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LECTURE ON PERNICIOUS ANEMIA.

By WILLSON O. BRIDGES, M. D.,
Professor of Medicine.

We take up today the study of that more serious one of the essential anemias, progressive pernicious anemia, sometimes referred to as idiopathic anemia, the investigation of which has been so thorough, since the more recent knowledge of microscopic blood work. The disease is spoken of as idiopathic for want of a proper understanding of its etiology, but there are those who claim that we may yet determine that it is not strictly speaking idiopathic, and will be classed among the secondary anemias. We do know that it occurs more frequently among men than women, and more commonly in the middle period of life; that it sometimes occurs in connection with pregnancy and that oftentimes a period of intestinal indigestion attended by recurrent diarrhea precedes its development by months or years. Absorption of the products of intestinal fermentation is regarded by some as a probable factor in causation, and the hypothesis is certainly warranted, for many cases develop in connection with or follow disturbances of digestion. Yet, on the other hand, we would infer that the disease should be more common if this were true. Undoubtedly an unknown factor must enter into the relation. It is claimed also that very likely the affection is of bacterial origin. Certain intestinal parasites, as the Bothriocephalus latus and the Ankylostoma, which is common in the tropics, developing in the human intestine, produce a clinical history which is almost identical with this disease. A very interesting case of Ankylostoma disease or uncinia duodenalis, as it is called, was recently reported in the Journal of the A. M. A. by one of the staff of the Cook County Hospital in Chicago.

Pernicious Anemia is not commonly met with and yet it is of sufficiently frequent occurrence that you should become familiar with its clinical history and course. In a private practice of twenty years, I have seen and studied five cases, some of which were observed before we had become as familiar with the
blood changes as we are today. The disease is characterized by a progressive anemia in which the erythrocytes or red cells of the blood are largely reduced in number while the decrease in the percentage of hemoglobin is in less proportion: the onward course being marked by periods of remission but tending toward a fatal result after periods varying from a number of months to several years.

Not infrequently there is history of diarrhoea alternating with constipation preceding and attending the invasion, but more frequently the patient will be unable to state the time when his illness first attracted his attention, so insidious is the commencement. The first complaint is usually of fatigue and dyspnoea on exertion, then palpitation, a sense of exhaustion even at rest, anorexia, occasional nausea, sometimes vomiting, irregular and varying bowel movements, feeling of faintness, headache, dizziness, slight fever 99½ to 101 or 102 at some time of the day, but not continuous, increased frequency of the pulse, which is feeble, soft and easily compressed; coincidently with these symptoms is observed a pallor of the face and mucus membranes which later is attended by a discoloration of the skin resembling jaundice, but which still later assumes a lemon-like tint and without the yellowish color of the eye ball common to jaundice. The eyeball presents a pearly white appearance in marked contrast. There is no emaciation, common to the secondary anemias, the patients frequently remaining in good flesh to the end. Slight hemorrhages are not uncommon and may be from the nose, stomach, bowels and in the form of petechiae in the skin. There may be hematuria. The urine is diminished in amount, often containing albumen in small quantities and generally urobilin. Functional cardiac murmurs are common and may be hemic in origin or due to the relative insufficiency of the mitral valve from cardiac dilatation. In the former the murmur is soft, heard over the base and conveyed into the vessels of the neck; the latter corresponds to mitral regurgitation. A capillary pulse may be observed. The spleen and the liver may often be felt below the free margin of the ribs. In one of my cases the enlargement of these organs was very marked, and an osteopath, who succeeded me, detecting the liver, convinced the patient that this was the origin of the affection and proposed to cure her by manipulation at $25 per month (in advance). He
collected for several months, but she afterwards died of perni­
cious anemia.

The blood changes are very marked and microscop­
ical examination with blood count is very important from a
corroborative and diagnostic standpoint. The red cells are
greatly lessened in number, frequently being as low as 1,000,000
to the cubic millimeter. Cases have been observed where they
were also below this figure. The hemoglobin percentage is also
reduced but not in like proportion. The coloring value of the
corpuscle is therefore increased, which, if you remember is the
reverse in chlorosis. There are found in the blood many Meg­
aloocytes, Microcytes and nucleated cells, also poikilocytes.
Eichhorst's corpuscles, which are small red spherical cells are
also found but not distinctive. The leucocytes are somewhat in­
creased in number and there are often myelocytes. The blood is
pale and watery looking. One of the striking peculiarities of
progressive anemia is the tendency to periods of remission and
apparent improvement to a marked degree in many cases. False
hopes both to the patient and physician are created, only to be
blasted by subsequent developments. A change in physicians or
treatment coming at the right time is credited with undeserving
success. Sooner or later, as a rule, with rare exceptions
there is a gradual trend toward that extreme degree of physical
and mental exhaustion where even the raising of the hand or the
slightest mental effort is attended by difficulty, and the patient
dies of asthena.

