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## The Pulse, Volume 08, No. 6, 1914

University of Nebraska College of Medicine

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# *The Pulse*

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

Vol. VIII

JANUARY 15, 1914

No. 6

**T**HE rushing winds purify  
the air; only running water  
is pure; the holy man, if  
there be such, is the one who loses  
himself in persistent, useful effort.  
By working for all, we secure the  
best results for self; and when we  
truly work for self, we work for  
all.

—*Elbert Hubbard.*

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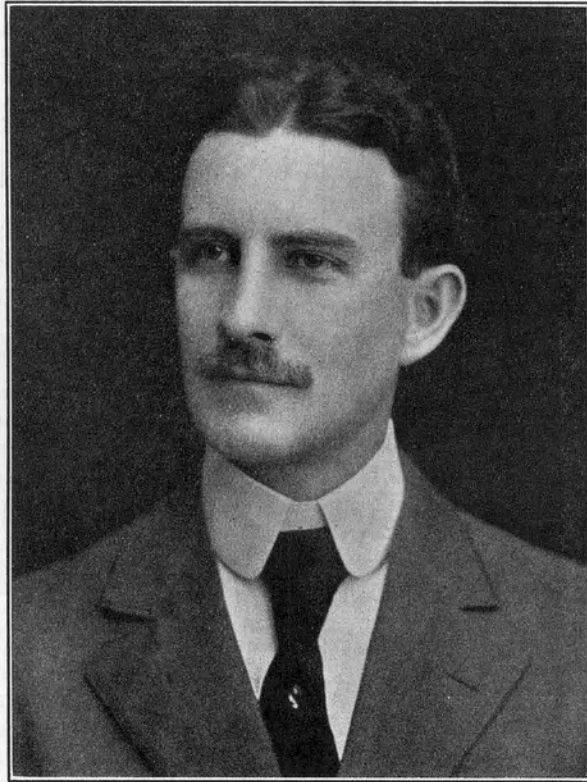
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**Professor of Physiology and Pharmacology.**



# The Pulse



Vol. VIII.

Omaha, Neb., January 15, 1914

No. 6

## ELECTROCARDIOGRAPHY AND ITS CLINICAL APPLICATION.

A. E. Guenther, Ph. D., Omaha, Neb.

When muscle manifests its specialized function, contractility, there takes place a preliminary rearrangement of electrolytes, the visible, external manifestation of which is the development of differences of electrical potential. The heart, being a mass of muscle, when connected with an instrument capable of responding to minute currents of electricity, will exhibit with each contraction the fact that its surface undergoes variations in potential and becomes, therefore, a source of electrical currents. The latter are extremely minute and it requires exceedingly delicate instruments to reveal them. Such an instrument we have at our command in the string galvanometer, devised some ten years ago by the Dutch physiologist, Einthoven. It is not essential to our purpose to enter upon a description of its construction. It suffices to know that it can be so made that it will respond to the very delicate electrical currents that can be derived from the beating heart of an intact human being. In the ordinary routine procedure the subject simply dips his two hands and his left foot into three receptacles containing weak saline solution. These are connected by wires with the galvanometer. At the wish of the operator the heart current may be tapped from the two hands, from the right hand and left foot or from the left hand and left foot. These three methods of derivation are known as the first, second and third leads, respectively, and in every heart examination it is customary to use all three leads, since information to be gained from one lead may not show in another.

It is the string of the Einthoven galvanometer that responds to the electrical variations in the heart, by shifting its position. The movements, photographed so as to give a permanent record, give an electrocardiogram. This method gives an entirely new viewpoint of the action of the heart, both normal and abnormal, and considerable interest has developed in many parts of the world as to the clinical possibilities of the method. At the outset it may be said that the delicacy and intricacy of the method, the excessive cost of the apparatus and its unwieldiness, militate against its universal employment by the medical profession. But it may be hoped that in the course of time there may come to be established in every medical center at least one galvanometric outfit, or "heart station," presided over by experts in the manipulation of the apparatus and in the interpretation of the records, to which physicians may resort for diagnostic or other data. As every one knows, this would by no means be a new departure

in medical practice, for there are numerous instances in which physicians turn to others for specific information. As examples may be mentioned the "Wassermann reaction," the examination of throat cultures, nitrogen determinations, urinary, bacteriological and other pathological examinations. In a similar way a "heart station" would furnish information on the condition of heart muscle, for there is, at present, no other method which is so certain, so definite and so far-reaching in giving an insight into the functional powers of heart muscle as is the string galvanometer. Such a heart station would perhaps find its best location within the hospital wards, but need not necessarily be so located, since there are, at present, a number of heart stations in successful operation located in laboratories near the hospitals and connected with the latter by lead-encased wires.

