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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

APRIL 15, 1914

No. 11



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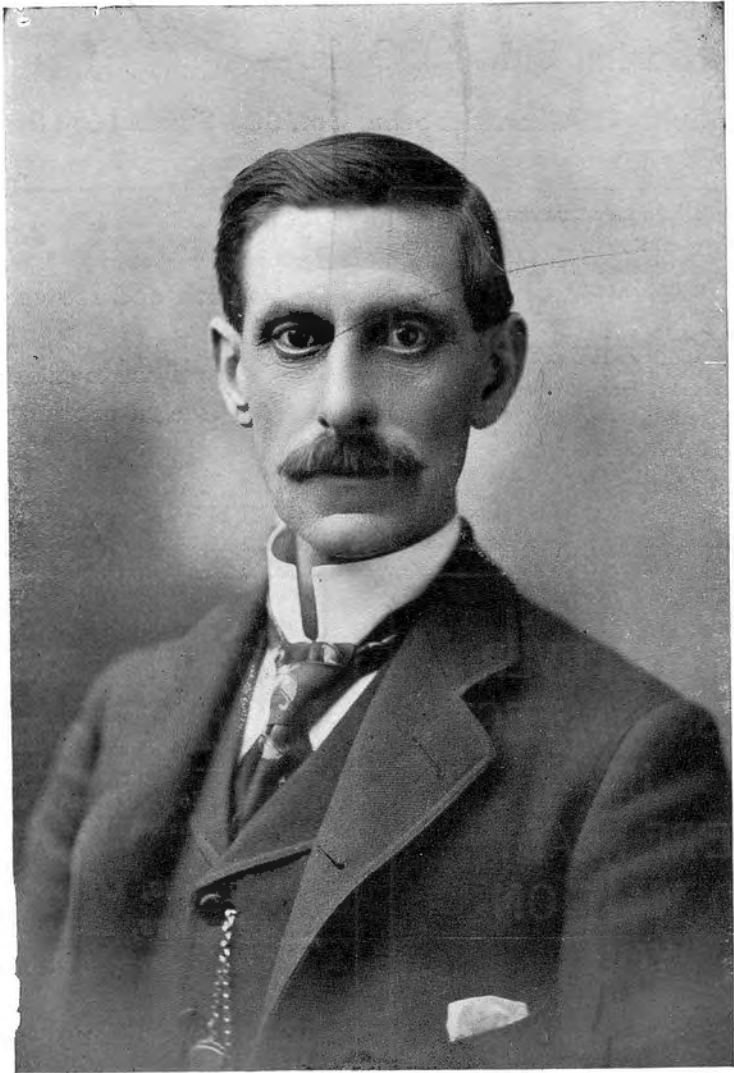
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GEORGE MOGRIDGE, M. D., '94
Lecturer on Arrested Development



The Pulse



Vol. VIII.

Omaha, Neb., April 15, 1914

No. 11

CRETINS—MONGOLIANS

By George Mogridge, M. D., Glenwood, Iowa.

There are two types of mentally deficient children about whom there is some confusion, viz., the sporadic cretin and the so-called mongol. The latter is quite frequently referred to as cretinoid. Just a few words to help in the differential diagnosis.

The Sporadic Cretin: These are rare cases and it is only within comparatively recent years that anything has been found in our literature in regard to them. I think it was Osler who first described sporadic cretinism, as found in America.

The condition is closely allied to myxoedema. The thyroid gland is at fault. It is usually so atrophied that it is not possible to detect by palpation. Occasionally it has been found that the reverse of this is true and the gland is enlarged, showing somewhat of a goitrous condition. Usually, however, it is the absence of the gland which produces the condition.

