

1-30-2014

The Pulse, Volume 08, No. 7, 1914

University of Nebraska College of Medicine

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University of Nebraska College of Medicine, "The Pulse, Volume 08, No. 7, 1914" (2014). *The Pulse*. 11.
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The Pulse

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

Vol. VIII

JANUARY 30, 1914

No. 7

The truth which another man has won from nature or from life is not our truth until we have lived it. Only that becomes real or helpful to any man which has cost the sweat of his brow, the effort of his brain, or the anguish of his soul. He who would be wise must daily earn his wisdom.

—*David Starr Jordan.*



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The Pulse



Vol. VIII.

Omaha, Neb., January 30, 1914

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IS GALL BLADDER SURGERY WHOLLY SATISFACTORY?

By Byron B. Davis, M. D., Omaha, Neb.

For almost two decades the gall-bladder has been a frequent subject of surgical attack. It shall be the purpose of the present paper to consider the subject in a somewhat critical manner, pointing out the benefits and the failures and try to discover if there is a way to make the results more uniformly satisfactory.

The surgery of the gall-bladder ought by this time to have reached a stage where more should be expected than mere operative recoveries. In the early years of work in a new field, and especially in a dangrous field, uniform cut-and-dried methods of operation are likely to prevail, intelligent discrimination and variation of the type of procedure to fit each case coming only after years of somewhat routine work.

For a long time surgeons were content to open the gall-bladder, remove the stones, if present, and drain the viscus, getting in and out quickly, doing as little violence to the tissues as practicable, in the hope of keeping the mortality rate as low as possible. This was commendable and conservative and was very necessary when opening up a new field for surgical activity. The technique of gall-bladder surgery has finally been very well standardized, the tolerance of individuals to surgery in this locality is fairly well known and the mortality has become so small that one can operate on most cases with a fair degree of assurance of an operative recovery.

When this point is reached it is natural to become analytical. A careful study of post-operative histories is instructive, not a study of the case while still in the hospital, but during the months and years following his discharge from treatment. If operated cases are relieved of all the old disagreeable symptoms and have no other untoward symptoms take their place, the positive benefits of the operation are fully established.

As one studies cases long after operation, it is extremely gratifying to find more than half of them completely relieved, wholly satisfied. Perhaps twenty per cent more are much more comfortable than before the operation and are glad it was done. Another ten per cent will tell you that the operation has done no especial good, that their pains have somewhat changed in character, but no real benefit has been derived. A small percentage of cases will be found so miserable that they regret that they did not keep away from the surgeons.

The original simple drainage of the gall-bladder has proven entirely satisfactory in the majority of cases, but there is a large and

very impressive minority not relieved by this means. Surgeons everywhere are trying to select the type of operation best fitted to the pathologic conditions found which shall first, not increase the operative risk; and second, in the fullest possible measure relieve the painful symptoms.

The storm center of the discussion has been about the question: "When shall the gall-bladder be removed?" Surgeons have differed widely, some taking the ground that the gall-bladder should be preserved almost without exception; others going to the opposite extreme and contending that it should be removed whenever it causes trouble, just as the diseased appendix is removed.

Help in the elucidation of this question should be found in a study of the function of the gall-bladder. And here we are met by the physiologists who tell us that it is a "reservoir for the bile." This was the definition given about the time Noah entered the Ark and inasmuch as this has become the fashionable definition all the works on physiology stick to it with the same temerity that a lawyer sticks to a precedent.

The word "reservoir" seems to carry with it the idea of efficiency to store away a quantity of something for use when it is needed. Inasmuch as the capacity of the normal gall-bladder is from an ounce to an ounce and a quarter and the daily secretion of bile is from thirty to forty-five ounces, the value of the gall-bladder as a storage reservoir has been much over-rated.

