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# *The Pulse*

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

Vol. IX

MAY 29, 1915

No. 9

## The Oath of Hippocrates



THY Eternal Providence has appointed me to watch over the life and health of Thy creatures. May the love for my art actuate me at all times; may neither avarice, nor miserliness, nor the thirst for glory or for a great reputation engage my mind; for the enemies of Truth and Philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children.

☩ May I never see in the patient anything else but a fellow-creature in pain. ☩ ☩ ☩

☩ Grant me strength, time, and opportunity always to correct what I have acquired, always to extend its domain; for knowledge is immense and the spirit of man can extend infinitely to enrich itself daily with new requirements. Today he can discover his errors of yesterday, and tomorrow he may obtain new light on what he thinks himself sure of today. ☩ ☩ ☩

☩ O God, Thou hast appointed me to watch over the life and death of Thy creatures; here I am, ready for my vocation. ☩ ☩ ☩



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For further information address The Dean

**University of Nebraska, College of Medicine**

42nd and Dewey Avenue

OMAHA, NEBRASKA



# The Pulse



Vol. IX.

Omaha, Neb., May 29, 1915

No. 9

## A BRIEF REVIEW OF THE SCHOOL YEAR 1914-15 IN THE COLLEGE OF MEDICINE

The school year now closing has brought many good things to the College of Medicine. First and foremost is probably the University Hospital with its medical and surgical teaching possibilities and its general unifying influence on all clinical teaching. Second, the granting of the Chapter of Alpha Omega Alpha, the medical honor fraternity.

Nebraska Alpha of Alpha Omega Alpha is the seventeenth Chapter granted to an American Medical College. To this honor one-sixth of the graduating class is eligible. Elections for the school year 1915-16 will occur at the mid-year.

The past year has seen many improvements in the arrangement of the courses of study and the concentration in the senior year of clinical teaching. In accordance with the new budget, an additional full time instructor will be provided in anatomy and one in biological chemistry. The year following it is hoped that an additional full time instructor will be available for at least one other department.

The University Hospital will contain at least one hundred beds and will provide accommodations for from six to eight internes. With the opening of the new Hospital it is hoped that following the plan in Pennsylvania and other state institutions, the Free Dispensary now down town may be moved to the hospital out-patient quarters, thus concentrating the hospital and out-patient departments in one unit. Plans for the hospital are going rapidly forward and work will undoubtedly begin during the month of July.

The College of Medicine confidently expects to make its influence felt more and more among the Alumni of the Institution. We all realize that we are now in the beginning of what is ultimately destined to become one of the strongest medical institutions of the middle west. To have one's name on the Alumni list means much from the standpoint of the students' future and from the standpoint of close cooperation between the Alumnus and the institution.

The Faculty notes the graduation of the present senior class with much confidence; confidence in their ability to meet the exacting requirements of practitioners and their ability to uphold high medical ideals and standards. Their success in the future will be watched with great interest and at every opportunity the school will feel its duty to lend its aid. It is not that the class have been graduated and all connection with the school severed, but rather that as Alumni they have been bound by stronger ties of personal and professional loyalty to the institution. The state of Nebraska is certainly doing its part to prepare well educated and competent medical practitioner.

I. S. C.





UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE

**MYASTHENIA GRAVIS**

Case report by O. D. Johnson and J. J. Keegan under the service of Dean W. O. Bridges at the Methodist Hospital.

(Owing to the rarity of this disease and the very prominent and characteristic symptoms present, it was deemed to possibly be of interest and worthy of record.)

**CASE.**

**Mr. B.**, aged 38, railroad clerk, Omaha, Nebraska. Single.

**Family History:** This is entirely negative as regards the present trouble or any constitutional diseases or hereditary defects. Two brothers and three sisters living and well. Father and mother living and well.

**Previous Illness:** He had the usual childhood diseases and no later illness except recurrent attacks of the present trouble. Venereal history denied.

**Present Illness:** Began at the age of 15 years. The first symptom noticed was a ptosis of the right eyelid, called to attention by a friend. It occurred on the day following a wrestling bout. A week later the left eye was similarly affected. An operation was performed for this trouble with a symptomatic cure. A slight muscular weakness was noticed at this same time.

One year later he suffered a marked attack of general muscular weakness. This was first noticed as a rapid fatigue in carrying objects, necessitating a short rest to continue. In the morning no fatigue would be noticed but the tendency would gradually increase towards evening. This attack lasted two weeks with a gradual recovery to apparently normal. A third and very similar attack occurred six months later.

The fourth attack came about a year later and was very severe. The weakness was so great that he was confined to bed for a month. He had to be carried from his bed to a chair, could not feed himself, although there was not complete paralysis at any time, could not masticate any food and had considerable difficulty in swallowing. There was no ill feeling, no disturbance of sensations, the appetite was good and digestion good, except a greater tendency to constipation, and no difficulty in respiration. His mind was perfectly clear at all times, much of his time being spent in reading. A gradual and apparently complete recovery followed. Since this severe attack he has had eight recurrences at various times and of various severity, being entirely well for several years at one time.

The present attack began about three weeks preceding his entrance into the hospital and has been of very mild type. The occasion for coming to the hospital was not the muscular weakness, but an ulcer of the cornea. This ulcer was due to a very marked exophthalmos and consequent exposure of the cornea. The exophthalmos developed quite rapidly last September without apparent cause.

**Physical Examination:** He claims to have lost 15 pounds weight in the last two years, but appeared to be in fair physical condition. The muscles were normal in size but very soft and flabby. The initial

muscular strength, as in gripping, was considerable, but rapidly weakened. The patellar tendon reflex was normal, also all other deep tendon reflexes. However, continued tapping over the patellar tendon produced a condition of fatigue and gradual lessening of the response until a stage was reached in which there was no response. After a rest of several minutes the reflex was obtained again. This is known as the myasthenic reaction and is characteristic. The Romberg was negative, the pupillary reflexes normal, the ocular muscles almost completely paralyzed, permitting no motion of the eyeball. Due to the exophthalmos and the fixation of the upper lid the palpebral fissure could not be closed. There were no sensory disturbances, either special or general, and no tremor.