The onset occurs during the first five years of life and unless a diagnosis is made and the disease is controlled by suitable medication, the progress is quite rapid—that is, there is a marked change in the appearance of the child, and this change continues to grow more pronounced until the classical characteristics are reached, which are as follows: Shortness of stature, protuberant abdomen, lordosis, thick and heavy hands, the head and face being heavy and massive, the skin laid in folds, the eyelids almost closed; the tongue is large and rugous and often protrudes between the teeth, being seemingly too large to be kept in the mouth. Quite frequently calipes develops. There is usually little attempt at speech, and the case is quite infantile. One of the characteristic features is to be found in the supra clavicular region, in the shape of a globular, fatty mass, freely movable.

Mongolianism: This condition is not due to any alteration in the thyroid gland, or any interference with its function. It is purely an arrest of foetal development, and some of the peculiarities are noticeable shortly after birth. There is never a period of delay in the first symptoms of several years, as in the cretin. The administration of thyroid extract has not been attended with any success in bringing about such changes as are to be found after its administration in cretins. As the child develops, the characteristics are soon manifest. They consist of peculiarly arched eyebrows, being almost straight, more than the usual distance between the inner canthi of the eyes, irregular eruption and badly formed teeth; the tongue somewhat like the tongue of the cretin, but not so gross in appearance, being simply

rugous with no protrusion. They are usually mouth breathers, owing to the low nasal arch and high palate; the lips are often cracked, especially the lower one. The skin is somewhat rough, and chalky. Fingers and toes are short and stubby, the nails rounding over the ends of the fingers. The ligaments are all very lax, freely movable. There is no lordosis, or protuberant abdomen. As a rule, the mongolian, as a young child, is rather well formed. There is no globule of fat in the supra clavicular region, and the thyroid can be palpated. There are many of this type, as against few of the cretin.



ADMINISTRATION BUILDING
Institute for the Feeble Minded, Glenwood, Iowa



Alumni News Notes

Dr. P. E. James, '02, recently moved from Audubon, Iowa, to Elkhorn, Neb.

Dr. Fred A. Le Mar, '02, who is located at Humphrey, Neb., was in Omaha on business April 10.

Dr. A. P. Fitzsimmons, '95, of Tecumseh, Neb., will go to the Philippine Islands soon and enter the government service.

Dr. J. M. Curtis, '95, who has been for some time a practitioner and a popular citizen of Fort Calhoun, recently moved to Tecumseh.

Dr. W. H. Heine, '05, of Hooper, Neb., met with a very unfortunate automobile accident February 24, when his machine was overturned and his collarbone broken.

Doctors W. P. Wherry, '03, and J. M. Patton, '04, of Omaha, read papers as part of a symposium on corneal ulcers at the meeting of the Missouri Valley Medical Society held in Lincoln in March.

Dr. Olga F. Stastny, '13, has had to give up her work at the New England Hospital for Women and Children because of ill health. She will remain in Boston until her condition is improved.

Dr. J. I. McGirr, '97, of Beatrice, and Doctors E. C. Hayman, '08, and J. J. Hompes, '08, of Lincoln, attended the March meeting of the Eye and Ear section of the Douglas County Medical Society in Omaha.

From Henry B. Ward—'In a recent number of the Laos News, Chiangmai, January, 1914, I read the following item: 'Born, to Dr. and Mrs. Claude W. Mason of Chiangmai, a baby daughter bearing the name of Anna Maria. 'A babe in a house is a well-spring of pleasure,' says Tupper. This is the fifth well-spring of pleasure to gladden the hearts of these happy parents.' "

Clifford W. Wells, B. Sc., M. D., Rush '14, who is at present an interne at the Annie Durard Hospital for Infectious Diseases, will begin his service as interne at Cook County in September. Out of 125 applicants Dr. Wells stood sixth in the examinations. "Cliff" spent his sophomore year at Nebraska and assisted in the Departments of Histology and Embryology, and Anatomy.

Dr. Ward H. Powell, class '13, succeeded in keeping his intended marriage to Miss Hassalbalch of Omaha "under his hat" until the afternoon of the wedding day, when our old sleuth, Jack Goodnough, intercepted a message from Joe Laughlin, '13, and apprised the gang of "Shorty's" intention to be married at 8 o'clock Tuesday evening. A group of student friends called on the bridal party that evening, but the plot to kidnap the groom was neatly foiled. Dr. and Mrs. Powell will be at home after May 1st at Minden, Neb., where Dr. Powell is now located.