In discussing the clinical applications of electrocardiography, the essential consideration is, in what respects is the method practically available in ascertaining clinical data? In the present writing nothing more is possible than an arbitrary statement of facts, with little or no attempt at furnishing proof. It may be said, then, that the string galvanometer yields information relative to heart muscle. A normal heart yields a record the form of which has been established with more or less definiteness. (See Figure 1.) The permissible variations

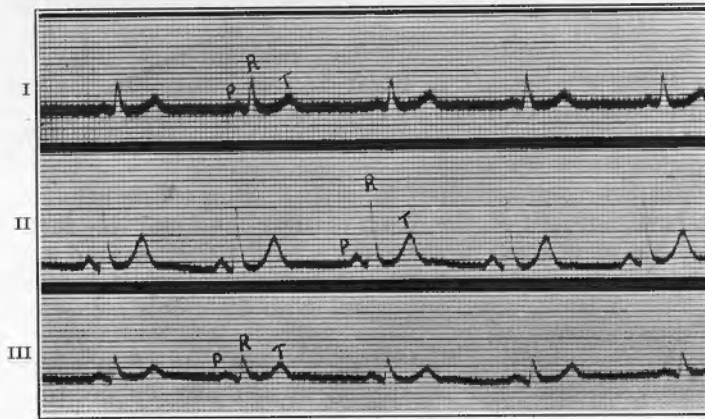


Fig. 1.—Normal electrocardiogram obtained from leads I, II and III respectively, showing P, R and T waves. Taken in Physiological Laboratory, Univ. of Nebr. College of Medicine.

are known. A departure beyond these indicates an abnormal heart. It requires no more than a glance at the record to distinguish between a left and a right-sided ventricular hypertrophy. (See Figures 2 and 3.) Normally all three of the principal peaks of the record,  $P_1$ ,  $R_1$  and  $T_1$ , are directed upwards. In lead 1 these waves may be designated  $P_1$ ,  $R_1$  and  $T_1$ ; in lead 2,  $P_{II}$ ,  $R_{II}$  and  $T_{II}$ , etc. The tall peak  $R$  is of special interest. It has been shown that in hypertrophy of the right ventricle  $R_1$  is very small in extent upwards or is often directed downwards, while at the same time  $R_{II}$  is of greater magnitude than in normal subjects. In hypertrophy of the left ventricle the opposite

condition prevails,  $R_1$  being directed upwards and often of enormous height, while  $R_{III}$  is enormous, but directed downwards.

The galvanometer may be used also to locate small lesions in heart musculature when these involve the auriculo-ventricular bundle, or its ramifications, and thus offers the means of distinguishing pathological changes in conductivity of the right and left limbs of Tawara.

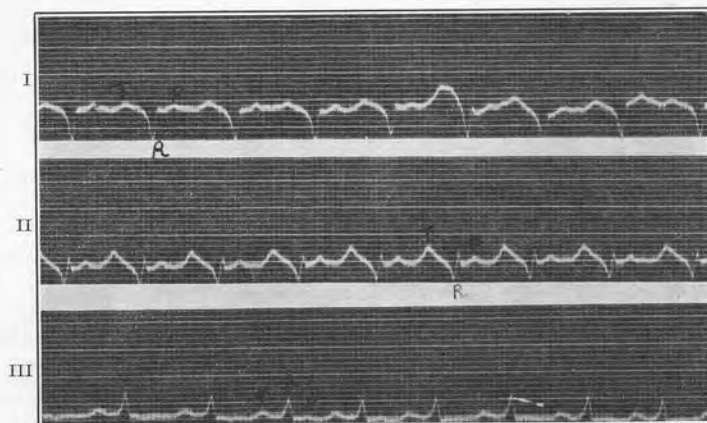


Fig. 2—Electrocardiogram indicating hypertrophy of the right ventricle. Tracing to be read from right to left. Taken in Physiological Laboratory, Univ. of Nebr. College of Medicine.