The pathological findings are not distinctive. Changes
in the bone marrow are referred to as of some uniform­
ity. The marrow is less soft, darker in color and contains many
nucleated red blood cells especially megaloblasts. The solid or­
gans undergo a certain amount of fatty degeneration and there
is found deposited in the liver lobules, iron pigment. The skin
is lemon colored, and there is often a quite considerable layer
of adipose tissue over the body, which is likewise lemon-colored.
The first case which I remember to have seen many years ago
went to autopsy at the county hospital, and the amount of adi­
pose tissue observed was surprising to those who had expected
cancer.

The diagnosis of pernicious anemia was much more diffi­
cult and uncertain prior to the days of blood examination, par­
ticularly so in the earlier stage. The symptoms, which may
be regraded as strongly suspicious are, collectively, history of
progressive weakness, without emaciation, shortness of breath on exertion, slight fever, pallor of the skin and mucus membranes, lemon tint of the skin with pearly white sclera, and the occurrence of hemorrhages. Not all of these symptoms are always present, and in doubt, an examination of the blood is essential. The decrease of erythrocytes out of proportion to the hemoglobin percentage and the large number of nucleated cells with a preponderance of the megaloblasts and also megalocytes are quite characteristic of grave anemia. From chlorosis it may be differentiated by the yellowish tint of the skin in contrast to the greenish hue of chlorosis, by a more progressive and serious course, by the occurrence of hemorrhages, by the relative increased color value of the red cells, by the presence of the large red and blast cells and the occasional presence of myelocytes in the blood. Chlorosis always responds promptly to proper treatment, not so with pernicious anemia. Chlorosis is attended by a diminution in white cells. Pernicious by an increase.

Obscure malignant disease presents many symptoms in common, especially where achylia gastrica complicates pernicious anemia, and you have the cause for a secondary added to essential anemia, but in the former you have progressive emaciation; if there be jaundice the eye will also be affected, the course of the disease is more rapid and without remissions, and the blood presents only the changes of secondary anemia, which do not include the presence of megalocytes, large nucleated cells and myelocytes.

In chronic tuberculosis there is absence of the lemon tint of the skin, emaciation is marked and the blood changes are those of secondary anemia.

The prognosis is unfavorable, only rarely has a case of recovery been reported. Temporary improvement in the symptoms may be so marked at times as to give ground for hope. A case seen by me in consultation one year ago, presented such intense prostration with feebleness of the pulse, that it hardly seemed possible for the patient to last but a short time, and yet after several months confinement in bed he rallied sufficiently to drive about the country and later went to Chicago for further consultation. You are to bear this tendency to remission in mind, lest you pronounce too certainly as to the duration of life.

Treatment is not curative, simply palliative, the object being to postpone the inevitable as long as possible. Cases will
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seem to respond at times to remedies which influence blood regeneration, and changes should be made in the selected remedies as the patient ceases to manifest any or further improvement. Frequent blood tests are of great advantage in this direction for comparison.

Disorders of digestion, whether gastric or intestinal, should receive proper attention. On the fermentation theory of causation, where such exist, gastric and intestinal irrigation may be advantageous. The diet should be as largely of proteids, beef, eggs, etc., as can be assimilated. Frequent and not too much feeding at a time. Out of door life should be encouraged, but not exercise to the point of fatigue. Bed ridden patients may be placed on the porch or under the trees on cots in seasonable weather; and always indoors, ventilation should be the best possible. Arsenic probably has first place as a remedial drug, and Fowler's solution may be given commencing with three drops and increasing gradually to the point of toleration, which may be in some instances, twenty to thirty. Iron and strychnia are good remedies and may be combined with Arsenic' but the former is best reserved for an alternate. If the digestion is poor the albuminates are preferable; if not, I believe the Blaud pill should be selected. The dose, like that of Arsenic should be carried up to the limit. The bone marrow extacts are good adjuvants. Recently the injection of fresh beef blood into the bowel has been recommended in amounts of six to eight ounces daily, by good authority, and when it does not irritate the bowel it should be tried.

THE MEETING OF THE MEDICAL SOCIETY OF THE MISSOURI VALLEY.

The fifteenth semi-annual gathering of this organization occurred on the 19th and 20th inst., in Council Bluffs. It was the largest, most enthusiastic, and in many respects the best meeting held by the society thus far.