THE TRIP TO GLENWOOD

A party of twenty-five Senior and Junior students, chaperoned by our charming secretary, Mrs. Quinlan, hied themselves to Glenwood, Iowa, Friday, March 27, in acceptance of Dr. Mogridge's annual invitation for a clinic day at the Iowa Institution for Feeble-Minded Children.

We reached Glenwood at 11:00 A. M., and just to show that a little thing like threatened rain couldn't keep our holiday spirits down, we raced all the way to the institution.

Dr. Mogridge, with his assistants, Doctors Moon, Sidwell, Sward and Lacey, extended the glad hand in welcome, and we were at once taken through the school, where those who are capable of receiving instructions, are given opportunity and impulse to develop along those lines to which they most readily adapt themselves. It was indeed interesting to observe the infinite care taken by the instructors to nurture the instincts of the children in the hope of discovering a method for stimulating sluggish minds. A great variety of industries is offered in the manual training department of the school, so that even when they fail in giving the children ordinary school educations they are making useful, industrious children with an occupation to make them healthy and happy.

After lunch we were taken through the hospital, the boys' custodial, the girls' custodial and the dairy barns. In the custodials we saw the lower types of feeble-minded, those incapable of receiving education, from the ones who were entirely devoid of a mind to the old ladies and gentlemen who could perform the everyday tasks and make fancy work, baskets, etc.

In the evening the school children entertained us with an excellent program. Their orchestra music, songs, fancy dances and gymnastic stunts furnished us an evening's enjoyment superior to any entertainment to which we have been accustomed in Omaha.

After the program we were invited to dance until train time, which came all too soon for some of our unattached fellows. However, by 10 o'clock the last lingering goodbyes had been said and the lingerers had made their record runs to the station. We started back feeling very tired, but everyone felt just like going back and telling Dr. Mogridge all over again what a fine time we had.

IMPORTANT DATES

The State Board examinations for the Sophomores (first two years of medicine) will be held in Lincoln on Wednesday, May 13. Sophomores who wish to take the examinations will be excused from school on that day. Application blanks for these examinations may be obtained at the office, and should be filled out at once.

The Senior examinations, for either the last two or all four years of medicine, will be held in Lincoln Wednesday and Thursday, May 27 and 28.

TENNIS

Jumbo Steihm wants a tennis match with the Medical College. He will bring his team up here on either the 10th or 20th of May, and pay their expenses. He also wants a return match, to be played in Lincoln. Obie says we are quite agreeable—and we may give Steihm an unlooked-for surprise in the way of classy tennis.

The class tournaments will start Monday, April 20. If possible they will be completed the same week, and immediately afterward the all-school tournament will start. For this tournament everyone—studes and near-studes, profs and n——, flunkies, janitors—everyone is eligible.

BASKETBALL

Steihm is already talking about a Medical College basketball team for next fall. He insists that we must have one. So do we. Talk it over and talk it up. Let's stir up a little pep, and then by the time Obie calls for recruits we will be ready.

Commencement will be in Lincoln on June 11 this year.

Class work is finished May 23. Examinations are optional with the instructors, and if given will be given between the 23d and the 29th.

The faculty is planning a reception for the entire school in honor of the Senior class. The blow-out is to be held downtown some time near the end of May.

For once Nebraska has a band—a real live band. All the dope says it's the best and only band for years. Several out-of-town engagements have been played already. Now the band wants to come to Omaha. They will come for expenses. What we need is a live alumnus to boost a concert and get them here. It would be a fine advertisement for our university. Here's hoping somebody will take the matter up.