Since the electrocardiogram gives separate records of auricle and ventricle, it accurately defines their time relations, thereby often elucidating obscure physical signs. It informs us whether the heart beat starts at the normal impulse center, the pace-maker, or away from it. In the latter case we know that the rhythm is no longer under nervous control. It differentiates between separate forms of slow and rapid heart action, which are of totally different significance. It has thrown new light on the relations of extra-contractions, paroxysmal tachycardia and the completely irregular heart. "It provides us with an analysis of every form of heart irregularity, for which," as Lewis says, "in its precision it is unrivalled."

According to Lewis, the relative frequency of disorders of the cardiac mechanism in hospital cases would approximate as follows: Heart block, 5 per cent; sinus arrhythmia, 5 per cent; pulsus alternans, 5 per cent; paroxysmal tachycardia, 10 per cent; premature contractions, 34 per cent; auricular fibrillation, 41 per cent. Of those with obvious cardiac failure at least 60 per cent have auricular fibrillation. It is precisely in these conditions of auricular flutter or auricular fibrillation that the advantages of the saiten-galvanometer method came into evidence, for with it the diagnosis is comparatively easily made. A correct diagnosis influences treatment, for among cardiac disturbances there are those in which digitalis is of great value; those in which it has small value; those in which it has no value, and those in which it is harmful and dangerous. Discrimination, therefore, is most essential in the use of this powerful remedy and the results may



## U. N. C. M. PULSE

be dramatic or not, depending upon a correct diagnosis. If the case is an auricular fibrillation, the results are usually striking, but in heart block, digitalis is contra-indicated. In sinus arrhythmia, digitalis is useless or harmful, other measures yielding better results. In pulsus alternans the value of digitalis is doubtful, while in premature contractions and in paroxysmal tachycardia, in case of beats of ectopic origin, digitalis is of no value.

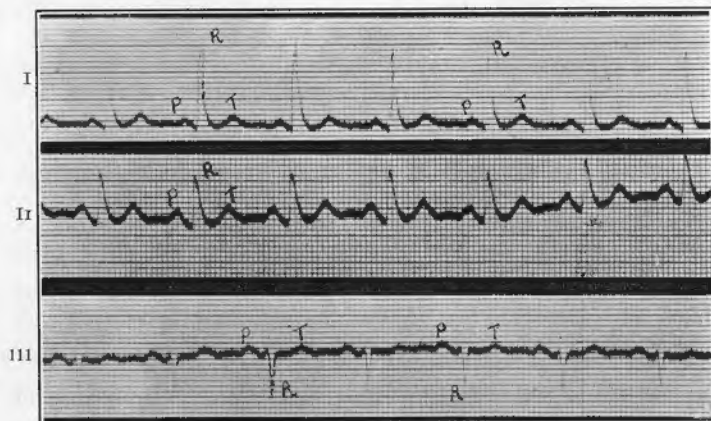


Fig. 3—Electrocardiogram indicating hypertrophy of the left ventricle. Taken in Physiological Laboratory, Univ. of Nebr. College of Medicine.

The saiten-galvanometer of Einthoven was devised not for clinical but for physiological purposes, and its unforeseen clinical applications, although gratifying, are but secondary. There is some possibility that its clinical applications may be overestimated, but this can be most quickly determined and settled by a thorough trial on the part of those of the medical profession who are interested. Perhaps the greatest service which the saiten-galvanometer has rendered is in the unraveling of complex cardiac manifestations, which when once understood, are no longer confused, but are recognized and treated accordingly. Auricular fibrillation is a case in point. The Einthoven galvanometer showed it to be present in a large percentage of cases with obvious cardiac failure. It is characterized by a completely irregular pulse; irregular both in force and frequency. This is due to the fact that of the many cardiac excitation waves sent from the twitching auricles, some do and some do not succeed in arousing the ventricles to contraction. Efficient excitation waves reach the ventricles in an irregular order. The ventricles respond with unequal force because following the "all or none" law, they expend with each beat all their available energy which, in turn, is determined by the just antecedent period of rest. Since the periods of rest are extremely variable, so are the beats of the ventricles variable in force. In many instances the force of ventricular contraction is not sufficient to send a pulse wave to the wrist. It, therefore, follows that a discrepancy arises between the pulse rate and the number of beats heard by

