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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. IX

MARCH 26, 1915

No. 7



SUNSET FROM THE COLLEGE  
PHOTOGRAPH BY DOCTOR L. D. PILCHER



# The University of Nebraska

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OMAHA, NEBRASKA



# The Pulse



Vol. IX.

Omaha, Neb., March 26, 1915

No. 7

## ELECTIVE COURSES IN CLINICAL PHYSIOLOGY

By A. E. Guenther, Ph. D., Professor of Physiology and Pharmacology.

During the present semester the attempt is being made by the department of physiology to introduce a series of elective courses of an advanced character designated as clinical physiology. As the term clinical may lead to some misunderstanding or misapprehension it may be well to state at the outset that the content of these courses is not clinical and they do not duplicate, as far as is known, the work of any other department. The work is of the type which falls into the realm of advanced physiology, but is so selected as to have a decided clinical interest and for that reason should appeal to Juniors and Seniors as elucidating some of the common clinical phenomena seen in the hospitals and the dispensary.

The first of the series is one dealing with electrocardiography. The wide and continuously growing application of the string galvanometer in the diagnosis of cardiac troubles led to the belief that sooner or later there must arise the demand for an opportunity to form an acquaintanceship with this new method of diagnosis. Much can be learned, of course, by a diligent perusal of the literature, but, as is the case with all laboratory work, direct handling of the instrument, with a critical discussion of numerous records, gives a far more satisfactory grasp of the subject.

The details of this course are as follows: During the first of the ten conferences of the course it is necessary to enter upon an extensive description of the apparatus, including a consideration of the physical properties of the string, the field coils, the storage battery, the illumination of the string, the camera, the timing device and lastly the wiring by means of which the connection between the patient and the instrument is made. In the consideration of the latter the "three leads" are explained as well as the arrangement used to furnish the "compensatory current" for the skin current and the requirements for standardization of the photographic record.

The second conference is devoted largely to a review of the normal physiology of the heart laying stress upon those features of the cardiac cycle which are involved in the understanding of the electrocardiographic records. This includes the sequence of contractions of auricles and ventricles, the origin of the beat in the pace-maker of the right auricle, the connections of the pace-maker with the conducting system of the heart, the node of Tawara and the auriculo-ventricular bundle of His, the Purkinje fibers, the relative irritability of the different



regions of the heart and the experimental modification of the same, the electrical phenomena of the heart, the cardiac excitation wave, etc. There follows then, as far as it is possible, an explanation of the P-Q-R-S and T waves of the normal electrocardiogram with a description of their characteristics and the limits of their normal variations.

In taking up the subject matter of the third and subsequent conferences the presumption is made that those registered have already had sufficient instruction in diagnosis so that the terms indicative of abnormal myocardial function are not unfamiliar. For this reason discussions of etiology, pathology, symptomatology and prognosis are omitted, or, if necessary, touched upon only in briefest terms. The aim of the course is to learn how to interpret electrocardiographic records and on to give instruction in the clinical branches of medicine. Provided with the above prerequisite, then, students will appreciate the analysis of electrocardiographic records. Based upon a knowledge of the normal physiology of the heart they can easily follow in detail, the steps necessary to an understanding of the alterations which do take place in the electrocardiogram when the heart is hypertrophied on the left side or on the right side or when it presents an auricular hypertrophy.

Similarly heart block, partial or complete; auricular fibrillation; auricular flutter; ectopic beats of auricular or ventricular or nodal origin; paroxysmal tachycardias; bradycardia; sino-auricular blocks; aberrations due to damage to the limbs of the bundle of His are elucidated.

Not only are these conditions illustrated by numerous lantern slides and by original records, but at each conference students are given practice in manipulating the electrocardiographic apparatus in making actual records. Incidentally, the study of the electrocardiogram throws an illuminated light on the interpretation of many pulse records, such as pulsus alteranans, on intermittent beats, on the supposed hemi-systoles, on the grouping of heart sounds into threes and fours and on the modifications of pulse pressures.

The course in electrocardiography is thus far the only one of the contemplated series which has actually been begun. It will suffice to merely enumerate the remaining courses of the series without entering upon any description of them. They deal (1) With the mechanisms controlling blood pressures; (2) With the cardiac mechanisms; (3) With the respiratory mechanisms; (4) A series of demonstrations on the central nervous system; (5) With the chemical and nervous co-ordinating mechanisms of the body and (6) With some of the biological reactions of the body. These are all in the nature of demonstration courses and can be elected only after consultation with the head of the department.

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“Say, Harry, w’at’s the best way to teach a girl how to swim?”

“Dat’s a cinch. First off you puts yer left arm under her waist and you gently takes her left hand——”

“Come off; she’s me sister.”

“Aw, push her off de dock.”