General systemic examination showed practically no pathology other than that mentioned above. The heart was normal in size, position and sounds. The pulse was 89 and of good quality. It could be obtained very easily at almost any point, due to atonic condition of the muscles. The arteries were not sclerosed. The lungs and abdominal viscera showed no abnormalities. There was considerable resistance in the abdominal walls.

**Laboratory Findings:** Urine normal both chemically and microscopically. Blood picture, Hb. 80%, R. B. C. 4,800,000, W. B. C. 7,800, differential normal. Wasserman negative.

**Diagnosis:** Myasthenia Gravis based upon the following points: (1) Myasthenic reaction, (2) Absence of muscular atrophy, (3) Gradual onset and recurrent attacks, (4) Special difficulty in mastication and deglutition, (5) Absence of sensory or any systemic disturbance, (6) Associated exophthalmos.

**Pathology:** No lesion of the nervous system has been discovered. It is supposed to be merely a muscular affection, perhaps of the end-plates of the nerves also. A round-cell infiltration has been noted in small areas throughout the muscles. A large number of associated lesions have been recorded of which the exophthalmos is the most prominent in this case. The relation of these to the disease is merely conjectory. Tumor of the thymus gland is most frequently mentioned.

**Etiology:** Many theories have been advanced but practically nothing is known of the etiology. Several have attempted to associate it with an abnormal secretion of the thymus.

**Treatment:** Very little can be done since both the etiology and pathology are unknown. Absolute rest and a highly nutritious semi-solid food are indicated. The use of the stomach tube to prevent the fatigue of swallowing has met with disastrous results in some cases, causing respiratory paralysis from the efforts in gagging. Electrical stimulation is contraindicated on account of the fatigue it produces. The same is true of massage. Narcotics are contraindicated. Strychnine has helped none. Glandular extracts have been tried with no benefit.

**Prognosis:** The disease has been fatal in the majority of diagnosed cases. Osler reports 72 deaths in 114 cases, usually within the first few attacks. The long duration in this case perhaps makes the

prognosis more favorable. Death is usually due to paralysis of the respiratory muscles or to pneumonia.

### PAST MEMORIES

Act One.

Time, 1914.

Place, U. of N., C. of M.

Scene 1.

Main Office at College Building.

Curtain.

(Room full of Juniors and Seniors.)

Midge enters from right—"Dr. Cutter does not want any more smoking in the halls and expectoration is not going to be tolerated another day. The Juniors **will not** take their examinations until next week as posted on the bulletin board."

Students (in chorus)—"Ah, Haw."

Clerk takes up phone and calls number. Gets no response from party. In desperation rings again. "Hello. Is Dr. Hollister going to meet his class today? Oh, yes, very well, this is the vice-president calling and the students are waiting for him. Thank you."

Exit classes as Dr. Hollister and Dr. Somers pass through hall to class rooms.

Scene shifted to class room.

Dr. Hollister: "Well, you don't want to read the text too carefully, but get the idea of the matter and then it is very simple and requires no effort at all."

Kerr: "Doctor whata is youra opinion of the etiology of acute infectious internal hemorrhagic pachymeningitis."

Class sniffing somewhat.

Kerr (looking around room very blackly): "Doctor, I have nothing more to say."

Dr. Hollister: "Keegan, what is the treatment of ———."

Keegan: "I have not read the assignment today."

Dr. Hollister: "You don't have to read it, your knowledge of anatomy should easily answer it." (No reply.) Exit Dr. Hollister.

Enter Dr. Christie: "Mr. Meyer, What is stomatitis?"

Obie (recovering from a nap): "Catarrhal inflammation of the stomach."

Dr. Christie: "Is Keegan here? I thought he might be out again playing tennis this afternoon." Exit Dr. Christie.

Enter Dr. Hamilton: "Greenbaum, what causes cholera morbis?"

Abe: "The eating of green apples before they are ripe."

Students about room bring forth applause.

Dr. Hamilton: "Miss Mason. What would you give for the respiratory symptoms in this case?"

Miss Mason: "I believe that male fern would be all right, it acts as a respiratory stimulant." Applause from colleagues.

Exit Dr. Hamilton and enter Dr. F. W. Peterson looking about the room as if he were in the right church.

Dr. Peterson: "Has anyone seen my Tyson?"



Class in chorus: "Possibly the Sophomores have it down stairs."

Exits right center to return in a moment without success.

Viewing class with digits to mouth spies Barry's Osler.

Dr. Peterson: "Mr. Johnson, how long are these round worms?"

Johnson: "Twenty to twenty-four inches."

Dr. Peterson: "Well, I hardly think that length, but Osler does not seem to have the measurements."

Mr. Johnson: "Doctor, I have seen 'um that long."

Case ends and next question goes to Abe who gets a ten before reciting.

Class is then sampled with Abbott Alkaloidal specifics for stomach ailments, after which board is erased and Doctor exits right center.

Curtain.

### Scene 3.

Class arranged about lecture room on main floor viewing Harriet's new waist and cerise skirt. Barry and Keegan fussing her, with the later being shown the most attention.

Enter Dr. Hull with afternoon edition of Daily News.

Dr. Hull: "This practice of medicine is great stuff when you have two or three malpractice suits staring you in the face. Oh, don't smile, you'll all get them some day if you have good fortune."

Dr. Hull: "Mr. Kerr, what class of deformities of the foot do we have?"

Kerr: "Weal we have Tenio Equinovarus and valgus."