At ten o'clock Thursday morning the society was called to order by the president, J. M. Barstow, of Council Bluffs, and the first paper read was entitled, "The Psychologic Factor in Medicine and Its Application to Nervous Diseases," by J. M. Punton,
THE PULSE.

of Kansas City. Following the paper there was a discussion in which quite a number took part.

The remainder of the forenoon was taken up with a most excellent paper by C. E. Ruth, of Keokuk, on "Extra Uterine Gestation, Management; Report of last three cases."

The prominent feature of the afternoon was the symposium on syphilis, the various features were considered by R. C. Moore, A. C. Stokes, F. E. Coulter, M. E. Silver, Mary Strong and H. B. Lemere.

"Some cases cured of Appendicitis," by H. H. Everett, of Lincoln, provoked a warm discussion, largely centering around the point as to whether or not all cases of appendicitis should be treated surgically. The evening session of the society opened with an interesting talk and illustrations with stereopticon slides by Flavel B. Tiffany, of Kansas City, on the subject: "Embryology, Histology and Pathology of the Eye." The first attempt in putting a layman on the medical society program resulted so well that it may become a permanent feature of the meetings in the future. Hon. E. W. Caldwell, Mayor of Sioux City, and an honorary member of the association, presented a paper upon the subject, "Anti-Toxine," that would have done credit even to the best of the profession and was the subject of many compliments.

"The Elks are all right." That was the unanimous decision of all who partook of their hospitality later in the evening. The club house was wide open "for the doctors" and between the stories and songs of Sioux City's mayor—"Cal," and the delightful punch and refreshments, every one was supremely happy.

Friday morning's program opened with a symposium on typhoid fever. Dr. Bridges read an able paper on "Intestinal Perforation in Typhoid Fever" but Dr. Martin, of Pomeroy, F. U. Sells of Osceola, and F. E. Waller of Worthington, Minn., who were to have presented papers, were not present. Following the symposium on typhoid, W. L. Kenny, of St. Joseph, read a very interesting paper on "Report of Uses of X-ray in Chronic Eczema, Ague, Cancer, 'etc."

In the afternoon the following program was carried out: "A Few Cases of Loss of Cornea from Neglected Dacrocystitis," by D. C. Bryant, Omaha; "Treatment of Nasal Reflexes, with re-
port of cases," F. W. Dean, Council Bluffs; "Diagnosis of Gall Stones," A. L. Wright, Carroll.

The meeting closed shortly after four o'clock and all were enthusiastic in their declarations that the fifteenth semi-annual meeting was the most successful thus far held.

A small section of the senior class recently saw Dr. Davis perform a very interesting operation at the Immanuel hospital. The patient was a young man twenty years old who, about eighteen months ago, had been hit behind the ear with a shovel. Since the time of the accident he had been in poor health with evidences of an unstable mental equilibrium. One week previous to the time of operation he was seized with an epileptic convulsion since which time he was decidedly unbalanced mentally. Upon pressure over site of the injury a point of tenderness was discovered in the upper portion of the mastoid region. Pressure over this point invariably increased the severity of the mental symptoms. The trephine was used over this spot and a small button of bone removed revealing but a very slight degree of thickening of the dura; no other pathological changes were discernable. Gauze packing was introduced and the wound closed. Since the operation the patient has been as clear mentally as he was before the accident and it is hoped that permanent relief has been afforded.

It is doubtful if our eye clinic is surpassed by any in the country; certainly in no other school do the students have the advantage of the personal supervision of so eminent a specialist as Dr. Gifford. Not only do we come into close contact with the cases, but we see a great variety of all kinds of eye diseases.

An account of the recent cases at the Methodist hospital one afternoon will serve well as an illustration of the large variety seen in clinic. There were two cases of trachoma; one case of interstitial keratitis of specific origin in a boy of about twelve;
one iridectomy; two cases of foreign bodies lodged in the ball, one of which produced a traumatic cataract; one case of powder burn of the eye producing extensive corneal ulcer and accompanied by the presence of powder grains; one corneal ulcer; one case of foreign body causing an artificial ripening of a cataract and one removal of a cataract. These cases were not only seen, but each student was permitted to make an examination of each case presented, giving him a knowledge which could not be equaled by any number of long range views.

Even surgery has its styles and modes; a short time ago in England it was appendicitis, popularized by the illness of King Edward, more recently in this country Dr. Lorenz by his operation performed on Armour’s child and through his free clinics brought before the people the affection known as congenital dislocation of the hip. Not long since the school was enabled to see in the college clinic a case of double dislocation of the hip. The case was that of a little girl 6 years old who was brought to the clinic “because her back was not straight.” This trouble was attributed by her mother to the fact that she had been dropped by her nurse while still a young infant. She presented the typical appearance which goes with this trouble—the lumbar spine was markedly curved forward, the pelvis was tilted forward, the gluteal region was very prominent and she walked with a peculiar roll. The heads of the femurs were found to be dislocated upward upon the dorsum of the ilium. The bloodless operation of Lorenz was recommended and was taken under advisement by the parents.