Following is the program of the Medical Society of the Missouri Valley, to be held at the Fontenelle Hotel, Omaha:

**First Day, Thursday, 10:30 a. m. Sharp.**

1. J. M. Barstow..... Council Bluffs  
Paresis.
2. Carl W. Wahrer..... Fort Madison  
Post-operative Vomiting and Meteorism.
3. Reuben Peterson..... Ann Arbor  
Under What Circumstances Is Craniotomy Justifiable?
4. Milton Weston Hall..... Des Moines  
An Interesting Case for Diagnosis.
5. John W. Shuman..... Sioux City  
**Intestinal Stasis (Medical)**
6. J. Stanley Welch..... Lincoln  
Better Knowledge of Pathological Anatomy Responsible for Improved  
Results in Prostatic Surgery.  
Luncheon at Commercial Club, 12:30.

**First Day, Afternoon Session, 1:30 O'clock.**

7. Arthur Ayer Law..... Minneapolis  
The Status of the Autograft (lantern slides).
8. Geo. F. Butler..... Kramer, Ind.  
Arthritis Deformans.
9. Robert H. Babcock..... Chicago  
Autogenous Vaccines in the Treatment of Bronchitis and Asthma.
10. Arthur Steindler..... Des Moines  
The Paralytic Ankle-joint; Review of Operative Methods.
11. P. A. Bendixon..... Davenport  
Flatfoot (lantern slides).
12. Paul Paquin..... Kansas City  
Premonitory Symptoms of Tuberculosis; Early Measures of Arrest.
13. J. L. Greene..... Hot Springs, Ark.  
The Early Symptoms and Treatment of Syphilis of Brain and Cord.
14. Chas. Ryan..... Des Moines  
Paper.
15. H. Winnett Orr..... Lincoln  
The Prevention of Deformity by the General Surgeon.

**Evening Session, 7:30 P. M.**

16. Fred'k. Handlett Albee..... New York  
Oration in Surgery: The Future of the Bone Graft (lantern slides).
17. Chas. Spencer Williamson..... Chicago  
Oration in Medicine: An Experimental Study of Cardiac Overstrain.  
Smoker at Hotel Fontenelle, by the Omaha-Douglas County Medical  
Society.

**Second Day, Friday, 9:30 A. M.**

18. Edward G. Blair..... Kansas City  
The Mutability of Goitre, and Its Bearing on Treatment and Operation.
19. Caryl Potter..... St. Joseph

- Appendicostomy for Persistent Vomiting, and Diverticulostomy Substituted for Appendicostomy and Enterostomy in Exceptional Cases.
20. W. T. Elam.....St. Joseph  
Diverticulitis; Report of an Acute Case; Operation, Recovery.
  21. J. M. Bell.....St. Joseph  
The Relation of Indican to Gastro-Intestinal Malignancy.
  22. H. J. Lenhoff.....Lincoln  
A Point in the Diagnosis of Gastric Disturbances.
  23. C. E. Ruth.....Des Moines  
Minor Surgical Gynecology.
  24. Albert F. Tyler.....Omaha  
Positive Diagnosis in Diseases of the Chest (lantern slides).
  25. F. E. Coulter.....Omaha  
The Present Relation of Syphilis to Nervous Diseases.
  26. Alfred Schalek .....Omaha  
Inherited Syphilis.
  27. Harold Gifford .....Omaha  
Accessory Sinus Diseases in Relation to the Eye.
  28. D. T. Quigley.....Omaha  
The Use of Radium in Benign Conditions; and as an After-Treatment for Malignancy.
  29. L. A. Merriam.....Omaha  
Post-Operative Nervous and Mental Disturbances.

### SOME OBSERVATIONS ON HARVARD MEDICAL COLLEGE

C. W. M. Poynter.

Harvard Medical College possesses several features which are distinctive in character. My acquaintance has not been sufficiently intimate to give me the attitude of a "favorite son," so perhaps I expect too much and forgive too little.

The school began with the establishment of three professorships in medicine, at Cambridge in 1782. The first degree, that of M. B., was granted in 1788. Work was continued at Cambridge till 1810, when it was transferred to Boston. In 1815 the first medical building was built. It did not contain a single provision for laboratory work and was unassociated with hospitals. This building, with some small additions, housed the school till 1883, when it was moved into another providing laboratories and a dispensary.

In 1907 the present group of laboratory buildings were finished; they represent an investment of over two million dollars and constitute the finest medical school plant in the world. The laboratory equipment is commensurate with the buildings and the men in the various departments are representative of the best thought of the country. An ideal equipment is a great responsibility, for it suggests an ideal organization and ideal accomplishments; perhaps it is too early to look for these.

Entrance requirements have been reduced from four college years to two. This seems to me to be an unfortunate step, for while the

country for many years perhaps will not be in a position to adopt such a high standard for all schools, there should be a few in advance of the general average. There will be here and there over the country highly trained men who can and will desire to do work of special excellence. Harvard should offer a place for these men and in that way her influence will be a national one; with her equipment she should choose to serve a special demand from all parts of the country rather than the average needs of New England.

The "block system" is employed throughout the entire four years and is very satisfactory to both students and instructors. Electives are introduced to some extent in the first three years, while the last year is entirely elective, so the student has an opportunity to specialize in that department of medicine he proposes to adopt in his practice. I am told that the privilege is exercised by the average student in selecting a general group that compares favorably in its well balanced proportions with some of the iron clad fourth years that our "best" schools require.