Dr. Hull then offers prize for student who can tell the difference between a varicose aneurism and an aneurismal varix. Keegan recites but Doctor still keeps prize for another year.

3:25—Pretty warm and lecture finished, Doctor suggests that we conclude for the day. Agreed for adjournment.

Curtain.

## ACT TWO.

### Scene 1.

Time, one year later. Place, Clarkson Hospital.

Curtain 8 A. M.

Eight members of class arranged about window reviewing Dr. Crummer's Ozark Swine Herd in the distance.

Enter Drs. Crummer and Anderson with black bag and two history boards.

Dr. Crummer: "Dr. Burns, run 'em along." "Well kids, this case came under my observation a number of years past and it is a typical case of P. A. with a syphilitic tendency. It has cleared up under our special treatment, which you know is the iodides and 606." Pauses to light a Melachrino.

Enter Kerr without collar, but with a lavender muffler neatly swung about his neck.

Dr. J. E. Summer's gentle voice heard in distance: "My dear woman, I am not hurting you."

Enter Dr. Burns with patient in wheel chair.

Dr. Crummer: "This case came to us two hours ago very cyanotic, heart markedly enlarged from a frank decompensation, but

with rest, according to my old friends and colleagues in dear old Vienna, and grains  $1\frac{1}{2}$  of this year's growth of powdered leaves of digitalis along with 1-100 gr. of strophanthin has put her in this condition."

Enter Alex Young all out of breath, having just finished attending to his practice during the early morning hours. (Twins.)

Dr. Crummer mentions the Swine tale once more.

Moser getting restless about noises in the hall and feminine voices leaves the class.

A second later: "Oh, Mose you ———."

Dr. Crummer: "Well kids, run along to surgery."

Exit Dr. Crummer and enter Dr. Findley.

Dr. Findley: "Johnson will you assist me today, I have a hard task before me this morning."

Exit Johnson to scrubbing room.

Scene shifted to operating room.

Operation in progress with Johnson doing most of cutting and tying of sutures (?) Nurse Duncan cutting an occasional suture (?)

Johnson: "I am afraid that I am through, Doctor." Takes gown and dirty gloves to sink and deposits same.

Class and Doctor give assistant due credit for work.

Head Operating Nurse: "Who was it that wrote all over our dirty walls a few minutes ago?" No response, but Greenburg most likely offender.

Exit class from room.

Curtain.

Scene 2.

Place, Methodist Hospital. Operating Room.

Enter Dr. Jonas, Dr. Harms, Miss Ware, patient and bevy of nurses.

Dr. Jonas (Looking up at seats in amphitheatre to see three students present at 8 A. M.): "This first case will be a typical appendectomy."

Dr. Harms (Grabbing for sponges and retractor): "Yes, Doctor."

Operation in progress; enter Johnson, Meyer and Young.

Miss Dueker and Miss Ware continually keeping a watch on class for fear of uprisings.

Operation completed. Dr. Harms paints wound with iodine and is allowed to cut retaining sutures. Exit patient and attendants.

Dr. Jonas (Hands placed upon chest with digits in motion): "Who took the history of the case of Mr. Larson?"

No reply forthcoming.

"Well, we will have to see to it that these histories are taken and handed in as they constitute a certain part of the 75% that I give for my final grade in this course."

Enter Dr. Aikin: "Yes Jonas, this man is far below par."

Dr. Jonas: "Aikin, what is the difference between primary dementia and dementia praecox?"

Aikin: "Jonas, you know that the old primary dementia and the

new dementia praecox are the same identical thing."

Barry: "I have Neurasthenia."

10 O'clock. Enter Dr. W. O. Bridges with armful of charts.

Dr. Bridges: "Mr. Greenberg, will you kindly take this history?"

Abe: "This man has the abdominal type of breathing and t. b. of the knee."

Class amused but rapidly regains posture as the Doctor looks on list for next to take the floor.

In the meantime Miss Mason is running errands for the Doctor.

Enter gastric ulcer patient. Attempt made by Abe to pass stomach tube.

Sippy and Vichy eulogized.

Dr. Bridges: "This man has made marked improvement since coming to us and he will be all right in a few weeks so that he can go home and lead a very comfortable life. Now let us go over to the ward as there are a few cases I wish you to see."

Scene shifted to ward.

As class wanders down room they review Dr. Gifford's army in full attire of hot fomentations and the salicylates a grain to the pound of body weight, with an occasional tie of mercury here and there.

Dinner bell sounds.

Curtain.

### ACT THREE.

Time, the same.

Scene 1.

Room 208.

Class arranged on back row with Bess, Harriet and Keegan in the foreground, Johnson sleeping.

Enter Dr. Somers: "Johnson, where is that grip? I don't want to have to ask for it again. I've a notion to excuse you now to get it, if you are so very busy. Oh, I have the right to take you from any of your work by permission of the office and the clerk."

Stamps foot on floor and proceeds with lecture.

Some discussion as to whether quinine will do the work.

Dr. Somers: "Well, it done it that time and probably will do it again, Ah Ha, Ah Ha."

Many notebooks brought forth at statement.

Exit Dr. Somers.

Class quietly waiting for Dr. Milroy.

Sergeant-at-Arms locks door into hall.

Pitapat sounds heard approaching door from office. No entrance.

Returns to office for keys.

Exit Seniors via route of fire escape.

Enter Margaret. No one at home but the knife and fork and they are spooning.

Curtain.

Wise Hospital.

Mason, Johnson, and Barry arrive. Also Dr. Stokes.

"Where is Goetz this morning?"

Exit John and Jack maybe in search of him.

Stokes stirs around preparing for clinic. Greenberg, Kerr, Moser,



and Orvis scrap for front seat on clinic rail. Orvis wins out.

Dr. Stokes: "This is the darndest class! Never on time! There were some more of you down stairs. Moser, go find Barry and Johnson. I, am going to pluck those fellows, they are getting entirely too smart.