We are glad to learn that in addition to the clinics held at the college building Dr. Aikin will hold a clinic on nervous diseases every week at the county hospital. There is much valuable clinical material there and all the students appreciate Dr. Aikin’s work which makes it possible for them to take advantage of this splendid opportunity.
Pernicious Anemia is comparatively rare, still at sometime nearly every one will meet this affection. Dr. Bridges' paper on the subject is thorough and up to date and should demand your careful perusal.

* * *

At a recent meeting of the board of trustees it was decided to do away with the monopolies in the school. "The Book Concern," "Laundry Man," and "Pulse combine" must go, and these interests will, during the coming year, be managed by men chosen from the student body. We trust this marks a step forward for our school of medicine.
April 23d to 30th is the time set for the International Medical Congress at Madrid. The Nebraska State Medical Society will be represented by Dr. W. O. Bridges, who will sail from New York April 11th.

* * *

Daniel R. Brower, M. D., graduate of the medical department, Georgetown, University, Washington, D. C., '64, and at present professor of nervous and mental diseases in Rush Medical College and the Chicago Post Graduate school, will deliver the commencement address of the College of Medicine in Omaha, May 14. During the Civil War Dr. Brower was assistant surgeon, U. S. A.

* * *

The Daily Nebraskan has recently added a new feature to her Saturday columns. The last two issues have contained news items from the Omaha Medical Department and this weekly representation promises to be premanent. Th. Truelson, '03, has been elected editor-in-chief, R. C. Panter, business manager, and an editor from each class has been chosen. Our students highly appreciate this kindness and will do their utmost to make the space allotted them representative.
SENIOR NOTES.

OLIVER CHAMBERS, '03, EDITOR.

As we glance over class notes this month it is difficult to realize that perhaps, at least, we will have but two more opportunities to search the pages of our college paper and find as we have for four years certain pages devoted to the class of nineteen hundred and three. As inefficient as the class editors may have been, we have all eagerly searched out and read first, class notes. With few exceptions we knew everything in the notes from one to three weeks before published, but we enjoyed them none the less.

Whatever may be the condition of our "Pulse" in the future, the senior class can testify that, while at times somewhat irregular, it has served us well and we hope that no distant murmur will affect its longevity.

We do not know whether the classes that have come up and passed through their senior years found out how unappreciated and how annoying to the lecturing doctors is the habit of clapping the hands as an ovation to the entering lecturer. If previous classes discovered this fact they have failed to instruct us in the art of class manners, but we have learned by experience, and some of our old habits have been improved by showing our appreciation and giving our attention rather than making a bimanual clamor.

There are still a few who cling to the old habit, and especially noticable is this when the room is filled with several classes. This is not a matter of a single class alone, and seniors do not hold a trust on good manners.

Another pernicious habit and one that we can not censure our predecessors for, as it belongs to our day and generation, is the retaining of the old college name. A change is not always easily accomplished especially here in Omaha, but let us remember that the name University will be received with a greater impression and more dignity. To save confusion, be correct, and add to our dignity, let us state that we are students of the Medical Department of the University of Nebraska.
Seniors who have attended Dr. Owen's clinics at the hospitals have learned that eight o'clock does not mean five minutes after eight.

C. H. Root spent a few days in Neola, Iowa, practicing medicine, and A. B. Kuhl in Harlan on account of sickness in the family.

