foods was particularly interesting, and we offer an abstract of it, feeling quite certain that it will be well received by the readers of the Pulse.

Cows milk is the only practical food to substitute for human milk in feeding infants. The milk of mares, asses, and goats, are much more valuable as a food, but for obvious reasons are seldom used. Certified milk is the best product for this purpose offered for sale by the dairies, and in the production of certified milk the following conditions must be met:

1. The milk must be from healthy cows giving a negative test for tuberculosis.
2. The milk stable must be separate from the feeding stable.
3. The udder must be thoroughly washed before milking.
4. The milkers hands must be thoroughly washed and he must wear a clean white duck suit and rubber boots.
5. Sterile utensils with round bottoms covered with cheese cloth must be used to receive the milk.
6. Most important of all, the animal heat must be removed rapidly from the milk after milking.

To meet this last requirement a very ingenious apparatus is used. It consists of a long table with a corrugated glass top. Directly beneath and in contact with the glass is a stream of iced water. The milk is run across the table in a thin sheet and in this way rapidly cooled to 50 degrees C. At the fore end of the table the milk is collected in bottles of various sizes, capped and immediately put in cold storage until ready for the selling to the consumer. Rapid cooling inhibits the growth of pathogenic germs and the milk must contain not more than five million non-pathogenic organisms per cubic centimeter.

Cream is nothing more nor less than milk that is very rich in fat. Certified cream is uncertain and is bad for babies. It is not physiologically identical with gravity cream. To obtain cream for baby feed one should buy a whole milk, allow it to stand and use the top.

When the fermented trypsin and pepsin are allowed to act upon the milk it is separated into curd and whey. Whey is used for feeding sick babies. Insoluble protein, caseins, are taken up by the curd and the soluble albuminous proteins and sugars are left in the whey, together with a small amount of fat. There are two kinds of whey, one being made from whole milk and the other from skimmed milk. The proteins and whey made from whole milk act much like the proteins of human milk. Whey from skimmed milk is without sugar and fat, the principle element being animal protein. The curd, containing the caseniogen, also has nearly all the fat of the original milk and is feed to babies who are hurt by sugar.

Buttermilk has had all the fat removed and the proteins are thoroughly agitated so that they do not form into fine rubbery masses in the stomach. The lactic acid bacillus produces changes in the pro-

teins and inhibits the growth of putrefying bacteria. These conditions make it a valuable product in certain feeding problems.

There are three kinds of canned milk i. e. canned sweetened milk, canned unsweetened milk, and powdered milk. The latter is made by evaporating fresh sterilized milk to dryness. Before use it is stirred back into water. The product lacks freshness but serves a valuable purpose when the pure fresh product cannot be obtained. It is used largely in the cities of England.

SENIOR NOTES.

Dr. Findley: "Today's catch." (Looking at the result of two hyster-ectomies).

Dr. Jonas: If we get to the point when we don't do a patient any harm we are good doctors.

In Dr. Bridges' clinic. (Patient after having been asked by the instructor to lie down on the examination table): Are you going to do any cutting?

Dr. Bridges: O, no, we just—

Patient: Well, if you do you will do it while I am running.

Dr. Goetz: In making a diagnosis always fix a pillow to fall on.

Dr. Aiken (During the Billy Sunday meeting and while demonstrating alcoholic neuritis): "Whiskey is the devil's own weapon—the curse.

Park: Is Bobby here yet, boys? O, yese, (stepping out of the doorway), here comes Dr. Hollister now. How do you do Doctor. Nice day isn't it?

Dr. Hollister: "Yes, I am a walking museum." (Whereupon he demonstrated a broken-down knuckle, and a healed fracture of one of the metacarpals attained in the good old football days at Harvard Uni.)

Dr. Aiken: "Takes people with brains to go crazy. Some of us (looking at Fuller), will never get there."

The following note folded school-day fashion was found on the chappel floor at the Methodist. "I know that she makes dates with men, I was with her once when she did." Please take notice boys.