MEDICAL IGNORANCE

Among the papers of R. H. Stoddard that Rysley Hitchcock edited, there is a letter which Oliver Wendell Holmes, the poet physician, is said to have received. This letter was written many years ago by an ignorant country practitioner and it is interesting because it shows the low level to which, in the early part of the last century, it was possible for medical education to fall. The letter, verbatim, follows:

“Dear dock I have a pashunt whos physicol sines shoze that the winpipe is ulcerated of and his lung have dropped into his stumick. He is unable to swaller and I fear his stumick is gone. I have giv him everything without efeck his Father is wealthy honorable and influenshal. He is an active member of the M. E. church and God noes I don't want to loose him wot shall I do?”

NEW MAN IN PHARMACOLOGY

James Douglas Pileher—

Ph. B. Adelbert College, 1902.

M. D. Western Reserve, 1906.

Resident Pathologist, Charity Hospital, Cleveland, 1905-1906.

Interne, Cleveland City Hospital, 1906-1907.

Demonstrator of Pharmacology and Materia Medica, Medical Department Western Reserve University, 1908-1909.

Instructor of Pharmacology and Materia Medica, 1909-1911.

Associate of Pharmacology and Materia Medica, 1911-1913.

Associate Professor of Pharmacology and Materia Medica, 1913.

Dr. Pileher is our latest addition to the Laboratory faculty. He will join us on the first of September, to take charge of the Departments of Pharmacology and Materia Medica. He will also help plan the various courses in Therapeutics. Dr. Pileher is a member of Beta Theta Pi fraternity.

The new catalog will be off the press April 27. Three thousand copies are being printed. It will not contain the daily program for the upper classes. Dr. Cutter says this is because the program is to be more or less flexible and will be changed from time to time as occasion demands. Very few changes will be found in the line-up of the faculty, though a number of the clinical courses have been rearranged. The whole thing has been rewritten under the watchful eye of our Irving. Really it will be the "best ever." Watch for it.

In the new catalog we find Dr. Bannister, who teaches us tropical medicine, now listed under the title of Adjunct Professor.

Amos Thomas, LL. B., of Omaha, will teach Medical Jurisprudence. Mr. Thomas is at present practicing before the local bar.

NOTES ON NEXT YEAR'S REGISTRATION

- (1) First semester begins Sept. 15.
- (2) Opening address by the Director of Laboratories, Sept. 16.
- (3) Standing: The College of Medicine meets the requirements of the most exacting of licensing boards.
- (4) Admission to college:
 - (a) You must have had a standard high school course.
 - (b) Two years of college work.
 - (c) Must be able to show evidence that the family from which you come has at least 10 towels at home.
- (5) Fees: It will cost you from fifty to sixty dollars for the laboratory course you take. Besides this you pay three dollars incidental fee—but this does not entitle you to a towel; you furnish that yourself. At the next meeting of the Board of Regents it will probably be decided what this three dollars is for.
- (6) Equipment: Fine shower baths, three tennis courts, and a museum of boneheads, but no towels. Each student is to furnish himself with these and keep them in his locker.

CASE OF BANTI'S DISEASE

Reported by Mildred C. Williams, '14, in Dr. W. O. Bridges' clinic.

Mrs. K.—White. German. Housewife. Age 38. Admitted to M. E. Hospital March 4, 1914.

Family history: Father living at 69; has rheumatism. Mother living at 60; has ulcers of the legs, as did also patient's grandfather on mother's side of the house. Three brothers and two sisters, living and well. Three children living; oldest is 17 and youngest 9; all fairly well; one daughter died in infancy of cholera infantum. No miscarriages or abortions. Married 19 years. Husband well.

Previous history: Patient had usual childhood's diseases. As a child she was much afraid of storms and says that once in fright she ran so hard from a storm that it was said she had injured her heart. Menstruation began at 16. Periods usually painful and very profuse. Flowed for 11 weeks following birth of first child and during that time a growth appeared in the right side of abdomen, which the attending physician said was a floating kidney. The growth persisted until the latter part of January of this year, when in a paroxysm of coughing, patient felt it burst; she became very sick and faint; mouthfuls of green bile were vomited without effort. Before this, patient bloated so at times as to be in terrible distress and had the appearance of a pregnant woman. Soon after the disappearance of tumor in the right side, patient noticed a growth in the left side of the abdomen, which was firm and gradually increased in size; at the same time patient became deaf in the left ear.