It's what you might call a little hard luck. In fact, it is even worse to have it occur so soon after the first attack. It is a profound secret and to keep it as such the mouths of the wise ones have been closed with bribes and sworn to secrecy. But he didn't get quite around and it's too good to keep. Sunday night, is an off night anyway. Even the night janitor takes a night off and turns the key of the front door of the building, and the office rooms are supposed to sleep quietly on until the big clock in the government tower strikes seven. But time passes just so fast, and the kidneys of the patient in hospital go on too and clock in the tower had only struck twice the last time. In the office behind locked doors the telephone rings and the adventurous student paces down the long hall to his only exit, the fire escape. Down he goes like an expert from Fire House number one and drops the last few feet to the pavement below—did I say pavement—I am mistaken, it is into the arms of one of Mayor Moores' blue coats. Just what things happened the next few minutes, transpired in such rapid succession that we were unable to detail the account. The cries, the moans, the explanations, the references and pleadings were heart rending, and even the hard heart beneath the blue coat melted with pity, and the student was allowed to go on his professional errand to the bedside of the patient with a distended bladder. Down the street from the hospital he goes homeward, thanking the little, bright stars above for their protection, and over his pale, thin face crept again a dismal smile as he thought of his narrow escape. Around the street corner he went and turned into the alley where, above his head hung the same fire-escape. Down the alley he glanced, but no shadows betrayed a soul. Up the water-pipe he went, hand over hand, toward the iron ladder. Hush! What was that terrible noise? The voice of a man? What did he say? And the student stopped his upward course and clung tightly to the pipe again. Again the voice—"Come down or I shoot ye." It was not a time to hesitate. The pale features of the
frightened senior, were turned toward the voice. Yes the voice was genuine and what was it that reflected in the dark—a streak of light. Down he came and a broad hand took him by the arm. Amid protests and pleadings he was cruelly led to the box on the corner to await the coming of a special carriage. How he argued—told of his Iowa home—his eminent father and Presbyterian mother, but this time with no avail, and down the street they rode together. How noisy were the wheels on the street and every clatter of the horses feet seemed to say to all of Omaha: "It's Mc! It's Mc! Ha, ha, Its Mc!" Hard luck can't last forever, and at the station the surgeon was aroused to appear at the office. Entering he heard the pitying cry: "Barney, you know me! Oh! Barney, you know me."

Students! make yourself known at Beaton-McGinn Drug Co. and they will take pains to please you.

Our good old friend "Pinguecula" Warner has made a class record in spelling.

President Agee, of our class, on the morning following St. Patrick's Day appeared with an enlarged and inflamed eyelid. He has given several confusing statements as regards the etiology. His own diagnosis is a hordeolum.

A special correspondent in Dennison, Iowa, reports seeing W. P. Wherry, a student from Omaha in that city on the evening of the 18th inst. Mr. Wherry's purpose in the city was to escort a way-faring traveler from Ohio into Omaha. There is a time for everything. This was a time of smiles, great joy and a whirl of congratulations.

Police Surgeons Vance and Jungbluth have been kept more than busy. Over two hundred forty cases have appealed to them for their professional services during the past month.

A special favor was bestowed upon the senior class by Dr. Towne last week by giving a lecture on "Small Pox." This subject has been a pet theme of Dr. Towne's since the days of his boyhood when an epidemic visited his neighborhood. The doctor has been of great service in Nebraska and other western states in making a diagnosis of the terrible disease.

Students, make yourself known and receive special rates at Beaton & McGinn's Drug Store.
Married—Frederick W. Karrer and Zena M. Pyle at Plattsmouth, Neb., Nov. 26, 1902.

The above appeared in the newspapers some weeks ago (under a scare head title), and was the first information that another member of our class had joined the "army of benedicts." There seems to have been no romantic purpose in their not announcing the event sooner, and it is because of the fact that the bride is a niece of Governor Mickey that the newspapers "spread on the saffron." We wish the young couple much joy and a long life of happiness.

The following occurred on March 11, 1903:

Scene—Study and clinic room of a medical student.

Characters—Student (a Junior); a partially deaf man with a headache and a man with several splinters of wood in his hand.

The "doctor" is "operating" on the silver patient when the deaf man asks for something for his headache. Doctor (who is very busy) instructs headache patient to "place two of those blue tablets from the end of bottle in that basin of water." Patient extracts two tablets, swallows them (for the headache, of course), and in a few minutes remarks; say, doctor, those headache pills burn in my stomach!

The doctor looks at basin of water and at deaf man, and remembering Dr. Christie's lecture on acute mercury poisoning, promptly begins to administer raw eggs and warm mustard water until patient's stomach expels its contents. The patient in question all the while asks, "What in thunder is the matter with you fellows, anyhow? Is my headache such a serious matter as all that?"

The man got rid of the headache all right and suffered no bad results. I know one medical student who will give headache tablets with his own hands hereafter.

A member of our class recently tried to enter a brewing company's warehouse through the coal hole in the sidewalk (a la McGinty). His companions pulled him out after he had got one leg in without any serious complications.

Rotceh, A. Mac, says when there are many forms of treatment for a disease that, "three is no specific gravity for it."
A junior has been out looking for a house. She was with him, but they found rents too high, and will, consequently, postpone proceedings for a while. Rent is always high in the spring, Francis.

Kohout says "I was not holding her hand at all. She had her hand in my overcoat pocket to get it warm, that's all."

Prof. What do you mean by the diurnal variation of a fever? P—r, Jr. "I don't know, but it is something in reference to the moon."

DO YOU KNOW?