While rejecting this time-honored explanation of the function of the gall-bladder, I cannot agree with those who consider it a useless viscus. It certainly accelerates the flow of bile towards the duodenum and does so by a method analogous to the action of the governor in a steam engine. By a firm muscular contraction it expels a large part of its contents by driving the bile through the cystic duct and along the common duct to the duodenum. During its systole the column of bile in the hepatic ducts is forced to stand still. As soon as the contraction is over a period of relaxation ensues, the diastole, the gall-bladder, returning to its normal size and capacity. This produces a tendency to the formation of a vacuum and causes the bile in the hepatic ducts to be drawn rapidly into the gall-bladder, quickly replacing that expelled by the previous contraction. The entire systole and diastole of the gall-bladder occupies a period of fifteen to twenty seconds.

There are a number of other forces actively engaged in conveying the bile from the liver to the duodenum. The first of these is the pressure from behind of the freshly secreted bile in the smaller hepatic ducts. The diaphragm with each contraction presses down on the liver and forces the bile along. In all probability a suction force is exerted by the duodenum during the lull between its peristaltic waves.

Granted that this explanation of the function of the gall-bladder is correct, any pathological changes that interfere with the free passage of the bile into and out of the gall-bladder is inimical to its usefulness. In like manner any condition that lessens or destroys the elasticity of the gall-bladder walls or that takes away its ability to

contract and expel its contents renders it functionless.

A functionless gall-bladder is worse than no gall-bladder. If it still possesses contractile power, but cannot empty itself because of stricture of the cystic duct, colicky pains will result. If filled with stagnant bile, an excellent culture medium for germs, infection is sure to occur.

The retention of a gall-bladder that no longer functionates is the cause of most of the bad results following the routine drainage operations. For this reason every time a gall-bladder operation is done the surgeon should make a careful survey and determine as accurately as possible what may be expected if the viscus is retained. Is its condition such that it can be confidently expected to functionate normally in the future if it is retained? Or is it so diseased as to make a return to its normal functions impossible? On the correct answers to these questions by the surgeon and the carrying out of the type of operation fitted to the condition in each case depends his success or failure in carrying out his normal function of giving relief to his patients.

Several conditions have been found that render future function impaired or destroyed.

1. Complete or incomplete obstruction of the cystic duct.
2. Changes in the bladder wall making it thin and fibrous and without elasticity, or thickened and greatly infiltrated.
3. When the viscus has become distorted by inflammatory bands and partitions passing across from wall to wall.
4. When the gall-bladder has become very small and atrophical as the result of successive inflammatory attacks.
5. When the mucous membrane has been destroyed by infection or by pressure necrosis due to the gall-bladder wall contracting down upon large stones.
6. When the gall-bladder is surrounded by dense adhesions or the peritoneal covering has been destroyed.
7. When the gall-bladder wall is gangrenous or contains gangrenous areas.

When any one or a combination of the conditions enumerated is found one can be assured that to retain the gall-bladder will be to invite future trouble. In all such cases cholecystectomy should be done at the primary operation unless removal of the viscus is going to make the operation extra-hazardous. Such a condition is rarely encountered. In many cases primary cholecystectomy is as safe as drainage and will effect a prompt cure. If in the classes of cases enumerated above, mere drainage is instituted and the gall-bladder retained, one may be almost positive that the patient will continue to suffer until the gall-bladder is removed.

Although the presence of the gall-bladder is not necessary for the maintenance of health and safe and efficient delivery of the bile through the hepatic and common ducts may be carried on without its aid, it can be done more efficiently and with less liability of retardation of the current when accelerated by a perfectly functioning gall-bladder. I would therefore be the last to recommend the indiscrim-

inate removal of this organ. It ought never to be removed unless so badly damaged that its function will be permanently lost.

Careful study of the pathology found at operation, a clear, idea of what to expect of a gall-bladder more or less diseased, with good judgment in deciding when to drain and when to extirpate, will go far in improving the results and in preventing post-operative disappointments.

GILDER GIVES START TO COLLEGE MUSEUM

Presents Two Skulls and a Cast to the University Medical College —Shows Three Stages of Human Cranial Development Which Recalls Sensation

R. F. Gilder, archeologist for the Nebraska state museum at Lincoln, has donated to the University of Nebraska college of Medicine, a cast of a human skull and two human skulls representing three stages of human cranial development. The material has been turned over to Dr. C. W. M. Poynter.