Patient has been able to hear her own heart beat in her head for ten or twelve years. She has had a ravenous appetite at times. Three years ago patient had an attack of dysentery with six to twelve movements per day and lasting for several months; she became so weak that she had to be lifted up from stool. She has been dizzy for two or three years, especially when at stool.

In the fall of 1911 patient's menses ceased for four months, following a severe cold, and about the same time she lost the use of her lower limbs and has never entirely regained their use. Periods are now irregular and large in amount, the flow coming in gushes. Her feet began to swell about a year ago and became twice as large as now. Patient has had a cough for four months and has been in bed three months. Bowels quite regular. On March 1 patient had terrible pain in the left ear. Three or four days later the right ear began discharging and has continued to do so ever since.

Patient's usual weight is about 145 and at present 135 lbs.

Present complaint: Pain in right side of abdomen; great deal of cramp-like pain about the navel; painful urination; gets up several times at night to urinate. Patient has noticed blood in urine at times, and also complains of swollen feet, shortness of breath at night and poor appetite.

Physical findings: Patient is fairly well nourished; pallor very marked; skin, especially of lower extremities, rather glossy; conjunctiva clear and pearly; eye reflexes good; lips and mucus membranes pale with herpes labialis; teeth very poor, many are only

"snags" or roots; no adenopathy; ears are discharging. Chest examination shows a fair expansion; slight dullness of right side in the back; complemental space below par; normal lung resonance in front; no rales. Heart enlarged to the left and downward; apex beat near the anterior axillary line on palpation, but by inspection it is not localized, the impulse being marked all over the precordial region. A loud systolic murmur is plainly heard all over the precordium and in the left axilla, but best heard to the left of the ensiform. The liver extends below the border of the ribs and is palpable. Entire abdomen is tender, but the right half especially so. No marked tenderness in gall bladder region, but considerable at McBurney's point. There is slight diastasis recti. The left side of abdomen is more firm, but not so tender as the right. There is a palpable tumor in left side of abdomen extending down to iliac region. It is firm in consistency and of definite outline, apparently connected with normal splenic region. Lower limbs are full and rounded, with glossy skin, but no edema. Her temperature range has been from 103.8 to 99.6 since entering the hospital.

Laboratory findings:

March 6—Urine: Light yellow; clear; albumen and sugar negative; indican + +. Blood: R. B. C., 2,680,000; W. B. C., 10,500; hemoglobin, 30%; color index, .6.

March 10—R. B. C., 3,123,250; hemoglobin, 35%; color index, 5+; poikilocytosis, marked; microcytes, present; macrocytes, present.

Diagnosis: Banti's disease; mitral insufficiency and suppurative otitis media.

Differential diagnosis: Banti's disease or splenic anaemia must be differentiated from:

Splenomegaly with a choluric jaundice. This is familial and associated frequently with good health but chronic slight jaundice.

Splenomegaly associated with pyclothrombosis. Cases are reported of enlarged spleen with phlebitis of splenic and portal veins and closely resemble Banti's disease, but jaundice and ascites are present and diagnosis is only confirmed at autopsy.

Hepatic splenomegaly. This is an alcoholic cirrhosis with recurrent hemorrhages and ascites.

Syphilitic cirrhosis. In this there should be signs of other syphilitic lesions and a nodular liver.

Splenomegaly in pernicious anaemia gives a lower blood count, high color index, a large number of nucleated red blood cells and a shorter clinical course.

Tropical splenomegaly rarely occurs outside of tropical climes; patient has always lived in Nebraska.

"Ague cake." There should be a history of malarial fever with chills, etc.

Leukemia would show a marked increase in number of white cells.

Mitral insufficiency is differentiated from simple haemic murmur by history of long standing shortness of breath; marked enlargement of heart to the left and by hearing typical murmur in the axilla.