A new feature has recently been introduced that has for its aim the better correlation of work in the student's mind. No examinations are given at the end of the various courses of the first two years, but at the end of the second year the student is required to pass an examination made of subjects the various phases of which he has studied in the different departments. If he should fail he may come up again at the end of another year. Theoretically the idea is a splendid one, but I have doubts as to how it would work—in this climate.

Daily attendance records are not generally kept, but I am under the impression that instead of "cutting" the average student puts in more than the required time. The atmosphere of work so pervades the entire institution that it is difficult to resist unless one is insensible to surroundings or is chronically tired.

The term "failed" corresponds to our term "conditioned," for when a student has failed he need only repeat the final examination and he may try this as often as he has the "price" of the examination fee. This is, of course, in keeping with the unusual latitude allowed in all work and I presume that a "failed" student will often voluntarily return to the laboratory exercises to perfect himself in delinquent subjects.

One of the most important conditions at Harvard is the opportunity for library work. One of the newer features of medical study is the learning how to use medical literature. Few physicians of the country comes directly in contact with the special features of investigation which constitute the advances in medicine, so the only available channel for keeping up with the progress of the science is through medical literature. Large libraries are indispensable to students working on special problems. Harvard has a fair medical library which is strong in some departments, but in addition to this there is available the Boston Medical Library, with almost 800 periodicals; Harvard General Library and Boston City Library, making the largest collection of medical books in America.

Conditions for clinical work hardly represent the same high ideals



in organization as the first two years. The fact that Boston is a large maritime center insures a wealth of variation in the clinical material in the hospitals, and there are many large and splendidly equipped hospitals in the city.

Brigham Hospital, with a foundation of five million dollars, is ideally located on the college campus and near it are the Children's Hospital, an infants' hospital, the Samaritan Hospital and the Free Hospital for Women.

Only a few years ago such a group of hospitals at the door of a medical college would have been considered to represent an ideal condition, but the methods of teaching clinical medicine have grown as rapidly as has the laboratory end and now we recognize that a hospital that really serves a teaching function must be entirely under the control of the school authorities.

It seems to me that Harvard will, through her relation with the Boston hospitals fix her position as a national institution or simply a well equipped local college.

With, I believe, the exception of the Brigham, the school has practically no power of nomination or appointment in the Boston hospitals. This means that in order to secure the benefits of the clinical material in those hospitals men holding the hospital positions must be appointed to her clinical faculty. Hospitals select their staffs from the vicinity of Boston and with no reference to the ability or interest as teachers. Hospital promotion is purely on the basis of seniority so the clinical head may be a man who, while he has grown gray in the service of the hospital, is in no sense fitted to organize his ward for teaching purposes.

The short term of hospital service operates disadvantageously for the school, for particularly the younger clinical men are very likely to find themselves for a large part of the year without sufficient material to illustrate their courses.

It is plain to anyone who will think over the situation that the school is largely dependent for a clinical faculty on the physicians about Boston. When we contrast this with the wide field for selection of a laboratory faculty the inequality is obvious. To insure a school of national influence all hospitals must be directly under the control of the school authorities to be organized most efficiently for teaching purposes and to permit the calling to staff positions the most celebrated clinical teachers in the country.

One other opportunity is offered to Harvard with her best laboratory equipment, best libraries and enormous, if unorganized, hospital facilities and that is providing a true graduate school of medicine. A place where men who have received their degrees may come and perfect themselves in the different branches of medicine, particularly with the idea of filling the clinical teaching positions in the schools of the country. School authorities are coming to recognize that a strong clinical faculty must have more than simply M. D. degrees with some hospital connections.

The following quotation from a speech by Dr. F. M. Mallory shows that some of the men of Harvard are alive to her possibilities:

"Some of needs are, constant service for clinical teachers. Estab-

lished hospital teaching positions in the wards for young clinical men will have charge (under the supervision of visiting men) of the medical students, who will carry on scientific investigations of clinical cases based on the broadest teaching in laboratory methods, and who will study to fit themselves to be clinical teachers of the future. Enable the clinical departments to call the exceptional men from every part of the world and put them in control of the ward patients. Place students, after they have received sufficient preliminary training, in the wards as a part of the hospital machinery so that they may all acquire practical experience under proper supervision before they undertake to practice medicine on their own responsibility."

Since the above was written some of its features have been introduced and we as onlookers wait impatiently to see whether Harvard will fulfill her destiny of a great national medical influence or simply be carried along on the tide of medical progress.

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### LIBRARY

Fifty volumes of bound magazines have just returned from Hirtzberg, which goes to show what a large magazine subscription the university is keeping up. Several of the leading French magazines will be discontinued until the close of the present European war. However, in spite of the vigilance of the English and French cruisers, many current German medical magazines have been received regularly.

Among the most recent books which have been received by the library, we note a nine-volume set of Organic Chemistry—Beilstein—in German. Many new books on the latest developments in medicine are expected in the next few weeks.