Nurse: "Doctor, Mrs. Stokes just called up and wants to know when she and Slivers should call for you."

Dr. Stokes: "We don't have very much to do today, but we've had some of the things you'll run up against every day.

Exit everybody.

C. G. MEYER.

### CLINICAL CLERKSHIPS

The opening of last semester's work marked the beginning of a new era in the growth of our medical college. One of the many departments we have needed for a long time was established, namely the department of clinical clerkships. Although it has not been established with best results as yet, it has progressed from the very start.

The plans at first were to hold clerkships in the departments of medicine under Dr. W. O. Bridges, surgery under Dr. Jonas, and eye under Dr. Gifford at the Methodist Hospital, spending a week in each department. Later the department of surgery was transferred to the Wise Hospital under the direction of Dr. Stokes, and the time lengthened to two weeks. With further development it is to be hoped that the time in each department will be lengthened in order to be able to follow the patients further.

The purposes of the clerkships were: 1. To bring the students in closer contact with patients, so as to be able to study them thoroughly. 2. To bring the students right to the bedside. 3. To prepare and teach the work of an interne. In the course of the clerkship we must take histories, do what laboratory work is required, assist as required, and follow the patients from their entrance into the hospital until they leave. Until this department was opened, we saw many cases but did not get the opportunity of the real bed-side work, nor the time to follow them thoroughly. At the end of each week a complete report is required.

As is to be supposed, this department was slow in getting started, and still has room for improvement, but I am sure that with time this will become an important factor in the college curriculum.

We have derived many benefits from the work and have been able to come in closer contact with the hospital and the work done in the hospital than under any other condition.

We would suggest that more time be given to each department, and that the hours be arranged so that everyone will be pleased. For instance in the department of medicine the hours should be those in which Dr. Bridges visits the hospital so that the clerk may have the benefit of the experience of the doctor in charge. At present the hours are from 4 to 6 P. M. During this time Dr. Bridges never visits the hospital. As a result the clerk must do the work in the hospital in a haphazard way with no supervision. It is to be hoped that this will be remedied.

In the eye department there is plenty of work to be seen and done. However, again the hours conflict with the school work. Generally the work lasts from 8 to 10 A. M. Because of these hours we miss all the other clinics and classes that whole week. This causes friction between the faculty and students and a lot of important work is missed. Surgery so far has worked out with least conflict as the doctor in charge has been able to superintend the work and there has been plenty of cases at all times.

In closing I wish to state that I am voicing the sentiments of all the seniors in saying that this course is of great importance and that we are all pleased in having this course instituted during our last semester. As this department is further developed and improvements instituted it is bound to become a necessary factor in our college work.

ABE GREENBERG.

### PERFORATING GASTRIC ULCER IN AN EXPERIMENTAL ANIMAL

(By Blaine A. Young, M. D., Merriman, Neb.)

In June a healthy male guinea pig was injected with a catheterized specimen of urine suspected of being tuberculous. The injections were made as follows: 5 cc. was injected into the peritoneal cavity, and 0.5 cc. was injected in each of two different places in the liver substance. The greatest possible care and the strictest aseptic technique was used in making the injections.

The guinea pig was isolated and fed grasses, corn meal, and vegetables and given plenty of water to drink. It gave no indications of tuberculosis, ate well, and seemed to enjoy the usual good health of a sober-living guinea pig until October, four months after the injections. One morning on entering the room the customary welcome from the always heretofore hungry little fellow, was missing. He would nibble a few bites and then leave his food and appear drowsy. For four days he hardly ate or drank a thing and the only other symptoms noticed, besides the anorexia, were a distended abdomen, and the stuporous condition. Percussion gave a tympanitic note over the entire abdomen and over the liver area, indicating that the abdominal distention was due to gas free in the peritoneal cavity. Death occurred on the fifth day after the first symptoms were noted. The antimortem diagnosis was peritonitis, the cause of which could not be ascertained.

The post-mortem revealed the abdominal distention due to gas. There was a small amount of clear straw-colored fluid in the abdominal cavity. The stomach was greatly distended and there were a few fresh adhesions between the stomach, omentum, and anterior abdominal wall. After breaking the adhesions, about one-half dram of partially digested greenish food was observed on the outside of the stomach. Upon washing the stomach a perforating ulcer was discovered on the greater curvature a little more than half way from the cardiac to the pyloric orifice. The ulcer was 4 mm. in diameter and as round and clean cut as if made by a punch. Transmitted light showed a ring of induration around the ulcer about 3 mm. wide. The liver was some-

what congested. All other organs appeared normal both macroscopically and microscopically. No evidences of tuberculosis were found anywhere.

It is interesting to speculate on the cause of this ulcer. The bacillus of tuberculosis does not seem to have been responsible for there was no other point of infection found, and the wasting and other symptoms were absent, and the pathology was not that of a tuberculous ulcer. There is hardly any possibility that the needle used in making the injections was the cause because it was not inserted in the region of the stomach, and if this had been the cause, would not the process have been a more rapid one and death come sooner than four months? The food eaten after the injection could hardly be accountable, and the injection of too much meat, a cause of gastric ulcer pointed out by the Mayos, can be ruled out, for meat was not on the bill of fare. Could it be that in the urine injected into the peritoneal cavity there were some of that numerous band of colon bacilli? And would it be too much to imagine that they were a religiously inclined aggregation and chose the serosa of the stomach as a place to hold a camp meeting? Then shall we say that their activities in jumping to their feet (flagella would be better) and yelling "Amen!" during this four months protracted meeting wore out the stomach wall and caused the death of our little patient? Some statistics point out that gastric ulcer is more common in the male than in the female. So perhaps our guinea pig was unlucky in being born a gentleman guinea pig, and Fate having decreed that a certain number of his sex must suffer from a defect in the bread basket, he fell a martyr to the cause.