auscultation over the region of cardiac impulse. The difference in number has been termed "pulse deficit" by James and Hart in the January number of the American Journal of the Medical Sciences. In their interesting article the authors state that the electrocardiograph has been the means of establishing a group of cardiac irregularities, known as cardiac fibrillation and that the clinical picture of this group is so clear that in nearly every case the graphic records are unnecessary and that the ear and the finger are quite adequate to make a correct diagnosis. This depends, of course, on the ascertaining of the pulse deficit. Every physician must realize the painstaking care and caution which were formerly required in forming a judgment as to the presence of this condition. Furthermore, the pulse deficit now becomes a convenient and accurate means of following the action of digitalis. The authors of the work cited above state: "We are accustomed to continue the administration of digitalis as long as there is any considerable pulse deficit, and the dosage for the individual is so regulated that the pulse rate is kept without deficit and as near to seventy as possible."

### **WILLIAM SHEPARD IS ANSWERED.**

#### **Men's Rest Room Furnished in Style.**

The men's rest room, adjoining the locker room in the basement of the west wing, has been fitted up in the finest style during the holidays. A large table, a huge divan, a writing desk and rocking chairs, arm chairs and straight chairs, all in a beautiful fumed oak finish, comprise the furniture, and the floor has been neatly covered with linoleum. It is hoped that the different classes and fraternities will donate pennants and banners to hang on the walls and then when the walls are tinted, as we are assured that they will soon be throughout the entire building, the finishing touch will have been added to what we believe are the finest men's quarters in any school in this part of the country. There is certainly a contrast between the present situation and the one under which we labored while the school was still in Lincoln. The students feel doubly grateful to the people of the state, through their legislature, for providing the money, and to Dr. Cutter for planning the equipment.

According to the dope, we will have some campus by next fall, if not sooner. The whole ground, with the exception of the tennis courts, is to be sodded with blue grass and the bulbs have already been ordered for the big flower bed in front of the building.

The Dispensary is rapidly gaining in strength and numbers. The report of cases for the Christmas month, not including the Union Pacific dispensary cases, is as follows: Medical, 171; gynecological, 32; pediatrics, 66; skin and genito-urinary, 58; eye, ear, nose and throat, 157; surgery, 56; sent to hospitals, 14; referred to Visiting Nurses' Association, 7; out calls, 70; making a total of 624 cases with an average of twenty-four daily.

O. D. Johnson of Gibbon is back among the Juniors again.

**TEN YEARS AGO IN MEDICINE, JANUARY 1, 1904.**

The remarkable advances in medicine and surgery in the past ten years and the wonderful changes that have taken place in the College of Medicine of the University of Nebraska during this period prompt one to copy a current newspaper idea and give a brief outline of medical progress at that time and some of the more interesting medical news items as they appeared during January, 1904.

General surgery was tending toward its present high standard, but operative work on the liver and kidneys was not as common nor successful as in recent years. Operations on the stomach and intestines were readily undertaken, but peritonitis was fatal in nearly every case.

Bone surgery lacked many of its present features in technic and management.

The treatment of cancer was beginning to be more hopeful with the better understanding of the X-ray.

Radium was practically unknown and the possibilities of the X-ray in diagnosis had not been realized.

Many common procedures along special lines, such as the sub-mucous resection of the septum, bronchoscopy, etc., were but little known.

In medicine the value of hospital care of non-surgical cases was becoming more generally used. Vaccines and serums were practically unknown, but laboratory research was being well carried on.

The opsonic idea, the Wasserman reaction and many other aids to diagnosis were yet to be placed before the general medical public.

The College of Medicine had been operating as a department of the State University two years, and under Dr. H. B. Ward as Dean and Dr. W. O. Bridges as Associate Dean, was already showing results from the higher standards and requirements.

The personnel of the faculty was very similar to its present roster, except for the many additions which progress and expansion have demanded from time to time.

The Grim Reaper has claimed some of our best and most beloved teachers. The older graduates recall many pleasant memories of Dr. W. H. Christie, who was Professor of *Materia Medica* and *Therapeutics* for many years; Dr. George H. Bicknell, former Associate Professor of *Ophthalmology* and *Rhinology*, and Dr. William Ramsay, Professor of *Anatomy*.