Pathology: The spleen is enlarged, firm, with thickened capsule

and the whole organ in a state of fibrosis. Banti has described a proliferation of the endothelial cells of the venous sinuses of the pulp and believes there are very characteristic histological changes. The blood vessels in the neighborhood of the spleen may be very large. There may be hyperplasia of the bone marrow.

Prognosis: This disease is extraordinarily chronic. Patients may have the disease for ten or twelve years and then an attack of anaemia from which recovery may take place, but the ultimate outlook is bad.

Treatment: Since entering the hospital patient has been on a treatment of digitalis gr. I, strychnine gr. 1-40 and red iodide of iron gr. II, once a day, also sodium cacodylate gr. $\frac{3}{4}$ per hypo once a day with codeine and veronal as needed for restlessness at night. Patient is fast improving under this treatment and as soon as her condition will permit a laparotomy and removal of the spleen would seem advisable. Osler says: "There is only one radical cure—the removal of the spleen. Of six of my cases, three have recovered. One is alive more than twelve years after the operation, another between six and seven. The fact that removal of the spleen is followed by complete recovery, even after the appearance of the jaundice and of chronic anaemia, is the best proof that the source of the trouble is in this organ itself and is one of the best warrants for the recognition of the disease as a separate clinical entity."

Patient is receiving a nourishing, easily assimilable diet and encouraged to eat bone marrow. Her ear is being treated with boric acid douches and hydrogen peroxide solution.

During patient's stay in the hospital Dr. Johnson did a Wasserman and made a blood culture, both of which resulted negatively. Patient steadily improved in every way, her hearing became about normal, her strength increased, she became able to freely walk about and was very cheerful. The spleen decreased somewhat in size. Her temperature remained about normal and blood count on March 24 showed: R. B. C., 4,100,000; W. B. C., 7,240; hemoglobin (Sahli), 53.3%. Patient refused operation and left the hospital April 7, 1914.

FRESHMEN ORCHESTRA.

The Freshmen having completed Anatomy, feel inclined to be musical. Recently an orchestra was selected:

Scarpa's Triangle	Way
Organ of Corti	Johnson
Ham Strings	Higbee (Captain)
Cella	Bocken
Organ of Rosenmuller	Kline
Lyra of Fornix	Davis
Ear Drum	Sigworth
Anterior Horn	Ross
Posterior Horn	Salisbury
Lateral Horn	"Red" Martin
Organ of Giralde's	Talcott

== The Pulse ==

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== EDITORIAL ==

WHAT WE COST THE STATE

How many of us, who pay from \$100 to \$120 per year in tuition and fees, realize how much the state must add in cold, hard cash to put each of us through? Probably we have not even paused to give the matter a passing thought. For running expenses and maintenance only, not considering cost of equipment or depreciation, each student costs this state \$542. Small wonder we are expected to make good or get out.

Beginning with the school year of 1914-1915, the seniors will spend a certain amount of time in filling Clinical Clerships. A student on this service will spend two hours of each day for a period of six weeks at a certain hospital. He will have access to the histories, charts, and all the records of every patient in charge of the staff, and will be expected to follow each case carefully from day to day. While on this service he will not be on dispensary service. This will be an uncommon and valuable opportunity for intelligently following the work of our big men.

A picture of the Immanuel Hospital appears on the cover page of this issue. This building is only one of a group of buildings that represent the varied charities of the Swedish Lutheran Church. The facts concerning the growth of this institution were kindly furnished by Sister Alma Fogelstrom, daughter of the founder.

Rev. E. A. Fogelstrom while serving his pastorate in the Swedish Lutheran Immanuel Church in 1889 saw the need of organized works of charity and conceived the idea of starting an institution in Omaha, modeled after the Lutheran hospitals and asylums of Germany and other European countries, which are presided over by trained and consecrated deaconesses.