B. A. Y., '14.

### PRE-MEDICS VISIT OMAHA

As is customary each year, the Omaha faculty arranged a visit to Omaha for the pre-medics at Lincoln. They came up April 23rd and 24th, fifty-eight strong and from all accounts enjoyed the clinics, athletic stunts, and social events to an unmeasured degree. They were met at the depot by the local committee and escorted via automobile to the Commercial Club where luncheon was served. A view of Omaha from the top of the Woodman of the World building, a ride later over the city, and a visit to the college campus where the class tournaments were in progress, held the visitors' interest for the afternoon.

Friday evening the girls were given a theater party at the Orpheum and the men a smoker at the Loyal, at which time the local faculty and student body endeavored to make the visitors feel welcome at least.

Drs. Davis, Jonas, Stokes, and Lord held surgical clinics at the various hospitals Saturday morning, which were well attended until the pre-medics noticed that the "ether was making them just a little faint."

Saturday night was given over to fraternity affairs.

The pre-medics are a live crew and we will be heartily glad to welcome them as medics.





## Alumni News Notes

Dr. R. R. Reed, '10, of McCook, Neb., was in Omaha May 20th on business.

Dr. James C. Agee, '03, of Valley, Neb., has removed to Fremont, where he will be associated with Dr. G. H. Haslam in medical practice.

Dr. Irving S. Cutter, '10, was honored at a banquet given by members of the faculty May 7th, at the Hotel Loyal, in appreciation of his untiring efforts in securing the establishment of the University Hospital.

Dr. C. E. James, '99, has moved from New York City to Omaha and will continue the practice of medicine.

Dr. Ralph Christie, '09, of Clarks, Neb., was in Omaha May 7th.

Dr. Willis H. Taylor, '11, is still in New York City taking special work in obstetrics.

Dr. Wm. Loechner, '01, of Benson, Neb., recently fractured his wrist while cranking his automobile.

The Nebraska State Medical Association held its annual convention at Hastings May 18th to 20th. The program shows many of our Alumni holding office in the various sections and committees and a fine showing was made on the scientific program. This meeting is always interesting from an Alumni viewpoint because there are so many of our graduates located in the state. The following Alumni served as officers and committeemen at this meeting: Drs. McGirr, '97; Stokes, '99; Christie, '02; Dodge, '01; Olsson, '10; V. Lucas, '95, and Cutter '10. We were represented on the Board of Councillors by Drs. Overgaard, '00 and Lemere, '98. The following is a partial list of Alumni in the House of Delegates: Drs. Harvey, '13; Swenson, '10; Mantor, '03; F. W. Scott, '10; Archerd, '95; Mullins, '91; Stephenson, '96; Anderson, '10; J. F. Hart, '04; Croft, '02; A. A. Bald, '11, and F. D. Haldeman, '82.

In the scientific program Dr. Wm. Anderson, '10, read a paper before the section on General Medicine.

In the section of surgery, Ophthalmology and Otology Drs. Stokes, '99; Overgaard, '00; Wherry, '03, and Potts, '07, read papers. Dr. Olga Stastny, '13, read a paper before the section on obstetrics.

At a general public session Dr. B. W. Christie, '02, read a paper on "Sanitation in the United States Army and Its Application to Civil Life."

Other Alumni present during the week were: Drs. Buol, '10; Wekesser, '08; H. G. Penner, '04; Louis Penner, '04; J. M. Patton, '04; Miller, '05; Baker, '05; Mantor, '02; James, '99; Hompes, '08; Douglas, '00; Scott, '10; Lemere, '98; Martin, '03.

At the business meeting A. C. Stokes, '99, was elected vice-president, W. P. Wherry, '03, librarian, and J. B. Potts, '07, councillor for the First District.

### THE HOSPITAL INTERNSHIP

As the end of his senior year approaches the medical student must begin to cast about and determine what next is to be done. Given the right sort of a chance the proper decision ought to be easy. However good may have been the teaching of the four years leading to the doctor's degree, and however adequate may have been the laboratory and clinical facilities offered the student during those four years, his medical education cannot be considered completed upon graduation. For the newly made doctor of medicine graduation is in very truth a commencement—the commencement of trials and tribulations, of pleasant work, of service to mankind, and above all of real medical education actually applied. The four year course can do no more than lay broad and firm foundations. If facilities have been adequate the senior, at the end of his fourth year, has had the opportunity of studying patients at close range, of suggesting treatment and noting the results of treatment. But always he has been protected by the veto power of his teachers. He has not had the opportunity of learning the actual management of all individuals or of developing his own sense of responsibility. It would be the sheerest folly imaginable for the best medical school in the world to pretend that its students upon graduation are fit in every way to administer to all the ills of suffering humanity. The humanity, through the authority which it vests in government, has the right to demand of its medical practitioners more than preliminary education, good medical training, a doctor's degree, a license to practice, a handsome leather case filled with beautiful pills, and a sharp scalpel. It has the right to demand that he actually know how to handle a case.

What is needed, in addition to what the medical student has at graduation, is experience. This can be obtained upon such patients as may find their way into the new doctor's office. It should be obtained in a hospital through work done with as large a share of independence as is possible, but always under the control and supervision of experienced clinicians. Every graduate in medicine should strive for a hospital internship; he should feel that his medical education still lacks much without it. To many, the extra year spent in a hospital will appear a hardship. However great it may appear, it will not be as great as the actual hardships which will follow the attempt at the immediate establishment of a practice. At the end of the first year after graduation the doctor who immediately went into practice may be some few dollars ahead of his classmate who spent the year in a hospital, but the latter will have advantages that cannot be measured in dollars and cents. So thoroughly is the value of the internship becoming recognized that Pennsylvania demands of all those matriculating next year and thereafter a year in a hospital after graduation before the issuing of the license to practice. The University of Minnesota, Leland Stanford Junior University and Rush Medical College require the hospital year before the degree of doctor of medicine is granted.