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### THE VALUE OF THE MEDICAL COLLEGE LIBRARY TO THE STUDENT\*

Charles Frankenberger, Librarian Jefferson Medical College

A modern medical library, in charge of an experienced librarian, is one of the requirements of the Council on Medical Education of the American Medical Association. To receive recognition as an acceptable medical college, "The college should have a working medical library to include the more modern text and reference books with the 'Index Medicus' and thirty or more leading medical periodicals; the library room should be properly lighted and heated, and easily accessible to students during all or the greater part of the day; it should be equipped with suitable tables and chairs, and have a librarian in charge."

The maintenance of a well-equipped medical library as a part of the medical school or college has a number of advantages. In the first place it is a convenience to the students in that it makes it unnecessary for them to carry about a number of their own text books to which they might wish to refer. The library, however, is not intended to

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\*Extract from a paper read at the seventeenth annual meeting of the Medical Library Association, Atlantic City, June 22, 1914.

take the place of the students providing themselves with such books as they should have for their own use in their homes. Some students are not in a position to supply themselves with all the necessary text books required, and for these the library provides an aid much desired and appreciated. Were it not for the library facilities, these students would be compelled to follow such notes as they could take in the lecture room and clinic. The instruction so acquired would satisfy those students who were simply bent on gaining sufficient knowledge to pass their examinations. They would not, however, have the broader knowledge and culture obtained by the students who supplemented their lectures and clinics by reading the fuller accounts in the various standard text books and systems, as it is not possible for any teacher to cover in detail in the time allotted the many subjects of his particular branch of medicine as fully as it is given in an authoritative text book. It is necessary for the student, while in college, to confine himself to certain text books and instruction of his teachers, but by reading he can become familiar with the opinions and methods of other authorities which it would be well for him to know, not so much for use during his medical course, but as a broader knowledge for use in his future professional career. \* \* \*

If there is only time to look hastily through the current medical periodicals, books and monographs and to become sufficiently familiar with them to know that such a work has been written on that particular subject, it will be valuable knowledge that will prove helpful at some future time. \* \* \*

The great difficulty in endeavoring to encourage the acquiring of this habit by the student is the very limited spare time allowed in our already crowded curriculums.

Would it not be well for our medical colleges to provide somewhere throughout the course in medicine an opportunity for instruction in the use of the various indexes and bibliographical reference works so valuable to the medical writer and investigator? Could not this instruction best be given by the one most familiar with the subject, the librarian in each institution? ---

This instruction would include the explanation of the use of the card catalogue of the local library, the contents, arrangement, mode of using to obtain the information desired in the least space of time and in the most thorough manner, of the various bibliographic indexes such as the "Index Catalogue of the Library of the Surgeon-General's Office," the "Index Medicus," the various year-books, annuals, Jahrbucher and Jahresbericht; where and how to find abstracts, as in the "Current Medical Literature" section of The Journal of the American Medical Association and the International Abstract of Surgery and the various Centralblatter; and information as to how to obtain publications from the Library of the Surgeon-General's Office in towns where there are no medical libraries or where the library does not have the desired books. All this and much more helpful information might be given in such a talk. \* \* \*

When a student has fully realized the value of a library, when he has learned the relative value of the literature of medicine and has

become acquainted with the various methods of bibliographic work and the use of library facilities, he has laid a literary foundation that will be an efficient means in acquiring a better medical education and a broader medical culture.

### THE HISTORY OF MEDICINE

The old saying, "There is nothing new under the sun," is of interest when we review the history of medicine.

As a rule we refer to Hippocrates, 460 B. C., as the "Father of Medicine," yet the Egyptians consider Thoth and the Greeks Hermes originators of medicine one thousand years before Hippocrates. As early as 1700 B. C. pharmacy was practiced in Egypt and Moses laid down the laws of public hygiene, while in 4000 B. C. the old Bagylon Tablets show words for the heart, liver, lungs, kidneys and other organs.

The operation for appendicitis was first performed in this country in St. Luke's hospital, in Denver, Colo., January, 1885, yet in 300 B. C. Sussita, an Indian army surgeon, wrote concerning a laparotomy and Praxagoras a little later did a laparotomy for intestinal trouble. The physician of today follows out a law of Celsus, who in 100 A. D. said, "Never take the pulse of a patient immediately on coming into the room, but wait until the momentary excitement subsides."

Hippocrates, nearly 2400 years ago, gave honey and vinegar for colds, burnt alum for ulcers, gall to stop hemorrhage; he gave emetics and purges, applied dry heat by means of bran, gave hot and cold douches as well as injections of hot water for colic, and baths and a decoction of barley in fevers.

The Babylonian in 4000 B. C. made as careful an examination of the urine as was in those days possible; even the earliest records known of Hindu medicine show that they also examined the urine, this examination being regarded as of great importance as an indicator of disease. Hippocrates tapped the abdomen and gave diuretics in the form of broom straws. Celsus laid special stress on diet, regular habits, advised baths and sweating and increased number of diuretics. Erasistratus, grandson of Aristotle, in the fourth century before Christ, advanced the medical view of disease and invented the catheter. Ammonius about this time invented an instrument for crushing stones in the bladder. (In use today.)