Dr. R. C. Moore, Professor of *Nervous Diseases*, and Dr. W. S. Gibbs, Professor of *Medicine*, have retired from active teaching, but are still residents of Omaha.

The building at Twelfth and Mason streets was ample in size and equipment for the standards of teaching which then obtained. The pathology and bacteriology laboratories were in charge of Drs. H. H. Waite and W. R. Yeakel, while the department of chemistry was under Dr. A. C. Stokes, '99.

Instructions were given largely by lectures and general clinics,

but the plan of dividing classes into smaller divisions was being tried out to facilitate clinical instructions.

The hospital connections of the college were entirely inadequate, both in size and equipment, but this defect was largely overcome by the skill and genius of the professors of medicine and surgery and their consideration of the student needs.

The Methodist Hospital was located at 419 South Twentieth street in a building remodeled from a residence.

The Clarkson Hospital was at 1716 Dodge street, where the college dispensary now occupies the lower floor of the new Jacob's and Gardner's Memorial Hall.

The Wise Memorial Hospital was in a house at 2225 Sherman Avenue and the Child's Saving Institute located in fairly comfortable quarters at 1806 Ohio street.

Immanuel Hospital was at its present location, built without the splendid additions it now enjoys.

The County Hospital has changed very little either in management or equipment.

Two rescue homes were connected with the obstetrical department, one at Fourth and Bancroft and the other on North Thirtieth.

#### News Items Ten Years Ago.

I. S. Foster and J. C. Decker, '04, were installed as police surgeons.

A student medical society, organized for scientific research, died of inanition after the second meeting.

J. M. Patton, '04, and N. D. Nelson, '04, were student assistants in the offices of Drs. Gifford and Bicknell.

Dissection was in charge of Dr. Lee B. Van Camp, '98, with Fred Karrer, '04, as chief demonstrator and A. R. Knode, '04, R. C. Panter, '04, P. M. Pederson, '04, and J. C. Decker, '04, as assistants.

Dr. O. S. Hoffman, in the chair of skin diseases, was noted for his remarkable ability to tell good stories.

Dr. Ewing Brown, professor of gynecology, was secretary of the college and Mrs. Matthews was clerk in charge of the office.

The Omaha Dental College was operated in connection with the Medical School and the management was productive of many mixups between the students of the two departments.

E. A. Merritt, '04, was the proud father of a bouncing girl.

Dr. H. W. Benson, '02, was assistant physician at the Iowa Institute for Feeble Minded Children at Glenwood, Ia.

The Linton block on Thirteenth street was the only home most of the students knew.

The Brandeis Buildings not being in existence, the faculty was distributed around in various places. Drs. A. F. Jonas, A. B. Somers and Leroy Crummer were in the Continental Block; Drs. Gifford, Owen, Wherry and Lindquist were located in the Karbach Block; Drs. J. P. Lord and H. B. Lemere were located in the Paxton Block; Dr. B. W. Christie was associated with his father at 48 Barker Block.

### SOPHOMORE CLASS NOTES.

Fuller and Sage came back with thrilling "tails" of the operations they performed during the holidays upon all the tabbies they could lay hands on in Rex's rural village.

Ross has earned the well-deserved and fitting title of "speedy"—from the many devilish caprices he has cut with followers of Terpsichore, that were here during vacation.

Thomas is certainly fulfilling his New Year's resolution "never to get to class on time." As for Colbert, well he decided the same evening to get married in June.

January 5th the class as a whole witnessed the first act of Chanticleer. The performance was augmented by a pseudo-hypnosis performed by Prof. Rehtneug, which was truly vaudeville in nature. Watch for the big attraction coming (on the new physiology bulletin board). It didn't come off; the cat died.

Wanted—Some one to start a quiz section for the state board examinations.



Ichabod's Cabaret Party for the Sophomores.

Dr. Hollister (in Junior surgery quiz)—Heine, haven't you had a blow on the head before now?

Heine (recovering)—Why-er, supposedly.

The chemical laboratory is rapidly rounding into shape. During the holidays the ducts from the hoods were installed and plastered. Practically all the apparatus has arrived except a few imported instruments. The work with the Freshmen in Organic Chemistry will begin February 2. The week of January 26 will be devoted to Toxicology with the Sophomore class.