When the proposition was explained to some of the most prominent men of Omaha it won their confidence. Twenty-five thousand

dollars was quickly obtained by subscriptions from the business men of the city and as the first branch of a deaconess institution, Immanuel Hospital was erected in 1889. Such well-known men as Joseph Barker, Guy C. Barton, Alfred Millard, George L. Miller, Fred Drexel and William L. McCague belonged to the first board of trustees. The institution was later transferred to another board and is now under control of the Augustana Synod of North America.

The following quotation from the charter shows the broad character of the founder's ideals: "The object of this corporation shall be the relief of the sick and suffering, the care and education of orphans and neglected children, the support of widows and aged persons, without reference to creed, color, or nationality, and the establishment and maintenance of hospitals, homes, and other institutions for such works of mercy and charity."

In the mean time five young women had been sent to Philadelphia and Europe for training and upon their return the hospital was opened on December 20, 1890. The capacity of the first building was 35 beds. The first annual report written by the first interne, Dr. W. J. White, shows a total of 146 patients for the first year.

In 1905 an addition was built, increasing the capacity to 50 beds. In 1910 the present modern, fireproof building was erected. This building can accommodate 75 patients. The former hospital building is now being used as a home for old people and invalids.

The first doctors on the staff were W. F. Milroy, W. H. Christie, H. Gifford, J. E. Summers and O. S. Hoffman. Since 1894 Dr. F. S. Owen has been a member of the staff and Dr. B. B. Davis since 1895.

The institution now comprises a Hospital, Old People's Home, Children's Home, Deaconess' Home, two parsonages, greenhouse, laundry and power plant, and covers an area of twenty acres.

Both Senior and Junior clinics are held in this hospital, and the University of Nebraska College of Medicine has been thus connected with the hospital for the past five years. Our school has furnished all except two of the hospital's internes, and during the coming year three of our men will serve internships in the institution.

Nebraska draws her student body from a wider territory every year. In the list of those who have just recently expressed their intention of being with us next year we find one man from Texas, two from Colorado, and two from Kansas. Just a day or two ago a man from _____ came in, looked the college over, and expressed his intention of sending his son here next year. He went so far as to look for rooms.

There is an unofficial rumor that the Medical College Budget for next year will include funds for the erection of a concrete and stucco animal house just west of the main building, between it and the courts. A low one story structure, it will not, if built, interfere with the lighting of the west wing, and will serve the double purpose of getting the animals out of the building and of providing separate hospital quarters, now lacking.

SENIOR NOTES

The class entertained themselves at a Dutch dinner at the Empress Garden Friday evening, April 10. After the feed they went to the Empress Theatre as guests of Captain Jack Goodnough.

On the morning of April 1, Dr. Moyer of the Wise was called from his dreams to minister unto a newly arrived patient (?). The lady in question seemed to think her intense pain was due to pleurisy, but by means of his trusty stethoscope our hero ruled out everything but "gall bladder colic" and prescribed a "sixth." The pain immediately stopped and Beany was assured that it was April Fools' Day.

The class was excused from Clarkson clinics this week because of the case of smallpox in the Junior class. We were just beginning to feel our freedom when it was announced that Dr. Lord would occupy all our time and then some in make-up hours.

Frank Kotlar, when starting from "Old Matilda's Pointed Peaks" last Saturday, cast his weather eye schoolward and spied what he took to be Mutt and Jeff playing tennis. When he reached the school yard, however, he saw that it was "our little fat boy" and "Grouch" Young.

Dad King was absent during the first part of the week consulting with the city health department concerning smallpox cases.

The senior class editor and the editors of the York papers are now competing madly for a chance to print the Widow's series of articles on "How I Do Hate Myself."

Charles Harms was out of town Friday and Saturday of last week attending the funeral of an uncle.

Kotlar and Moon are now chief internes at the County Hospital since the departure of Dr. Arrasmith. No one can tell just who is really in charge.

SOPHOMORE NOTES.

Everything has its beginning! Last Wednesday we were obliged to go to the Physiology Department's class room to have our Pathology quiz, after which somebody shouted, "Keep your seats till we plan for Good Friday's amusement!" Thereupon a little man with blue eyes and flaxen hair gave a monologue about the last time we had met within those four walls. "At that time we were discussing vesicants, rubefacients and purgatives, but today, worthy cohorts, let us consider the subject of fermentation." Without further delay "Beer Day" came into existence.