William Solisto about the beginning of the fifteenth century described a disease which he called "hardness of the kidney" and gave as symptoms heaviness and decrease in the amount of urine, pain in back and dropsy.

Four centuries then passed before the next step, when Richard Bright described more fully the disease that bears his name.

We learn that excessive beer drinkers usually have enlarged livers, while the old man who has his "toddy" regularly will have an atrophied liver before many years. Perhaps by mixing the drinks the thoughtful "boozer" can keep his liver in prime condtion.



**DISPENSARY****Do You Know—**

That our Dispensary staff consists of twenty-five different physicians of this city?

That there are seven departments besides the drug room, with one of the staff in charge for two hours each day, six days in the week?

That the total number of hours given to this service by these men amounts to fourteen hours each day?

That these men are assisted by twenty-five students, whose time amounts to fifty hours each day?

That the outcall department employs two or three students from two to four hours each day?

That two nurses spend their full time there?

**Report for February**

|   |     |
|---|-----|
| Total number of patients.....               | 941 |
| Number sent to hospitals.....               | 10  |
| Out calls .....                             | 83  |
| Patients cared for at U. P. Dispensary..... | 51  |

A Blomreich model of the female pelvis ordered from Germany last July has just arrived at the Dispensary. This is one of the most ingenious mechanisms ever devised for the teaching of gynecology and obstetrics. Blomreich is one of the best authorities on these subjects and as a teacher ranks very high. His clinics and demonstrations on the use of this apparatus are popular in Europe. This makes a very valuable addition to this department at the Dispensary.

A few Sophomores have already been assigned to the Dispensary. Of course this early in the game not very much will be expected of us. Let the slogan be: "Watch, wait and listen!" If we merely stand around, we will absorb enough to more than make it worth while. For those who have not been so fortunate as to have been assigned there before, we advise that "every dog has his day." Next month when the weather is ideal for tennis it will be your task to be present at the Dispensary from 4 to 6 o'clock.

**DELUSION, ILLUSION OR HALLUCINATION?**

Ol' Bill suffered from too much drink and sometimes had the delirium tremens. He had been in a hospital a week. One day the nurse left him about fifteen minutes, and when she returned Ol' Bill was on the floor unconscious. His face looked like it had been struck by a meat axe.

After the nurse had revived him, she asked him for an explanation. "Well, 'll tell you how it was," Ol' Bill said. "Y'see, just after you went out of here ten soldiers, six inches high, came in to the room and marched around four times. Then they marched up on the bed and the general saluted. "Corporal Bill," says he, 'fall in.' Well I fell in and we marched around the room four times. 'Double quick,' says the general, and we double quicked. 'Charge!' yells the gen. Just then they all went out the keyhole and I tried to follow. That's all."



be encouraged and helped. The medical school demands a lot of unreasonable things which are unnecessary for the prescription of calomel and salts. Just because a man cannot keep the pace in the medical college, or has not time to spend upon such unessentials as the principles of medicine, is no proof that he will not be able to practice medicine. Do not the osteopaths and chiropractors succeed without any such knowledge? The only reason for the added requirements of an A-plus college is to obtain a technical distinction from other colleges, and it is really foolishness for this class of men to be forced to spend six years when one or two would be sufficient for them

The second type of cheaters are those who do not have to depend upon this, but, since nearly everybody else does it, it seems a natural thing to join the gang. In fact, as a matter of self-protection, it sometimes seems necessary. This old story of there being such things as pride and honor is all a fairy story of childhood anyway. There isn't such a thing, in spite of the insertion of such phrases into the license to practice.

The third type of crooks are those who were born that way. They think that it is a mark of cleverness to slip something over on the instructor or the rest of the class, and they are so busy patting themselves on the back that they do not realize they are playing a solo, that the vote lacks one of being unanimous against their possessing any real worth in this world. Any fool can be crooked when he is in a place where close association makes it necessary to trust him, and where politeness and charity protect him when he is caught. It is the cheapest kind of crooked work under those circumstances, and there is many a real crook would be insulted to be accused of such work. But there saprophytes exist occasionally and sometimes become so numerous that they discourage any hard endeavor on the part of anybody who really desires to earn what he gets. J. J. K.

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In a medical college the aim should be to encourage sanitation. One of the first great prophylactic principles is care in the use of towels. How under the existing conditions can this be carried out, with to our knowledge, but one accessible towel in the building? It seems as though a few cents of our high fees could well be spent in the purchase and keeping of sanitary towels. How can we impress others with the importance of sanitation when we ourselves are working under such disadvantages?

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The Journal A. M. A., March 20, 1915, contains an article on "The Classification of Medical Schools," which will be of interest to every one interested in this school. This article should be read in the light of the Discussion found in the same issue, but found under the head, "Society Proceedings."

In the first place, we believe that the Council on Medical Education, which is censured for the present rating of colleges, is in a far better position to judge the equipment and the actual work of the medical schools of the country than is Mr. Pritchett. Mr. Pritchett, in-

deed, stands high in the educational circles of the country, but you will first notice that he is not a medical man.