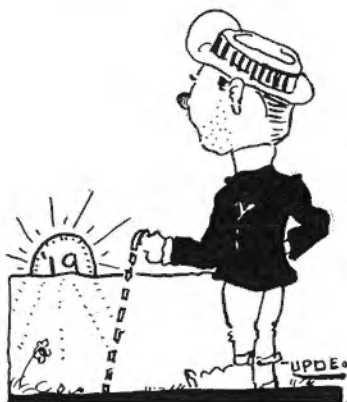
Park propounds the following question: Is Dr. Waters any relation to Lake,

Dr. Hollister: Walvoord, if you were treating a patient with a fractured leg, how would you tell if he had a fat embolus in his lung?

Walvoord: I would have him run up stairs and see if he gets short of breath.

One morning recently our estimable classmate, "Dr. Park," of Vienna was found sitting on the front steps of the Methodist Hospital. He was very pale and showed all the signs and symptoms of an acute collapse. When asked what the trouble was he replied, "O, I got 'see sick' watching Dr. Gifford operating on an eye."

Dr. McClanahan: It is quite possible for a cow that died a year ago to furnish a juicy serloin steak to a restaurant today and six months hence to furnish food to some poor baby in the form of condensed milk.



FRESHMAN NOTES.

- October 20—
Puris suffers from an excess amount of amino caproic acid.
- October 21—
Friedel makes castile soap from castor oil.
Bailey and Weinberg fight with the town roughs.
- October 22—
Sill wants to know the connection between the pro-amnion and the piamater.
- October 23—
Puris in Chemistry: "There is something the matter with my paper, it's wrong, maybe it aint right."
Dean Cutter says this "amine business."
- October 24—
Raehael Mauer visits our Histology class.
- October 25—
Connie Oden moves his bed under the sink. (Safety first.)
- October 26—
Phi Rho Frosh appear as No. 1-14. Representing vacant lots.
Lost a barettie, please return and get Ike Northrup's tie as a reward.
- October 27—
Dr. Sill gives special course in dog surgery, ether makes him sick, the sight of blood is most disgusting to him. The last operation a success, but the d—m dog died.
- October 28—
Some of the Phi Rho Freshmen started a cuss box, five cents per word. Hoffman was three dollars in debt two hours after the rule went into effect.
- October 29—
Upde. wants Sherwood's skull for pathology.
- November 1—
Dacken delivers a lecture to Puris on the properties of amino caproic acid.

November 2—

Stokes delivers a lecture to Nolan on making light over dog surgery.

November 3—

Nu Sig. Freshman, Osheroff, and Coolen are late to histology quiz.

November 5—

Organic Chemistry practice fire drill. Weinberg furnishes the music.

November 6—

Dream Dope—Deering's idea of Dr. Willards lectures.

November 9—

Latest report from the front—

Somewhere around Lincoln. Enter our hero (Amoeba Cultra)—hair on his shoulder—dust on his hat—powder burns on his reddened boyish cheeks.

11:45 (Amoeba to the station master): O, sir, has the 1:30 train gone yet?

No, but a stock train leaves at 12:30.

SOPHOMORE NOTES.

Physiology Quiz:

Westover: "The movements of the stomach begin in the upper part and—

Dr. Guenther: "You do not mean at the top do you?"

Westover: "I mean in the fundus."

Dr. Guenther: "By the fundus you mean the center of the stomach?"

Westover: "Yes, certainly, at the center of the stomach."

Dr. Guenther: "Mr. Wear, in what way is the stomach supplied?"

Wear: "With food."

It has been rumored that Tex. Brewer has accepted an internship at the Child Saving Institute and that Delzell and Cassidy are candidates for the same position.

Steenberg made a trip home last week, driving a new Buick roadster for his father.

Among those who attended the Notre Dame game at Lincoln were Beede, Westover, Dow, Miller, Kingery, Steenberg, Safrik and Folken.

Charles Frandsen's recent bereavement in the loss of his father brings forth the sympathy of the entire class and his many friends in Omaha.

McQuiddy tells the following on one of his night school students who handed him this answer for a definition of anatomy:

Anatomy is the human body of which there are three parts, the head, the chest and the stummik. The head contains the eyes and brains if any. The chest contains the lungs and a piece of liver, and the stummik is devoted to the bowels of which there are five, a, e, i, o, and u, and sometimes w and y.

Dr. Schultz in bacteriology quiz:

Mr. Weyer: What is the portal of entry of gonococcus?

Steve: By the alimentary tract, especially the large intestine.

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