That our course in obstetrics is far ahead of any similar ever given in these parts?
That the Junior class is the most married class in this college and that there are more to come?
How J. E. P. is going to acquire a blanket of adipose tissue?
That ye scribe acknowledges that the joke is on him?
That R. C. C. has a new bimanual method of demonstrating the difference between a remittent and an intermittent fever?
That there will soon be "somethin' doin'" in class politics?
That according to the W.-H.; F. W. K. thinks that "every man has a right to get married if the girl does not object?"
That there are "generally more than one, sometimes two," according to S. W. B.?
That in hydrophobia a man "dies on exertion" according to L. P.?
That R. P. D. has found out that felix mas is "something like male fern?"

SOPHOMORE NOTES.

Mr. McDonald was out of class for about a week being called home on account of the illness of his mother. He reports her convalescing slowly.

You have our sympathy Mac and we hope to soon hear of her complete recovery.

Our meeting on the 12th was an hour of the greatest interest —more enthusiasm being shown than at any meeting heretofore. The members being true and patriotic to their college were put upon their metal when the subject came before them of bringing
a new paper into the college. Committees of special investigation, and joint class conferences having been held some time previous, their reports were heard—and then discussions began. Those who had individual opinions to express expressed them in plain words. Plans to block the meeting,—the old eight day speech idea, etc.,—were tried, to kill time and delay progress.

Things waxed warm for awhile, but finally all was settled peaceably, and now we know that when we have a class meeting the sentiment of the class will be brought out and there will be no chance for kicking or objecting after the meeting. All matters before the assembly were disposed of in a businesslike manner, and Mr. Marquis Walsh was elected as our class editor for the Nebraskan. Shake, old man—that means you are second meanest man in the class. From now on it is thought that our class meetings will be announced in a new manner. When you see our president come marching into the classroom with a 44-60 Colt's sticking out of each boot leg, you will know that there will be a class meeting coming off soon, and that order shall prevail.

Mr. J. D. Andrus, formerly of Hazel, S. D., but now of Ripley, Oklahoma, spent a few days with B. A. Adams.

Mr. Holm visited for several days with his brother, A. H. Holm.

We are anxious to finish our chemistry as Dr. Stokes has promised a special series of lectures on toxicology as soon as we are through.

One of the boys it seems must be quite accustomed to attending the theatre as one evening he went to hear Rev. Morgan, and after a short while remarked to a friend, “Ain’t it about time for the orchestra to start to play?”

Miss Maude Wainwright made a short visit with her brother, C. I. Wainwright, our esteemed tormentor and class editor’s devil.

Mrs. Geo. F. Hiene, aunt of W. H. Hiene, spent a couple of days in the city. To bad we have not all got aunts, Howard.

The class having received a challenge to play ball, a special meeting was called and the necessary arrangements were made for a base ball team. Mr. G. E. MacDonald was chosen manager of the Sophomore base ball association and every member of the class is expected to take an active part in the advancement of the cause. The necessary equipments have been pro-
vided, and the success of the team is up to the class. There is no reason why we should not be able to match any team from the Junior "Dents" down to Rourke's professionals. Come boys, get into the game, remember that "all work and no play makes Jack a dull boy." We need the exercise, there is no excuse for any one; you are all needed—if you are homesick, love-sick, heart broken, constipated or have pains in the back, get out and practice—it's the best cure and only sure cure.

Our first real practice was Saturday afternoon, March 14th. We had a nice practice and all were well satisfied with their couple of hours enjoyment.

Mr. Miller has been suffering considerably from the effects of an unruly wisdom tooth. Cheer up old boy, "we all got 'em and if we haven't got 'em we will get 'em bye and bye."

It has been discovered why one of our boys is so often late at the 9 o'clock classes. It seems the high school girls have classes about the same time and it is hard to leave the high school building at nine o'clock and be in the college building when the 9 o'clock bell rings. Come Morris,—from 4 o'clock until curfew rings is surely long enough—duty before pleasure.

Dr. Tompson (alias Phagocyte in the Bacteriology laboratory) is certainly a man after the heart of a true physician.
Doc. is an original thinker. He does not believe in rooting along in paths which have been trodden by others but likes to launch out upon the waves of investigation. He certainly has made a discovery in the diagnosis of Asiatic cholera which if it proves to be reliable, will save many long and weary hours of bacteriological testing and the examining of cultures of pathogenic germs. Doc. had poor luck in growing, finding, and staining the vibrio—Asiatic cholera and no wonder he started to search in other fields for a point in diagnosis. However this may not prove a success and if it don’t, who can blame a man after washing test tubes, Petri dishes, etc., for nearly an hour if he does make a little slip of the tongue and say “dish water” while probably all the time he meant something else.