If the graduate has decided upon an internship, then he should, if he has any choice in the matter, choose that one which gives him the

greatest opportunity for doing independent work. That he should be permitted at once to do pituitary gland operations is, of course, out of the question. But he should be permitted and urged to study his cases to his heart's content, and he should select that hospital which tries to make the best use of the training which he has received. He has the right to expect something more than the kind of experience which will make of him a good cart pusher or a handy orderly. From the hospital he is entitled to decent living quarters and to good food. And from the visiting staff he is entitled to every consideration and aid which will further his own training and development.

DR. OSCAR T. SCHULTZ.

### MUSINGS OF A SENIOR

As our school days are about to close forever, as the days of our youthful frivolity are almost gone, we begin to indulge in introspection, retrospection, and self accusation—unmistakeable and undeniable symptoms of that awful affliction called melancholia. We look back over the six long years of our medical curriculum and completely exhaust the gray matter of our cerebral hemispheres in our vain attempt to discover what we have achieved, what knowledge we have stored away or where all the money Daddy has sent us has gone. Just then we can feel the gentle tap of our oscaelis on our gluteus maximus. Oh! Ye Gods! our better selves are revolting against us. How we have changed! Just six years ago we walked with pompous step, with an air of dignity and superiority on the campus at Lincoln.

What a transformation. Then we could not get a hat large enough; we could not go to school without being shaven. Now we are pleased to wear a cap although bearing the marks of past winters and summers; we even go to school without a collar, with our shoes unbuttoned, with a weeks' growth on our chins, with our heads shaved as bare as a cocoanut and with buttons on our "white" shirts sewed on with the blackest thread that money can buy.

Our miserable condition is greatly increased when we count up the money we have squandered on cigars, cigarettes, on co-eds, and pool halls and ——. If we only had that money now, we could buy all the glittering instruments we shall soon require for hepatectomies, splenectomies, nephrectomies, cerebrectomies and other operations of major proportions.

Why cry over spilt milk? The cat can look after that. The deed is "did." These black pages in our past history have been written. Let us get up, shake the moss and fungi off our backs and the dust off our feet and go forth into realms unknown with a determination never to yield, always to conquer and always to be victorious.

A. J. YOUNG.

The Class of 1915 although it is small  
Can show the "Class" that beats them all.  
A galaxy of students, wise and keen.  
So here's to the Class of 1915.

—A. J. Y.



# == The Pulse ==

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BUSINESS MANAGER, R. ALLYN MOSER

CONTRIBUTORS, THE CLASS OF 1915

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## EDITORIAL

The faculty have their heads together again. This time they are exercising their neurones over the plans for the new hospital. Too bad they can't get so engrossed as to forget final exams.

Dr. H. M. McClanahan and Dr. A. A. Johnson gave interesting lectures on the subjects of pneumonia and meningitis, illustrated by lantern slides, at the college last Monday evening. An appreciative audience of seniors and juniors were present.

The latest achievements of J. J. Keegan have just been divulged. He has received a scholarship from the University of Minnesota which he will take advantage of this summer in the anatomy department under Dr. Jackson. He has also been honored by being appointed to the Sage Fellowship at Harvard University. This means two years of research work, one under Dr. Brenner, and one under Dr. Lewis.

He also has been highly commended for the work done in connection with his Master's Degree. The results of this work will be published in the June number of The American Journal of Neurology.

We feel quite proud of his achievements, for few students are so honored.

Dr. Greenberg has his letter heads all ready for business. Neatly placed in the center top of each page we see: Pay your bills promptly and I will answer your calls promptly. Do not do as your slow neighbor who waits to call the doctor and waits to pay his bill, for while you are waiting the angels may gather you in.

Dr. George Mogridge has extended an invitation to the seniors and juniors to spend next Friday, May 28th, at the Institution for the Feeble Minded at Glenwood. Our Glenwood trip is always a gala occasion and no one ever misses it.

**ADIEU!**

The goal is almost reached; the moment is at hand when, for the first time, "Doctor" is more than an honorary title. As we have anticipated that moment through the haze of tasks yet to be accomplished, we have fondly imagined that its realization would shed a glory too great to be borne. We are glad; the pleasure of achievement is ours, but somehow as we pause on the threshold of the things that were, and vainly endeavor to catch a glimpse of the things that are to be, the future grows dim and memory casts a warm glow over all the past.

Not an hour but seems precious now that we are to leave it all; not a spot throughout our college halls that does not beckon to us to stay. Petty differences are forgotten; only the big ennobling things remain, and everyone is a friend. We have no envy for those of our class-mates who sought greater advantages in fields more distant; we are sorry only that we could not drain our opportunities to the bottom. Every year has seen improvement, and we know that as time goes by, we shall be ever more proud to mention the name of our Alma Mater.

We feel that it is most fitting on this our last appearance as a part of the student body to utter a word of thanks where thanks are due. To our good Dean and all his faithful helpers who have armed us for the fray, we tender our respect and gratitude.

To our fellow students, who have yet a part of their course to run, we leave every good wish. May none of our mistakes be theirs.

So with sorrow at parting, but with faith in our hearts that where the past has been so rosy, the future will be bright, we say farewell to teachers, to students, and to our Alma Mater. And in that farewell we pledge ourselves to uphold her honor, to forward her interests, and to make and keep ourselves worthy of her. HARRIET ORVIS.

**THE DEAN'S FAREWELL TO THE SENIORS**

No more eloquent farewell, no more invaluable advice, no greater expression of sincerest wishes for a glorious future could possibly be given to a graduating class than that given by Dean Bridges to the class of 1915. His sincerity and forcibleness made a wonderful and indelible impression on all who heard him. His advice was culled from a long and brilliant medical career, prosperous in manifold ways. His arguments were so complete that they baffled controversy.