The cast is a replica of Nebraska Loess Man skull No. 8, the original of which is in the Robert F. Gilder collection in the Nebraska state museum, and is a fair type of the twelve Loess man skulls donated the museum by Mr. Gilder at the time they and their skeletal parts were found by him north of Florence on property owned by Manuel Long. Readers will remember the excitement in scientific and newspaper circles at the time the human remains were discovered, the geological age of which is believed to be the same as that of the hill, in whose unremoved earth they were found, 10,000 to 20,000 years (estimated). The cast was made at the Ward anatomical laboratories, Rochester, N. Y., from the original skull, and it is so like it that at two feet distance one cannot be told from the other.

The second contribution to the college is the skull of a Nebraska mound builder, the estimated geological age of which is 2,000 or more years. This particular skull came from what is known among anthropologists as the Wallace mound, on the high ridge just south of Coffin springs, Sarpy county, Nebraska. It was among seventy-two other skulls taken from the mound by Mr. Gilder and his associates a few years ago. The mound has been visited by hundreds of people, notable among whom were the members of the Nebraska Ornithological Union, during its last meeting in Sarpy county. Seventeen skulls from this mound were donated by Mr. Gilder to the Nebraska state museum and five to the United States national museum at Washington, D. C., being described by Dr. Ales Hrdlicka in the *American Anthropologist*. Many of these skulls had been hardened by fire prior to burial—a pre-interment custom which no Indians of Columbian times are known to have practiced. The skull shows a marked advance in cranial capacity over that of Loess man.

The third specimen is a skull of a modern Indian taken from a small mound two miles north of Florence by Victor Jorgenson and

U. N. C. M. PULSE

Roland B. Watson. The skull shows a markedly strong forehead and large cranial capacity in contrast to the flat forehead of Loess man with its heavy supraorbital ridges. The age of this skull is not more than eighty to 100 years, judging from the "relics" recovered with the remains. Its forehead was painted red.

While the skull from the Wallace mound is brachycephalic, or broad, it was made so by artificial flattening posteriorly, probably cradle-board pressure, having originally and naturally been dolichocephalic, or long. The artificial flattening has thrown the crown high above that of the other two specimens and the original owner must have been a mighty queer looking specimen of humanity. The three skulls and their history make a small museum by themselves.

GIFTS TO MEDICAL COLLEGE.

Colonel Oliver Hazard Payne has given \$4,000,000 to endow the Cornell University Medical College in New York City. This provides \$200,000 annually to the college for the establishment of which Colonel Payne gave \$500,000 some years ago. The present gift is the largest in the history of the university, and is said to be the largest amount every given to any medical school in the world. A gift of \$1,500,000 to the Johns Hopkins Medical College from the Rockefeller Educational Foundation fund has also just been announced. There is scarcely any department in which greater progress is being made than in that of medical science. Plagues that at one time took away a third of the population of the earth are being mastered. What pain and sorrow have been cured, and how many precious lives have been saved!

TENNIS ASSOCIATION MEETS.

But before the old executive board passed in their honored positions, they favored obese Obie Meyer with the exalted office of "High Mogul of the Clay Courts." That is, if the Freshmen desire to hold a tournament among their brothers, so fresh from the Emerald Isle, it will be necessary for them to first make their arrangement for hours of play with the aforesaid potentate. Then again, if Dr. Willard runs amuck with his Walk-Overs on, Obie has unlimited power to make away with the offender, suggesting to him the nearest store at which the regulation shoes can be purchased. He makes all ground rules, and in fact reigns supreme.

It is to be hoped that as soon as "sprig has cub," the class tournaments will be scheduled, and the men of the respective years be weeded out, so that Junior meet Senior as soon as possible, and the finals be played. Our champion can then be trained for the battle royal from an early date, making it a safe wager that the University Medics get away with the bacon, as well as with Shorty Gray's hide.

Next semester's officers will be elected at a meeting to be held January 31st. The constitution has been ratified.

THE MEDICAL LIBRARY.