# == The Pulse ==

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## == EDITORIAL ==

Among the new books received for the library is a complete set of surgery, gynecology and obstetrics. This set is a gift of Dr. Van Buren and is acknowledged with thanks.

Twenty-odd volumes of medical books, many of exceedingly historical value, have been received as a gift from Mrs. L. J. Blake. Two volumes published in 1803 by Erasmus Darwin are in perfect condition and are complete. Volume II, Winslow's Anatomy, sixth edition, was published in 1772, and is included in the gift.

During vacation Dr. Poynter, the Curator of the Museum, was occupied with the very large task of re-classifying the specimens in the Museum. Many of the specimens are duplicates and will be discarded, others will have to be remounted entirely. Communications addressed to the Museum or to Dr. C. W. M. Poynter will receive prompt attention.

### **BETWEEN THE DEVIL AND THE DEEP BLUE SEA.**

The swapping season being over, the boys have come back with a choice (?) assortment of new neckties, but, sad to relate, have not had much time to exercise due discretion in displaying them, in that examinations are staring them in the face. And it's a terrible sensation to feel again that death-like grip of such a ruthless hand of the dreaded Fate that still pursues us. The worst of it is that if you really pull through that week of nightmare, you are so physically incapacitated that when the director of laboratories takes advantage of the occasion to financially embarrass you on account of next semester's dues, you are unable to defend yourself. So, we suggest that you start cramming and saving immediately, for you can't squeeze blood out of the proverbial turnip.

**HOSPITAL VS. JAIL.**

A new law passed by the Wisconsin legislature, known as section 3978 of the general statutes, authorizes the commitment of habitual drunkards and habitual criminals to hospitals instead of to prisons. The district attorney of Milwaukee, Edward J. Yockey, says: "We have the law, and we mean to take advantage of it." He acts by selecting as his first case a woman now serving her eightieth term in the house of correction for drunkenness, and an attorney who once headed the prohibition movement in Wisconsin and was widely known as a capable and wise legal adviser, but who by the use of alcohol became a physical and mental wreck. This civil enactment and legal proceeding to treat drunkenness as a disease is a direct result of medical teaching. To the medical profession alone is due the enunciation of the fact that alcohol introduced into the system is potential for disease, no less certainly than the germs of tuberculosis, typhoid, diphtheria, pneumonia and other infectious or contagious diseases. The world-wide wave for prohibiting the drinking of alcoholics is supporting the evidence of experience that it is an hindrance to the economic value of the individual who uses it. The man or woman who regards the drunkard as a willful transgressor who should by admonition "be good" or accept punitory punishment, are to be pitied for their want of known facts, rather than commended for their righteous zeal in checking a public evil. Consistency would compel like treatment for the effects of the social evil on the individual. Far be it from the writer to minimize the power of moral training by parents, caretakers of our children and teachers in our schools, to prevent the beginnings of drunkenness, crime and sensuality. Mental culture is a splendid equipment for intelligent service when controlled by moral rightness, otherwise it may be an equally potent qualification for initiating and propagating destructive habits in the individual and society. Great honor is due, and much credit given, to the forces of moral instruction to prevent drunkenness by prohibiting the manufacture of alcohol and its use as a beverage. The medical profession as a body are leaders in teaching prevention; we recognize as no other class can the many failures of mankind to accept the right when they know it is right and reject the wrong when they know it is wrong. We look beyond these moral lapses that produce the disease and insist on treatment to restore at least a measure of the economic value of the individual to society. It is the stubborn persistence of selfishness in those who claim "the inalienable right to do as they please" that necessitates civil enactments to protect the innocent, punish the criminal and compel the diseased to accept treatment. When the persons diseased by alcohol or the germs of the social evil are isolated as scarlet fever, diphtheria or smallpox, and deprived of freedom from mingling in society till cured, or rendered incapable of wronging their associates, the teachings of medicine will be an accomplished fact.

JOSEPH M. AIKEN,  
Brandeis Building, Omaha.



## Alumni News Notes

J. J. Hompes, '08, of Lincoln, attended the December meeting of the Eye, Ear, Nose and Throat section of the Douglas County Medical Society.

H. B. Lemere, '98, is chairman and C. Rubendahl, '08, is secretary of the Eye, Ear, Nose and Throat section of the Douglas County Medical society.