Should the class of 1915 go out into the world and let their lives be dominated by rules as laid down by the Dean, success sooner or later will undoubtedly crown their efforts. For those who are coming after us, for those who are in practice and have wondered why success never has knocked at their door I shall try and tabulate these golden rules although they shall lack the forcible and convincing expression of Dean W. O. Bridges.

1. Make a complete history of every patient and a careful and thorough examination from head to foot.
2. Read everything you can bearing on the question in hand, not neglecting anatomy, physiology and pathology.

3. When not attending to the welfare of your patients read all the recent medical magazines and books.
4. Keep abreast with the events of the day.
5. Take an active interest in the social, political and religious life of the community in which you are situated.
6. Never forget your moral and legal duty to your patient in connection with confidential communications.
7. When you accumulate a few dollars, very carefully deposit them at 5 or 6 per cent interest—not in the shares of any gold mining company, but in the bank.

A. J. Y.

### THE DREAM BEGINS TO MATERIALIZE

Many of us have dreamed a beautiful vision of the kind of medical college that the State of Nebraska should have if it is going to concern itself with medical education at all. With the appropriation of money for the construction of a hospital in connection with the College of Medicine this dream begins to take on form. The appropriation measure makes the hospital an integral part of Nebraska's excellent system of higher education. This is the outstanding fact, which means so much to the students of the College of Medicine and to the citizenship of the state.

To the student it means the careful study of clinical cases under the direct supervision of teachers whose chief ambitions must be devotion to the ill and inspired teaching. To the citizenship of the state it means better trained doctors and study, care, and treatment equal to that which the most opulent may purchase.

It is, of course, too early to say just what material form the hospital will take. The brick, cement and other inanimate matters which will go into actual construction are, after all, secondary to the invisible ideals which form the foundation. Whatever may be the form that the hospital will take, we may rest assured that the principles underlying its construction will be the furtherance of medical education and the rendering of humanitarian service to the citizens of the state.

O. T. S.

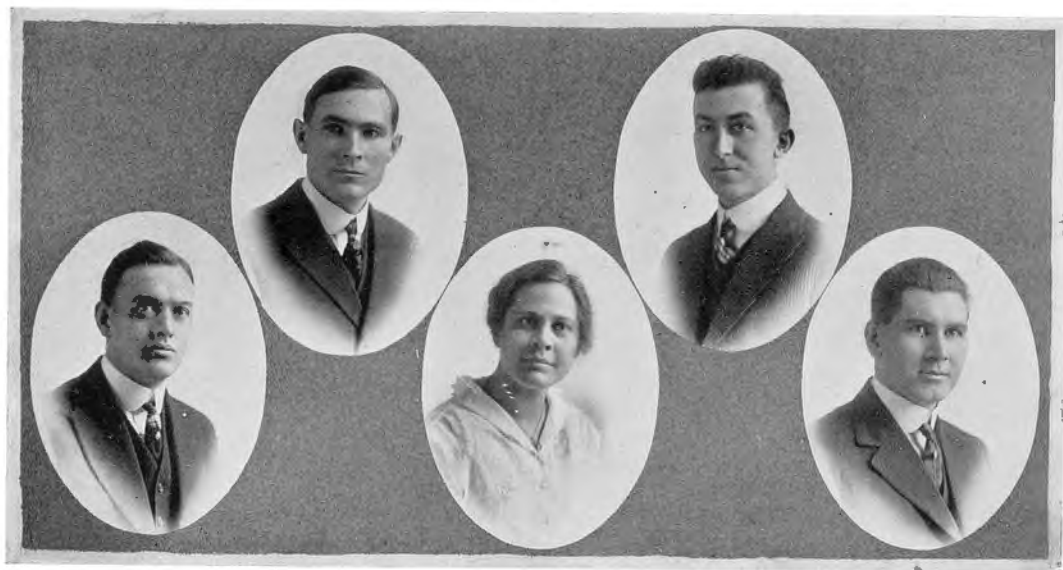
Last month the senior class made a trip to Lincoln for the purpose of visiting the Hospital for the Insane. The trip proved to be a pleasant diversion as well as a source of instruction. We saw the various types of mental diseases and the manner in which they are treated. Most of us, I think, were compelled to change our preconceived views of such an institution and supplant them with those of a modern hospital where inmates are kept in restraint without force. Our thanks are due to Dr. Aiken for this opportunity.

### KEEGAN'S FIRST PATIENT

Young Doctor's Wife—Mary, go and tell the doctor there's a patient waiting to see him.

Maid—I wish you'd go, ma'am. He maybe wouldn't believe me.





R. Allyn Moser, Omaha, Neb. Born, Oberlin, Kas. Decatur High School, '08. Uni. of Utah, '08-'10. A. B. Uni. of Neb., '12. Nu Sigma Nu. Delta Tau Delta. Business manager Pulse, '13-'15. Assistant in Bacteriology, '12-'13.

Orville Dawson Johnson, Gibbon, Neb. Born, David City, Neb. Gibbon, Neb. High School, '07. B. Ed. State Normal, Kearney, Neb. Entered Uni. of Neb., '11. Phi Rho Sigma.

Harriet Orvis, Yankton, S. D. Born, Gann Valley, S. D. Yankton High School, '06. M. Di. Iowa State Teachers College, '09. A. B. Uni. of Neb., '13. Nu Sigma Phi.

Abe Greenberg. Born, New York City. Omaha High School, '09. B. Sc. Uni. of Neb., '13.

Carl A. Meyer, University Place, Neb. Born, Sutton, Neb. University Place High School, '08. B. Sc. Nebr. Wesleyan, '11. A. B. Uni. of Neb., '13. Nu Sigma Nu. Sigma Alpha Epsilon. Football Uni. of Neb., '13. Tennis Champion, '14-'15. Stokes Trophy, '14. Scholar in Physiology, '14-'15. Assistant in Physiology, '13-'14-'15. Assistant in Experimental Surgery, '15.