The library of the College of Medicine is not yet large, but so far as it goes it is a very good working collection. A library is considered a much more important part of a medical college now than it was a few years ago and the building up of a strong library is the constant endeavor of the medical faculty and the librarian. It is the plan to make this the strongest medical library in our section of the country. The objects of a medical library are:

1. To furnish up-to-date material for the study of all branches of medical science.
2. To encourage students to go to the original sources for information.
3. To enable medicine to be taught in accordance with modern seminary methods.
4. To furnish students an opportunity to become familiar with the bibliography of medicine,
5. To cultivate in students an appreciation of the historical point of view in medicine.

The library of the College of Medicine is composed partly of the books belonging to the Omaha Medical College, but chiefly of the books transferred from the University of Nebraska library in Lincoln. For many years books have been purchased for medical purposes at the University and when the college removed to Omaha these books were removed also. In some cases sets which had been bought for other departments were considered of more value to the Medical College and were also sent to Omaha. The library is largely a collection of sets of medical journals and transactions. This is the most important part of any medical library and emphasis will be placed on building up the library in this department. It is also the plan to add as soon as possible the most important systems of medicine, such as Allbutt and Rolleston. The standard works on special subjects, such as Keen's Surgery, will also have a place, but it is not the plan to build up any large collection of textbooks and compends. A few are sufficient, as they often are out of date almost as soon as they are published.

To make a library of medical periodicals of value it is necessary to have a key to their contents. The library provides this in Schmidt's Jahrbucher, and especially in the Index Medicus. All medical students should familiarize themselves with the Index Medicus, which is an index to the contents of the most important medical journals. It is indispensable to medical research of any kind, as it enables one to learn what has been written on any medical subject. It appears monthly and is bound up in annual volumes with a very complete index. This Index Medicus is published at a loss by the Carnegie Foundation for the good of the medical profession. The students should become familiar also with the printed catalogue of the Surgeon

General's Library in Washington, the strongest medical collection in the world.

The Journal of the American Medical Association contains a weekly list of current medical literature and a digest of the most important articles. Students should make it a practice to examine this regularly and also to read the more important general medical journals, such as British Medical Journal, Lancet, N. Y., Medical Journal and American Journal of the Medical Sciences. JOHN G. WYER,
University of Nebraska Librarian.

SENIOR NOTES.

Last week the long unused waste basket was brought forth from the closet and Seniors ruthlessly tore the covers from those books that were purchased last September and filled the baskets to the brim. The supposed reason for this was that announcement was made of the nineteen hours of examination.

The examinations started Wednesday and were finished Saturday morning at 10 o'clock. After working diligently for these three days we all acquired brain fag, writer's cramp and several other little details, but we smile serenely, secure in the knowledge that there will be nothing to do for three months.

The schedules for next semester's work have been made out and among other improvements we notice that Dr. Milroy is to have a class in medicine. The Senior class welcomes his return to the classroom after an absence of a few years.

The office at the dispensary has been a quiet and business-like place since Charlie Harms began to "cram" for the examinations. Even platonic friendship cannot stand the strain of semester exams.

And did you ever notice how harsh the class bells sound? Their tones were formerly musical, but during the past week they made a nerve-shattering racket.

Charles Moon visited in Lincoln last Sunday. He says that the sororities pledge nicer girls every year.

Dr. Leiber conducted the experimental surgery class last Saturday in the absence of Dr. Stokes.

H. D. Burns made a mysterious trip to Kansas City last Sunday. He has long been suspected of having some connection with the police department.

Stomatitis is an acute catarrhal inflammation of the mucous membrane of the stomach.—From Obie Meyer's scientific dictionary.

Frank Bocken, who has been out of school since before Thanksgiving with an attack of inflammatory rheumatism, is back with the Freshmen.

SOPHOMORE CLASS NOTES.

During Christmas vacation Clyde Thomas was seen (think of it—Clyde) at the Douglas Auditorium with just all the girls demanding the next dance with him. He doesn't often get off the sidewalk—But when he do, Oh, how he do!

Our two prospective married men have burned quite a little midnight oil lately figuring out just how much of this so-called kale it is going to take to finance some of their fanciful ideas. The Good Saints bless them—they need it.

I should think they'd take a few cues from Parks. His wife inveigled him into moving last week. He was obliged, of course, to wash windows when he wasn't sticking frogs, and as a result he almost had the pneumonia—P-I-P.