M. B. McDowell, '02, of Chadron, is known as one of the champion duck hunters in his part of the state.

E. M. Stansbury, '09, has sold his practice at Cordova, Neb. He is as yet uncertain where he will locate.

George Pratt, '11, now at Cook County hospital in Chicago, recently visited college.

Superintendent W. H. Myers, superintendent of schools of Blair, Neb., was a visitor to the building January 7, 1914.

An invitation has been issued to the Commercial club of Omaha to inspect the building, and it is probable a number of the members will go through the building some time within two weeks.

Dr. E. A. Medlar, Harvard 1913, who will be remembered by many of us as an assistant under Dr. F. D. Barker in the zoology department four years ago, is to be an instructor in Dartmouth College.

Considerable work is being done on the Museum at present, re-arranging and classifying the specimens. All the "junk" has been cleared out and nothing is now left but the permanent specimens. These are being carefully gone over. Specimens for gross sectioning are being sectioned and sealed in specimen bottles. Gross specimens are put up in clean new fluid and either sealed or if they must be taken out for examination, put in bottles which may be easily opened. New contributions are coming in all the time. We wish to call the attention of our alumni once again to the fact that the school is glad to get any and all kinds of specimens, pathological and anatomical, and will gladly pay transportation charges on anything that may be sent in.

The classification which is being made will permit of the ready separation at any time of the anatomical and pathological sections. The system will, by the way, be just a bit unique. It has been devised after a careful analysis of the existing systems and is modeled somewhat after the one in use by the museum of the Royal College of Physicians and Surgeons in London. It is something of an improvement over the system used by Miss Abbot, secretary of the International Organization of Museums, of which Nebraska is a member. The powers that be will not allow us to divulge anything further of the details, nor to assign credit where credit is due, but you are permitted to guess—if you know who runs the Museum.



## CLINICAL DEPARTMENT

Mildred J., aged 14, German. Admitted to hospital December 10, 1913.

Family history not remarkable. Previous history: Has had simple childhood diseases and tonsilitis with frequent colds since last winter.

Present trouble began about November 1 of this year, when the patient began to suffer from pain in the right hypochondrium. She became pale, with slight cyanosis of the mucous membranes. Her face became puffy, her legs swollen and she complained of dyspepsia. She began to pass bloody urine and on the 10th of December was sent to the hospital with a diagnosis of acute nephritis.

On examination the findings enumerated above were verified and in addition a bronchitis and a fast, slightly irregular pulse were found. Her temperature was very irregular. Rigors and sweats occurred without any regard to the time of day. Some days she would have but one chill and on two occasions she had as many as four chills in twenty-four hours.

The urine showed a distinct blood reaction and one gram of albumen per 1,000 C.C. on the date of her admission to the hospital. This amount varied considerably from day to day, reaching as high as thirteen grams per 1,000 C.C. on the tenth day. Microscopic examination revealed many red blood cells and 22,700 leucocytes. Polymorphonuclears 85 per cent. Blood culture showed a pure growth of streptococcus viridans on the 27th of December, the blood having been taken during a chill on the 21st.

On the afternoon of the 21st of December the patient had a sudden severe pain in the left hypochondrium and under the right clavicle. The spleen was found to be definitely enlarged, and on auscultation over the cardiac apex a soft murmur occurring between the first and second sounds was heard. Her pulse varied from 90 to 110 during the day and the temperature ranged from 100.5 to 103.2 degrees.

Discussion: A tentative diagnosis of acute nephritis was entirely justifiable at the beginning of the disease. But in the light of later developments, we are forced to regard the albuminuria and consequent edema as the result of a general process.

The diagnosis of malignant endocarditis was made on the following points: The abrupt onset of the disease, irregular pyrexia and rigors, relative and absolute polymorphonuclear leucocytosis, the finding of the streptococcus viridans in the blood culture, symptoms of infarction in the kidneys, spleen, peritoneum and lung, and finally on the discovery of a murmur at the apex region.

In the presence of all the symptoms of malignant endocarditis it seems useless to consider a differential diagnosis. However, it may not be amiss to call attention to the fact that this disease is often confounded with malaria because of the pyrexia and rigors, the splenic enlargement and passage of bloody urine, and with typhoid because

of the symptoms of infarction, tympanites and diarrhoea. This disease is not malaria because the blood does not show the malarial parasite nor is the pyrexia typical for malaria. The temperature is not like that in typhoid fever and in the absence of rose spots, tympanites and diarrhoea we may rule out typhoid in this case.