Again, we believe he has not taken care to inform himself on the subject as much as he might. He apparently has drawn his information for comparison from the older reports of the Council on Medical Education. This is evidenced by the fact that he refers to us as the "College of Medicine at Omaha." He has not kept in touch with the progress of our school, in fact as near as we can find out he has not been near us for eight years.

Finally, those familiar with Mr. Pritchett's relations (as president of the Carnegie Foundation about ten years ago) will recall that they were not entirely pleasant, and so we can not help think that there might be a tinge of personal feeling in the portion of the article where he singles out our school.

After all it does not detract from the progress that we have made nor hinder us from going higher.

### TENNIS

Ye athletic editor scratches his head in vain! But to fill some space he must manufacture some "dope" on athletics. Since there are only about two feet of mud on the courts at the present time, we need not go to the bottom of that trunk and get out rackets from their "hibernacle" for some time. However, it will not be so very long before Keegan will be taking one "buck" for a little ticket which says that So-and-So will be entitled to play on the courts, etc., etc.

Another rousing big tournament will be held during May, when Cassidy, Obie Meyer, Bill Wildhaber and others will have an opportunity of showing whether Thompson is still entitled to the school championship. Perhaps some matches with the university at Lincoln and other teams can be secured. Though we go to college to seek some knowledge, yet a few minutes each day spent on the courts will do wonders in keeping up one's "tone." So when the time comes, get in the game! If you don't know how, learn! Red Martin last year had the record of knocking a tennis ball the farthest. That was only to Farnam street. So cheer up, there is hope for you.

### WELCOME SPRINGTIME

Spring, the long wished for animal visitor, is now here and "pep" spirit is on deck. It is now time for us to think about tennis and other sports.

Baseball enthusiasts have never been active until this year. There is splendid material here and the desire of all is to organize baseball. During your vacation, gather up your baseball material and bring it out to school so that after the holidays we can start in real active work.

### PULLMANICALLY SPEAKING

Virginia: "We have a birth at our house; twins!"

Dare: "That's not a berth; that's a section."—Awagawan.

In Germany there were five doctors to every 10,000 of population in 1910. Russia had only one doctor to every 75,000 people in 1910.



# CLASS NOTES

## SENIOR NOTES

A. C. Barry, Editor

Mason has recently described a rare disease and she adds an additional symptom by finding that 1690 of the white cells are missing.

Meyer describes a new condition of the lung known as "yellow heptization with abscess."

Johnson, in his haste to call Dr. Bridges, asks for the telephone number. It is volunteered by a classmate and he finds himself inquiring at the police station for this gentleman.

Johnson boasts that his upper lip shows the most growth in the shortest time, but we should remember that he has kept his field well fertilized all winter.

Dr. Owen (to his assistant): "Miss Mason, you are a good sponger."

(Loud applause.) We agree.

If, in your discussion, the word you want fails to come to mind, just look at Abe; he'll say it for you.

Kerr has devised a new ether bath to take the place of the old drop method of anesthesia.

If you will observe Meyer closely you can see that the upper lip is unshaved, and as he smiles the several pairs of cilia separate like the bellow of an accordion.

## JUNIOR NOTES

E. C. Sage, Editor

### **Wit Around the Square Table at the Child Saving Institute—**

Riley: "Why don't you get your hair cut, Hanish? That's why you don't know anything—your strength all goes up into the fuzz."

Andrews: "Don't let him chide you like that. If I were as big as you are I'd poke him in the slats."

Hanish: "Well, Kirk has nothing to crow over; all his vitality lies in his feet."

Riley: "That's right, old hound; you know, too, from personal experience, for many is the kick that you have had from me."

During clinic Park gets a hurry call on the telephone. Dr. Bliss remarks that he had better go immediately, since t is liable to be either his wife or an O. B. case.

Fuller remarks: "Well, doctor, isn't there a possibility of it being both?"

There was a slight shortage of Juniors last Saturday when Dr. Davis struck off a trial balance at clinic.

Reward for any one who ever heard Bill Aten make a positive statement that he couldn't crawl out of.

St. Patrick might have cussed all the snakes out of Irel and, but his line never could have compared to Riley's in trying to put in a Murphy button with the (able?) assistance of German Niehaus.

Juniors, Attention! Beer Day! Brewery Day! Booze Day! What Day?

Since Dr. Moon has resigned as house physician at the Douglas County Hospital, Ryder of Creighton College has succeeded, and one of our class, Fritz Niehaus, has been made a student interne.

Here is one of Dr. Hull's good ones: "Once I saw a boy fall off an eight-story building. He dropped into the telephone wires, broke through these and alighted on a horse's head. He then fell to the ground, and when picked up had both arms and legs broken. He was put to bed and left for three days before his fractures were reduced. As a result, the boy made a good recovery—but the horse died.

An erysipelas patient at the Emergency Hospital remarked that he was well enough to leave right away if he could find his clothes that the management had hidden, whereupon the Crone consoled him, saying this was no time to migrate, as Spring had not come as yet.