Lauzer, alias Lobster is thinking of trying intravenous injections of formalin for syphilis.

A certain young man went to see his fair lady one evening not long since and along in the wee hours when he was about to take his departure found that the rain was falling very fast. The girl at once proposed his staying all night and finally, after some little coaxing, he consented to stay, the girl politely excused herself with saying she would go and see that the spare bed was ready for him. On her return to the parlor she found her dear beau standing there with a large package under his arm and all dripping wet. She asked how it happened and he said he got wet while he was going home after his night shirt. This may not be just word for word as it happened but is just as the editor heard it and as he never likes to tell anything on Smith, the young man’s name won’t be mentioned.

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A line or two of the notes of last issue were inserted beneath the Lincoln notes. The printer thought it was an "ad."

Dr. A.—(in materia medica). "What would be a good thing to do before giving apomorphin?" Freshman: "Get a receptical to hold the results."

The same precaution should be taken in the handling of class editors. It would be evidence of past friendship.

Morsman: "You feel the pulse at the wrist when you hear the first silence."

Thirty or forty censors would be too many.

Fred Epplen is our representative on the staff of the Nebraskan. If a showing can be made it will be made.

Two more issues before we sink into innocuous desuetude, but THE PULSE will still live.

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"Don't get into the band-wagon unless you can toot a horn."

This homely aphorism, from the time it was coined, has often been used for the want of better one, but more often it has filled a gap in our English that no other expression could. This is one of those occasions. Our class got into the band wagon with the rest, prompted by the puerile fancy that getting in was the only requisite. The part which we play in the symphony will be determined after the practice, but every one has an inherent right to make a prediction.

The selection of reporter was a good one and we have faith in his ability to bear our share of the burden, if such is within
the bounds of possibilities. But can sufficient notes be gleaned from a class of eight to justify their insertion in a weekly edition of an out-of-town paper?

We hope so, but think different. This is a certainty. The class will have to draw from the elements in order to "toot."

Dr. S.—(In chemistry). "What baking powders have we?"
Young chemist—"We have Price’s and Royal and — —."

This is one "dem’d horrid grind."
Colloquialisms do well to express opinions.
A philosopher would add to this, when you think colloquially."
"There are sometimes when we do.

We would be pleased to see the upper classmen take an initial step in the organization of a permanent medical society, as was suggested by Dr. Milroy and reiterated in the editorials of the Pulse. It is true that most of the papers and discussions will be "over our heads", but part of them we would be able to grasp and appropriate. Above all we would be an audience and could afterwards tread the path they paved.

LINCOLN NOTES,
E. D. Stanley, ’06, Editor.

The first meeting of the Medical society since the last issue, was of a social nature. The society was entertained by Misses Farnsworth and Fairchild, and the members had one of the most
enjoyable times of the year. University labors were forgotten and the time was spent with fun, fudge and fruit. Functions of this nature are a help to the college and should occur more frequently.

The society was well entertained at the next meeting by Dr. Ward in an account of his European travels and study. The Dean also explained the workings of the new medical library room, and escorted the members across the campus to it. The room is situated on the second floor of the library building and is a valuable addition to the college. The only objection is that it is too far away from the scene of a medic’s labors, but perhaps the walk will do us good, if we don’t fall into the benchwork habit.

The meeting of March 5 was taken up by Dr. Sturdevant with a paper on "Consanguinious Marriages," which he had formerly prepared as a thesis in Mental Pathology. The paper showed much thought and research and was entertaining throughout.

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The last program was made up from the student members of the society. Mr. Speer told of his travels and experiences in Mexico and other parts of the globe. Mr. Willets read a paper on "The Happiness of Man." Mr. Harger described his recent visit to the Lincoln Medical College.

John Allen is again out of school on account of sickness. His smiling countenance is greatly missed, especially in the "shark lab."

The anatomy class is greatly chagrined over the loss of a body which was claimed by relatives after being hardened for dissection purposes.