The tonsil was thought to be the portal of entry for the organism. And the fact that there was no arthritis prior to the endocarditis is probably due to the type of organism.

Prognosis—The patient will die within two or three months.

### SENIOR NOTES.

Dr. and Mrs. A. F. Jonas entertained the Senior class at dinner Friday, December 12.

Hiram Burns returned last Monday from Lewis, Ia., where he has been relieving Dr. Plunkett for the past three weeks. In his pocket he carried the local paper which contained an account of a hernia operation performed by himself. He says that he took no pains to correct the mistake while there, but assures us that the deed was done twenty-four hours before his arrival in Lewis.

C. E. Pinckney has been absent from classes during the past week on account of serious illness of both his wife and father.

William Scholten stayed in town during Christmas week and helped to keep the dispensary clinic running in its characteristically smooth and efficient style.

Charles Moon, on returning from his vacation spent in Ashland, informs us that due to the extremely dry summer no grass grew around the Burlington station. For this reason the cow is no longer picketed in front of the town and travelers passing through have an unobstructed view of the city.

R. C. Gramlich relieved Dr. Hurka, former Immanuel interne, during Christmas week.

E. B. Erskine spent Christmas week at the Clarkson hospital, relieving Dr. Westervelt, '13.

### FRESHMAN NOTES.

Did you go to Chambers' last Saturday night? If you did, you probably thought you were at one of Dr. Poynter's receptions for Freshmen. The hall was crowded with them. They and "classy" (see Sage) high school girls.

Our reporter tells us that Salisbury, the bashful, is taking dancing lessons by mail.

Maurer is our "married man." Wedded to science already—so young.

We've got a real live reporter now. It pays to advertise. Watch us grow.

### We've Often Wondered.

Barry (delivering Applied Anatomy lecture)—"I also have Neurasthenia."

Wanted—Some Freshman with a slight knowledge of Anatomy to

tell Dr. Bliss and the Juniors that the right lung apex is higher than the left.

### NEWS AROUND THE BUILDING.

The auditorium in the west wing has a new Bausch and Lomb lantern of the very latest design. With this lantern gross pathological specimens may be thrown on the screen, as well as pictures, charts and illustrations, lantern slides and sections, both gross and microscopical. It is equipped with an automatic, self-regulating light and various other up-to-date devices too numerous to mention.

The windows in the auditorium are now equipped with a set of dark curtains, all raised or lowered at the same time with one rope. It will surprise many to hear that this unobtrusive, but highly essential curtain set, cost the school \$400. Such things are beyond the reach of the ordinary private institution, where they would be a hopeless extravagance. We may well pride ourselves on being connected with a great state university, where such equipment is possible.

The slate partitions were placed in the anatomy laboratory during vacation. The place now looks like a modern bathroom.

### THE SMOKING ROOM.

It simply behooves some public-spirited, high minded, bonded plutocrat, like yourself for instance, to appropriate one of your mother's easiest pillows and see how well it will look on the new divan that the school has so kindly added to our rest room. Or if you can slip some fixtures for the new desk into your pocket with less trouble, they would be just as acceptable. No, but really, when the secretary goes to the trouble of finding over \$100 to buy beautiful fumed oak furniture for our smoking room, we should certainly show our appreciation to the extent of investing a dollar or two in buying some little decoration like a picture, pennant, ash tray, pack of cards, cribbage board or the latest literature for the same room. The school is our home practically nine months of the year, and we might as well make the place where we spend all our leisure moments as pleasant as possible. Many thanks to our secretary though for starting the ball rolling. It's up to us now!

### CONVOCATION.

The Ju-Ju Man of Oz has come and gone, but his remarkable feats still hold a fresh place in all our memories. Every one enjoyed the stunts put on by the Mr. Hilliard under question and we are very grateful to Dr. Hollister for affording us the opportunity of seeing this man. His weird and gruesome contortions commanded the closest attention of all, seemingly shattering all the anatomical learning that most of us retained. A few of the more learned spectators prided themselves upon remembering that there was such a thing as a Ligamentum Teres, but it seemed this was all fancy to watch this man's hip joint. No one showed more fiendish glee than the anatomy professor, with every one present awe-inspired to the end.

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