Aten confirmed with the reply: "No, my man; it isn't time to spring up out of bed yet."

We hope the class will take to heart the advice of Dr Manning, that is "That as a class you are not to travel on your former reputation. Of late you are getting too cocky. You have lost the proper perspective. Your noses are too high in the air. Get down and grovel in the sand a little longer, etc."

However, we don't want him to treat us with the Brand Bath when we have typhoid.

We leave you with these nuts to crack: What causes the pain in ectopic pregnancy, and what in a ruptured intestine? Why does it cause so much pain when you cut through the parietal peritoneum, or put the mesentery on tension, and not cause pain when you handle the visceral peritoneum?

We offer a reward for the most satisfactory answer to these questions. Apply to Leonard.

### SOPHOMORE NOTES

L. Riggert, Editor

"Red" Martin demonstrated his absent mindedness by putting his bacterial cultures in his locker instead of in the incubator. Above all, he wondered why no growth was apparent, "and that seconded the motion."

J. A. Johnson maintains that the stomach is a good mixer.

Losey is making his usual Lincoln trip this week-end.

Would you call it absent-mindedness when "Doc" Talcot hangs his pajamas on the corner of a rug?

"The Governor" (Montgomery) expects to get vocal fremitus through space rather than through a solid medium. (Another discovery.)

Wildhaber in class recitation always speaks of "ladies" and never "women." That's the height of chivalry.

Telephone rings. (Time: Evening, March 13th). Way: "Hello."

Sweet female voice: "Is Raymond (Sherwood) there?"

Way: "Why, no; won't I do?"

She: "Maybe. I wanted some one to take care of the baby tonight while I went to the show.

Latest discovery in the Sophomore research: A brilliant Sophomore has announced that the passing of a stomach tube would relieve gas in the large bowels in case of typhoid fever. (Owing to the discoverer's modesty, we withhold his name.)

Temperature, pulse and respiration make the world go round, but Brix's aeroplane goes round the world.

"Kentucky" Lake has been sick at the Methodist Hospital for two weeks, owing to nervous trouble.

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### FRESHMEN NOTES

R. P. Westover, Editor

Vierig: "What does a dog eat a bone for?"

Dr. Cutter: "A dog will digest a certain amount of the calcium phosphate in the bone. So will you."

Dr. Cutter: "Whate heap metal is there besides tin that acid will not attack?"

Silence.

"Well, why do we use lead pipes to carry acid away from the sinks?"

Brewer: "Because they are cheap."

Dr. Cutter: "What effect does sodium sulphate have upon a protein solution (looking around the class), Gifford?"

Gifford: "zz—z—zzz—zzz (waking up) an electrolyte."

Dr. Cutter: "Oh, excuse me, Mr. Gifford."

See the latest light opera, "The Interrupted Nap," produced by Gifford and Beede; matinees Monday, Wednesday and Friday, chemistry lecture.

We understand that Weyer, ably assisted by Steinberg and King-

cry, is giving a series of temperance lectures. The first one was delivered on March 17, in chemistry laboratory and was received very enthusiastically by all present.

Since when did Gifford take to carrying mashed potatoes in his pocket?

### **Anatomy Department**

Freshmen class in surface anatomy Friday evening at 8:30, Gayety, first three rows.

Beede, Gifford, Westover and Weigand struck oil in anatomy laboratory last week.

Beede is losing his reputation of being the most profane man in class. Proof: In anatomy lab the other day he cut his finger and the radial nerve in the presence of Mrs. Brandt and Miss Perry and did not say a word.

We understand that R. E. Johnson is soliciting for the installation of a chemical fire extinguisher in the anatomy lab.

Hough is coming along nicely in his second semester embryology work.

We are sorry to say that R. B. Eusden has been absent from the anatomy laboratory for the last two weeks on account of sickness.

## FRATERNITY NOTES

### NU SIGMA NU FRATERNITY NOTES

Dr. and Mrs. Bannister were guests at the fraternity house the evening of March 11.

On March 13 a general "get-together" was held at the chapter house. Refreshments were served.

A dance was given at the house March 20th in honor of St. Patrick. The decorations and programs were in keeping with the occasion.

A cribbage tournament was recently organized among the members of the fraternity. Sixteen contestants so far have qualified.

### A JUNIOR CLASS SONG

(Tune: "At the Cross")

Therapeutics! Therapeutics!  
 Where I first flunked a course,  
 Where the Drugs and Doses got my whey;  
 It was there under Pileher I got my only flunk,  
 And now I am cussing all the day.



## COMPLICATIONS AND SEQUELAE

### EXTRACTS FROM SUNDAY COMIC SECTION REACH THE CLASS ROOM

Snookums, the much adored, precocious lad of colored supplement fame; the child who has taught innumerable fond parents, or parents about to be, that it is better not to be, has been outraged! He has been called "the impossible child." A professor on the clinical faculty of the U. of N. C. of M. is responsible for this statement. Dr. Peterson, M. A., "F. W.," declares him to be one of the greatest anomalies, either congenital or acquired, ever recorded in print.