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<td>F. S. OWEN, M. D.</td>
<td>Professor of Laryngology and Rhinology, 209 Karbach Bk., Tel. 264. College-Monday, 9 to 10.</td>
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<tr>
<td>W. F. MILROY, M. D.</td>
<td>Professor of Clinical Medicine and Physical Diagnosis, 312 McCague Bk., Tel. 1462. College-Wednesday, 9 to 10; Friday 1 to 2.</td>
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<td>G. H. BICKNELL, M. D.</td>
<td>Associate Professor of Ophthalmology and Otology, 405 Karbach Bk. Tel. 739. College-Thursday, 9 to 10.</td>
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<tr>
<td>HAROLD GIFFORD, M. D.</td>
<td>Professor of Ophthalmology and Otology, 409 Karbach Bk. Tel. 279. College-Tuesday, 9 to 10.</td>
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<tr>
<td>A. F. JONAS, M. D.</td>
<td>Professor of Practice of Surgery and Clinical Surgery, 317 Continental Bk. Tel. 1073. College-Monday, 1 to 2; Tuesday, 11 to 12; Friday, 11 to 12.</td>
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<tr>
<td>D. MACRAE, M. D.</td>
<td>222 Merriam Bk., Council Bluffs, Iowa. Professor of Railroad and Clinical Surgery. College-Friday, 4 to 5.</td>
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<tr>
<td>W. O. BRIDGES, M. D.</td>
<td>Professor of Principles of Medicine and Clinical Medicine, 302 Bee Bldg. Tel. 1277. Office hours: 9 to 10 a.m.; 1:30 to 3:30 p.m. College-Tuesday, 4 to 5; Thursday 4 to 5.</td>
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<td>DONALD MACRAE, JR., M. D.</td>
<td>Professor of General Descriptive and Surgical Anatomy, Merriam Bk., Council Bluffs. Tel. 125.</td>
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<td>W. H. CHRISTIE, M. D.</td>
<td>Professor of Materia Medica and Therapeutics, 48-49 Barker Bldg. Tel. 1972. College-Monday, 10 to 11; Thursday, 10 to 11.</td>
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<td>H. P. JENSEN, M. D.</td>
<td>Professor of Electro Therapeutics, 204 Harney St. Tel. 215. College-Thursday, 3 to 4.</td>
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<td>A. C. STOKES, A. M., M. D.</td>
<td>Professor of Chemistry and Genito-Urinary Surgery, 312 McCague Bk. Tel. 2030. College-Tuesday, 9 to 10; Wednesday, 10 to 12; Friday, 11 to 12 and 2 to 3; Saturday, 9 to 10.</td>
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<td>PAUL H. KOERBER, M. D.</td>
<td>Associate Professor of Materia Medica and Therapeutics, Yutan, Neb.</td>
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<td>H. M. McLANAHAN, M. D.</td>
<td>Professor of Diseases of Children, 5312 N. Fortieth St. Tel. 1002.</td>
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<td>A. B. SOMERS, Professor of Obstetrics, 22-23 Continental Bk. Tel. 1025. College-Monday, 5 to 7; Friday, 7 to 9.</td>
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<td>B. B. DAVIS, Professor of Clinical Surgery and Principles of Surgery, 302 Bee Bldg. Tel. 1851. College-Tuesday, 9 to 10; Friday, 9 to 10; Wednesday, 1 to 2.</td>
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<td>J. M. AIKIN, M. D.</td>
<td>Clinical Professor of Nervous Disease, 401-402 Brown Bk. Tel. 1532. College-Tuesday, 2 to 3; Friday, 3 to 4.</td>
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<td>V. L. TREYNOR, M. D.</td>
<td>Professor of Physiology, Baldwin Bk., Council Bluffs, Ia. Tel. 1. College-Monday, 11 to 12.</td>
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<td>PAUL H. LUDINGTON, M. D.</td>
<td>Assistant to the Chair of Principles of Surgery, 204 Bee Bldg. College Monday, 2 to 3; Thursday, 2 to 3.</td>
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<td>E. J. UPDEGRAFF, M. D.</td>
<td>Room 1 Continental Bk. Tel. 455. Assistant to Chair of Practice of Surgery College, Thursday, 2 to 3. O. M. C. 1869.</td>
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<td>GEO. MOORIDGE, M. D.</td>
<td>Lecturer of Diseases of the Feeble Minded. O. M. C. 1894.</td>
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<td>H. B. LOWRY, M. D.</td>
<td>Professor of Diseases of the Nervous System, Lincoln, Neb. Tel. 185. College Alternate Fridays, 3 to 4.</td>
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<td>H. B. LEMERRE, M. D.</td>
<td>Assistant Eye, Ear, Nose and Throat Depts., 309 Paxton Bk. Tel. 855. College-Tuesday, Thursday and Saturday, 1 to 2.</td>
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<td>R. C. MOORE, M. D.</td>
<td>Professor Mental Diseases, 312 McCague Block, Omaha. College, Thursday, 10 to 11.</td>
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<td>W. S. GIBBS, M. D.</td>
<td>Professor Practice of Medicine and Clinical Medicine, 302 Brown Block. College, Monday, 4 to 5; Wednesday, 4 to 5; Thursday, 1 to 2.</td>
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<td>Ft. Calhoun, Neb.</td>
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<td>S. G. Allen, M. D.</td>
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