Our only girl had such a bad cold the other day that her supply of handkerchiefs was *aus ge spielt* by the time school was out, so while walking down Farnam she was subject to borrow from our accommodating "Rosie."

BIG BLAZE.

There was a fire! Where? Why, in the furnace room, and don't get disgusted. It wasn't meant for a joke. Can't a man proclaim the truth without being chided? Just a case of spontaneous combustion, but to get the smell today you would think the time had come for Rubel's annual fire sale. An alarm wasn't sent in, due to the self-confidence of the men at the building as fire fighters. Such able-bodied ones as Drs. Johnson, Cutter, Keegan, "Sleuth-foot" Moser, "Speedy." Ross and a few others buzzed around quite strenuously to keep all the fuel in the building from going up in smoke. Some one had the brilliant idea of attaching the hose and bringing around a few of the chemical extinguishers, and it wasn't long until the heroes amused themselves with giving each other shower baths. It's an ill wind that blows no good.

OBITUARY.

We feel sorry for the Juniors. In fact we feel very sorry for the Juniors. No one in the entire class has been found in the condition to write notes. Indeed, no one in the entire class has been found in the condition to do anything, either useful or ornamental. We feel that Omar Kayham must have had these young medical students in mind when he wrote.

"When I was young I eagerly did frequent
Doctor and Sage, and heard great argument
About it and about, but evermore came out
By the same door wherein I went."

So pray, dear reader, shed a bitter tear over this class, and duly and gravely consider this, their obituary.



Alumni News Notes

Dr. J. I. McGin, '97, of Beatrice and Dr. E. C. Hayman, '08, of Lincoln were in Omaha January 21st to attend the Eye, Ear, Nose and Throat section of the Douglas County Medical Society.

Drs. C. C. Morrison, '03, and A. B. Linquest, '01, read papers on Lymphatic Drainage before the Douglas County Medical Society on January 27th.

Dr. Charles Rost, '03, has recently located in Norfolk, Neb.

The marriage of Dr. H. G. Penner, '04, of Plymouth, Neb., to Miss Anna Zimmerman was recently announced.

Dr. and Mrs. A. W. Ward, both of the class of 1911, have recently located at Hampton, Neb.

Dr. S. A. Swenson, '10, of Oakland, is secretary and treasurer of the Burt County Medical Society.

Dr. Roy A. Dodge, '01, is secretary of the Section of Obstetrics and Gynecology of the Nebraska State Medical Society, which meets in Lincoln May 12, 1914.

Dr. E. L. Brush, '06, of Norfolk, has formed a partnership with Dr. Salter of the same place.



Taken from "Life."

The Professor of Anatomy at the College, Dr. C. W. M. Poynter, '02, has the rare, it might even be called congenital, ability to produce poetry on the slightest provocation. The following is one of his sonnets used when students attend a quiz armed with that old familiar refrain, "Don't know:"

"When the snow is gone from the hillside
And the flowers bloom in the spring
And exams bring forth some guesses wide
On the inner and outer ring,
You'll wish, 'by heck,' you did know."

CLINICAL DEPARTMENT.

W. J., aged 70; occupation; laborer; married; nationality, German. Family history is negative. The patient has suffered from rheumatism for the last twelve years at irregular periods. He had typhoid, diphtheria and the simple childhood diseases from which he rapidly recovered. Three years ago he began to have dyspnoea and swelling of the legs; better when he worked hard.

When first seen on December 28th he complained of paroxysmal abdominal pain relieved only by three-eighths grain doses of morphine. Last September he had an attack of sudden cramp-like pains in the upper middle portion of his abdomen. This attack was accompanied by the vomiting of green fluid. He has had similar attacks since that time, which have not been so severe, but they are becoming more frequent. While under observation he had an attack every second day, but does not vomit with them. He has lately noticed that on the day preceding an attack he passes a large amount of pale urine and on the day following small amounts of dark urine.

Physical Examination—Heart apex is found one and a half inches outside the mid-clavicular line in the fifth interspace. Second sound is accentuated; no murmurs. Blood pressure is 160 mm. Hg. and the artery walls are stiff and tortuous. The liver is enlarged two finger breadths below the costal margins.