He declares it to be absurd for a child to have a single upper incisor at Snookum's stage of development. He further substantiates his statements by defying any one to find record of such an anomaly in Tyson's Practice of Medicine.

---

Dr. Lemere (after seeking in vain for a correct answer): "Cannot anybody furnish an answer?"

Student (brilliant recitation, with pauses for promptings from neighbors).

Dr. Lemere: "Ah! there we have it in a nutshell."

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Several of the boys have unwillingly and unwittingly made donations to the "unfortunates" of Omaha this winter. At the Wise Hospital some time ago "Fritz" Niehaus lost everything he left in the waiting room, i. e., overcoat, hat, muffler, gloves and cash, while visiting his brother in one of the wards.

Monday, March 1, O. D. Johnson lost his overcoat at the same place while attending a clinic there. There seems to be nothing to be done but take warning and let others profit by these boys' experience. It is a very severe loss to any student and the amount involved is almost sufficient in either case to constitute a grand larceny.

---

Dr. Owen apparently has a very vivid recollection of how a hen coop smells. He says he used to gather the eggs. We would also take it from his lecture that that odor was the richest one in his experience.

---

Some of the hospitals have figured out a fine plan for getting the brass rods of the "roosts" polished. The bon ami is applied before the clinic hour and at the end of four hours shifting by students for a comfortable position on those rods, they are highly polished. This also accounts for the horizontal white streaks sometimes observed upon the polishing cloths.

---

We have lost some of our former respect for that great American ill—appendicitis. Dr. Hollister described pus appendix as "nothing but a boil in the belly."

Dr. Schultz: "There is no excuse for any one in this class not being able to tell the difference between a plasma cell and a young proliferating connective tissue nucleus. They are about as much alike as Billy Sunday resembles Robinson Crusoe's Friday."

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#### A FEW LITTLE THINGS ABOUT OUR COLLEGE

"Doc" Dorsey.  
 Mrs. Quinlan.  
 Junior Crabbing Sessions.  
 Webb's watch chain.  
 Freshman grades.  
 The "dose" question.  
 Kingery's laugh.  
 Hollenbeck's inquisitiveness.  
 Poynter's anlage.

---

Geraldine was a moaning patient and her twin brother, as physician-in-chief, was dosing her, to their supreme delight, when their mother chanced to observe them. Being a Christian Scientist, she told them they must not "play sick"—they must play pleasant games.

A few days later Geraldine ran to her mother, shocked and horrified, exclaiming: "Mother, Gerald said an awful bad word!"

The mother turned toward the boy, who had sulkily followed his sister, and who now sturdily declared:

"I didn't."

"Yes he did, too," protested the girl, dropping her voice to a sepulchral whisper. "He said, 'Doctor!'"

---

Louis Sanmann, '16, now of Columbia College of Physicians and Surgeons, was recently "held up" by a real New York gun man. "Louie" says he "looked into a revolver of Nth power caliber." and decided to part with valuables as per request.

"Morrison," he says, "had the chicken pox last week and 'Red' Munger had his appendix removed recently." He also states that the war has shut off the maintenance funds of some of the large laboratories in New York.

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The St. Louis Medical Review wickedly perpetrates the subsequent: "What is the difference between a cow and a baby? One drinks water and makes milk; the other—doesn't."

---

It isn't the size of the frog that counts so much as the splash it makes.

---

Good class notes certainly are valuable in medical courses. If you do not have them you may be in doubt as to which of the half dozen different answers you have received from different men, applies to the particular individual who is giving the examination. And if you guess wrong your answer is absolutely wrong. And yet there are those who say medicine is not an exact science.

**KNOWLEDGE VERSUS MANNERS.**

"There is no substitute for knowledge. There is no imitation knowledge. Knowledge is either the real thing or it is not knowledge. I should like to see this proposition impressed upon every student early in his career. Commencement addresses are prone to exalt the manners of the physician. Cultivate an elegant, hopeful and gracious sick-room manner! It will do more than all your medical knowledge, they say. Maybe it will; but if that is the case, the patient does not need a doctor.

"I have heard this so often and seen so much of the pernicious effects of this teaching that I am convinced that a voice should be raised in defense of sick-room knowledge against sick-room manners. There are two things that a physician should take with him to the sick-room: the spirit of the scientist and the spirit of the gentleman—relatively important in the order named. The art of medicine is a combination of these two."—Medical Sociology. J. P. Warbasse.

**"SAFETY FIRST"**

A man who is never seriously sick was finally persuaded by anxious friends to apply to the physician for a prescription. He looked at the abbreviated Latin and the signs which indicated quantity, and said:

"I suppose you got this out of a book?"

"Yes, originally."

"A man had to trust his memory to copy it out of another book?"  
Certainly."

"And a compositor set it up?"

"Yes."

"And a proof-reader took a turn at it?"

"Naturally."

"And now you are depending on your recollection to get it correct?"

"But, my dear sir—"

"I know that you are not a man to take chances. But I'm too timid to trust my physical safety to anything that seems so much like hearsay evidence."

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