It was rather amusing to see one of our midst bog-trot it out of Bacteriology class before it was half over without any impediment of motion, and then witness the same sad spectacle a few hours later making his way up Sixteenth street with the needful assistance of a cane.

The Obstetric Prof.: "While listening to the foetal heart sounds you might think the mother had swallowed a dollar Ingersol."

Wash your hands in Pathology laboratory. That's the only place in the building where you can find a towel. Otherwise use your shirt tail!

THE SOPHOMORES AT DISPENSARY

Two things have become official with the august body of Sophomores:

(1) That the climbing plant *Humulus Lupulus* is to be the class flower.

(2) That Miss Stuff's emporium is certainly the place to see the spare ribs from the Butcher's Shop of Life.

We pay homage to that stobilaceous fruit of our class flower only on special occasions, such as our sneak-day—but the spare ribs receive our reverential regard every day from four until six.

Upon receiving our first instruction as to where to start the palpation, percussion and inspection of our patients, the still and quiet of our sanctum was disturbed by three thundering blows directed against the rear exit of this natty place, in which we had been caged. The intruder proved to be no other than a junk man, who, when he saw Ross by the window, judged the assemblage to be a ragpickers' or wool sorters' convention and inquired as to the possibility of "Any rags, any bottles, any bones today?" Little Willie Anderson, so called by some of the patients and nurses at the Clarkson, then went into a paroxysm of giggles, but finally recovered in time to find the apex of Flory's lung before the hour was up.

ACT II

Flourish—Entrance of John Smith—not of Pocahontas fame, but a dusky lad who had been hit on the head by a two-by-four.

Present complaint—Headache.

"Where do you have the pain, Mr. Smith?" asked the doctor.

"Heah in Omaha," was the answer.

Oh, but we can't let you in on the rest of our vaudeville performances—unless you swear to cherish, honor and cultivate the emblem of our class. This we guarantee will insure you a happy death.

JUNIOR NOTES

Dr. Christie: "Mr. Keegan, will you kindly tell why——"

Mr. Keegan: "Why—er—it is that——" (Profusely expostulating for a few minutes.)

Dr. Christie (in response): "Yes, that is as good as anybody could give; nobody knows."

Dr. Hull: "Mr. Kerr, if you were to pick out men for the army, which way would you want them to toe?"

Father Bobby: "Weal, ifa Ia wanteda a good 'runner' I would want——" (Never finished because of demonstration by instructor and class.)

Jack Barry is spending his second week at the Omaha Detention Hospital and as a consequence half the medics are wearing sheds over their vaccinated arms. We are in a quandary—which is worst, small-pox or an itchy arm?

FRESHMEN NOTES

Anatomy is over. The showing of the class in general was splendid. It must be said to the credit of Dr. Poynter that all through the year he has made Anatomy intelligible and interesting. We had all heard of that dry study since first we began thinking of studying medicine.

Freshmen classified by their peculiarities:

Wildhaber by his laugh and walk.

Farman by his innocent expression.

Mauer by his baby-blue eyes.

Martin by his special brand of comics.

Leonard Riggert by his family talk.

Arnold by his affectionate manner.

Montgomery by his breakage fees.

Philosophy of the stereotyped kind was confounded by a mere Freshman the other day when he contradicted the statement that to succeed at anything you must start at the bottom and work up. Wildhaber proved his point, too, by the pertinent illustration of the man who digs a well.

Organic Chemistry is finished. The course was noted for the ingenuity of some of the class to maintain a spirit of uncertainty and anxiety as to the particular brand of explosions and ascensions which would be offered each day. Bocken and Riggert were the masters of ceremonies and generally furnished an amusing program.

J. Calvin Davis of Harvard tennis fame has not yet gotten "back in form." It might be said that his "keen edge" has suffered disparagement at the hands of some of his classmates.

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