Knee reflexes could not be obtained, but the other reflexes were normal. The urine is normal in amount and specific gravity. There is no albumin, but a few hyaline casts were found. The white cells numbered 6,100.

The patient was under observation for one month and during that time had many severe attacks, some of which were accompanied by vomiting. It was attempted to relieve the patient by amyl nitrite and nitroglycerine, but it was found that nothing but morphine would relieve him.

Discussion—One immediately thinks of the gastric crises of tabes, but it is unusual to find a total absence of other signs of tabes. Peptic ulcer might produce such a pain, but the brief paroxysms completely relieved by morphine are not characteristic of that disease. Further it is rare to find a peptic ulcer along with a failing heart.

Plumbism, angina pectoris and intestinal obstruction are easily excluded.

A diagnosis of arterio sclerosis and vasomotor crises was made from the knowledge that in arterio sclerotic patients there appear from time to time paroxysmal attacks which are now explained by the theory of vascular spasms. The observations concerning the urine serve to substantiate this theory.

The patient died on January 24th of pneumonia. A post mortem was not obtained.

MEDICAL SOCIETY ORGANIZED.

Dr. Cutter held a convocation Friday afternoon, January 23d, with the object of reviving the old Medical Society that existed at Lincoln. The following officers were elected: Alec Young, president; Blaine Young, vice-president; E. C. Sage, secretary; Abe Greenberg, treasurer, and Pinkney, historian, with Kerr acting the "heavy" in the title role of sergeant-at-arms. It is the purpose of the organization to hold bi-monthly meetings of serious mien, and enable the student body to really hear and take part in a rather serious discussion of vital questions, such as the matter of serving as interne, choosing a specialty, the requirements and possibilities of entering the medical corps of the United States army, together with the readings of papers dealing with current events in the medical world.

Such an organization will also insure concerted action in such matters as a medic dance and banquet, which will be surely scheduled in the near future, which not only every "stude" will attend, but also all the laboratory and down-town faculty men. The "get together spirit" is certainly afloat and it won't be long until so much of it will be imbibed that a foot-light will be kicked out somewhere. Where're we going, Boys?

FRESHMEN NOTES.

Freshmen Penalized—As a result of poor work, Dr. Poynter sentenced the suffering Freshmen to undergo the hardships of a holiday on Friday, the 23d. Poor Fellows!

"Red," "Bashful" Salisbury, "Gad" Farman and "Bill" locked themselves in a morgue on this day in order that the vacation might not be stolen by the big "Neurone." Of course if we were seen out in the open and drifting around, we would surely be dragged into the laboratory of cells by the sharp eyed man of two axones and ten dendrites.

"Chugs" Way and Sigworth, in order to breathe more freely, took a trip to see their fairies. We hope they will be safe there.

Our Irish comedian was asked by Johnson if he was going to celebrate the close of the Neurology course Saturday night. "I didn't know that the course ever ended," was the doleful reply.

Montgomery in an anatomy quiz, insisted that the right ventricle formed the apex of the heart. We thought it quite a joke. The joke consisted principally in the fact that Montgomery couldn't see it.

Auger Brix in recitations, talks with motions of his head and hands and so brings out what he means to say. If you want a wonderful exhibition just ask him what a fibre tract is.

Talcott advertises himself as "The Tango Dancer." Application for lessons will not be received after the first of February. Come early if you would learn.

Can any one tell—Who is the guy that does the “Fish Wabble?”

We want to know what interest Calvin Davis has over at the Clarkson Hospital?

Johnson has now stepped onto the road that leads to matrimony. “Good-bye, boys.”

In our efforts to complete our series of the Journals of the American Medical Association, we find it necessary to secure through our friends, some back numbers of the magazines. Following is a partial list of what we need. If any physician who is willing to part with any of the Journals mentioned will kindly telephone to the College of Medicine or to Dr. Cutter we will be very grateful to him.

1901—Vol. 36; Nos. for May 4th and 18th.

1901—Vol. 36; Nos. for June 8th and 15th.

1902—Vol. 38; No. for November 8th.

1903—Vol. 40; Nos. for April 4th and February 14th.

1903—Vol. 40; No. for January 24th.

1904—Nos. for March 26th and July 2d.

1905—Vol. 45; No. for December 23d.

1906—Vol. 46; Nos. for January 27th, July 7th and November 3d.

1907—Nos. for January 26th, March 2d, 9th and 30th.

1907—All issues of April and also of May are wanted.

1907—June 1st and 8th; July 13th, 20th and 27th; all issues of August and September 7th, 14th and 28th.

ALUMNI PUBLICATION OUT.

The “Proceedings of the Fourth Annual Alumni Week of the University of Nebraska College of Medicine” has just come from the press. The Proceedings comprise one hundred and eighty-six pages of interesting reading matter, interspersed with some excellent half-tones of the Colleges quarters, past and present, and of the hospitals where our clinical work is done.

The committee who had charge of the Alumni Week states that it was a success in every respect, medically and socially; and had we not been here to verify the statement with our own eyes a brief perusal of the “Proceedings” would convince us. It is filled with instructive clinics and cases. No alumnus should be without one. If you have paid your dues you will get one. If you have not, send your money to Dr. Roy A. Dodge, secretary, 446 Brandeis Building, and he will return a copy by the next mail.

“All these women appear to be well supported,” said the bystander, as he piped the diaphanous skirt.—Columbia Jester.

OUR LINCOLN LETTER.

More than fifty medical students and twenty other guests attended a meeting at the Orthopedic Hospital Friday evening, January 9th, when Dr. H. W. Orr delivered an excellent address on the "Cause, Prevention and Cure of Deformities." The doctor illustrated his talk with a large number of stereopticon slides, showing X-ray pictures of deformities and the effects of tuberculosis upon the bone and surrounding tissue. He also illustrated the different methods employed in curing the various kinds of deformities, particularly his own cases, some of which have been put through several courses of treatment before the cure was effected.

Dr. Orr explained the conditions of each case and the exact method of treatment, so that the students were able to glean a glimpse, at least, of the problem to be solved in orthopedic surgery.

KENNETH DAVIS,
Sec. Medical Society, Lincoln.

INSPECTION OF THE BUILDING OF THE COLLEGE OF MEDICINE OF THE UNIVERSITY OF NEBRASKA BY A COMMITTEE FROM WESTERN RESERVE UNIVERSITY.

Plans are under consideration which have for their aim the rebuilding of the laboratory plant of the School of Medicine of Western Reserve University in connection with an obstetric pavilion for the Lakeside Hospital and with the Babies' Hospital of Cleveland, all upon land adjoining the present Lakeside Hospital. A committee of the medical faculty, consisting of Torald Sollman, professor of pharmacology, R. G. Perkins, professor of hygiene and preventive medicine, and H. J. Gerstenberger, professor of pediatrics, has been on a tour of inspection of medical schools and hospitals in Canada and the United States. January 23 was spent in a detailed inspection and careful study of the plans of the new laboratory building of the College of Medicine of the University of Nebraska. The members of the committee expressed themselves in enthusiastic terms as being most favorably impressed by the building and made the statement that a continuation of the policy which had produced a building so admirably adapted to laboratory teaching would give to Nebraska one of the strongest medical schools in the country.

They were sitting before the fire thinking of the pleasures of the coming holiday season. "Jack," said one, "Would a long stocking hold all you'd want for Christmas?"

"No," said the other, "But a pair of them would."

Awgwan.

"I met a girl in Nevado,
She wore a gown so bad ,oh,
'Twas so thin, by gun,
If she stood in the sun,
It wouldn't appear on her shadow."—Siren.

One of the most encouraging features in the growth of the dispensary is the regular attendance of the students and the keen, wide awake interest which they bring. Visitors often remark upon the dignity maintained. This is as it should be for often times those who come to us are carrying heavy burdens and need as much human interest and courage, as they need medical skill. A larger number of out calls have been recorded this month than before.

**If anybody has anything
of interest, write it up and
send it to The Pulse. The
editors will give it due space.**

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