Robert Henderson Kerr, Omaha, Neb. Born, Republican City, Neb. Fremont Normal, H. S., '09. B. P. Fremont Normal, '10. B. Sc. Fremont Normal, '11. Entered Uni. Neb. '11.

Augustus Charles Barry, Maywood, Neb. Born, Maywood, Neb. Bellevue Academy, '06. B. Sc. Bellevue College, '11. Phi Rho Sigma.

Elizabeth Mason, Beaver City, Neb. Born, Beaver City, Neb. Beaver City High School, '07. Entered University '09. Daily Nebraskan Staff '12-'13. Editor of Pulse '13-'14. Nu Sigma Phi. Black Masque.

John Jay Keegan, Alliance, Neb. Born, Axtell, Kas. Axtell High School, '06. Uni. of Kan., '07-'08. A. B. Uni. of Neb., '11. B. Sc. Uni. of Neb., '12. M. A. Uni. of Neb., '14. Assistant in Anatomy, '11-'15. Phi Rho Sigma. Sigma Xi, '15 in "Cerebral Anthropology."

Alexander James Young, Omaha, Neb. Born, Pitlochry, Scotland. Harris Academy, Dundee, Scotland, '07. St. Andrews' University, Dundee, Scotland. Entered U. of N., '12. Phi Rho Sigma.

**CRETINISM**

(Prepared for Pediatrics Conference of Dr. H. M. McClanahan by R. H. Kerr.)

Cretinism may be defined as a constitutional affection due to the loss of function of the thyroid gland, characterized by a myxoedematous condition of the subcutaneous tissue and mental failure, and anatomically by atrophy of the thyroid gland.

**History:** The affection of the thyroid gland is of comparatively recent observation and little has been observed as to its function and the results of the absence of the gland secretion. It was not until the year 1859 that Schiff noted that removal of the thyroid gland in the dog was followed by a certain set of symptoms. Gull a few years later described a case of "cretinoid change in woman." His observations were based upon a limited number of cases which he was able to collect. There is no record as to whether he endeavored to arrive at the etiology of the affection or not.

In the year 1883 Kocher reported that 30 of his 100 thyroidec-  
tomies had been followed by a very characteristic picture to which he gave the name "Caehexia Stromipreva," an observation that had been made the previous year by Revendins who recognized the condition as bearing a close relation to the affection known as myxoedema. It was not until the eighties that under the researches of Horsley and the committee of the clinical society of London, the conditions of the so-called "Caehexia Stromipreva," Myxoedema and sporadic cretinism were found to be one and the same disease, and all due to the removal or destruction of the thyroid gland.

**Chemistry:** The nature of the thyroid gland secretions, namely the different protein substances occurring in the thyroid gland have not been sufficiently studied. The researches of Oswald show that there are at least two bodies that are constituents of the so-called secretion of the gland. One of these is iodothyreoglobulin, which behaves like a globulin, and the other is a nucleoprotein. The iodine that is present in the secretion is found in the first body. The parenchymatous goitre and the glands of the newly born contain thyreoglobulin free from iodine. The thyreoglobulin first becomes iodinated into iodothyreoglobulin on passing from the follicle cells.

Besides the above mentioned bodies also occur the following: leucine, xanthine, hypoxanthine, chlorine, iodithyrine, lactic and succinic acids.

An analysis of the gland according to Oidmann in an aged woman and an infant of two weeks old shows the following comparative results:

| Substance                  | Adult.      | Infant.     |
|----------------------------|-------------|-------------|
| Water .....                | 822.4 P. M. | 772.1 P. M. |
| Organic substances .....   | 176.6 P. M. | 223.5 P. M. |
| Inorganic substances ..... | 0.9 P. M.   | 4.4 P. M.   |

It seems that the action of the thyroid gland is not due to the action of one substance but to the combination of several, although the iodine is without question the active substance.

**Function:** The thyroid gland is essentially a gland of internal

secretion. The glands have no ducts and are composed of vesicles of different sizes, which are lined by a layer of cuboidal epithelium and contain in their interior a substance known as colloid. A number of histologists traced the formation of this colloid to the lining of the epithelial cells, and with the rupture of the vesicles the discharge is thrown out into the surrounding tissues and taken up by the lymphatics. There have been many theories as to the mode of action of the secretions and also of the acting elements, but the view that is held at present and seems most logical is that there is a specific hormone that is secreted that has a specific action on other tissues. The main action seems to be on the central nervous system.

Some functions of the thyroid gland have been presented. The most prominent of these is the one set forth by Eyon in which he points out that, due to the great vascularity of the thyroid gland he assumes that it serves as a shunt or flood gate to protect the brain mechanically from circulatory congestion. It is under the direct control by reflex action of the hypophysis cerebri and the vagi.

**Morbid Anatomy:** Absence of the gland or complete fibrous atrophy is the common condition in the sporadic forms. Some times the hypophysis and thymus have been found enlarged resulting in a general arrest of development.

In the congenital cases the condition is rarely recognized before the infant is six or seven months old, but most cases make their appearance during the first year. Sometimes the symptoms are so slight as not to be noticed until the child is two or three years of age, or exceptionally, not until the seventh or eighth year. Then it is noticed that the child does not grow so rapidly and is not bright mentally. The tongue is large and hangs from the mouth. The hair may be thin and the skin very dry. Usually by the end of the first year and during the second year the signs become very marked. The face is large, bloated, the eye-lids are puffy and swollen; the alae nasi are thick and the nose depressed and flat. Dentition is delayed and the teeth which appear, decay early. The abdomen is swollen, the legs are thick and short, and the hands and feet are undeveloped and pudgy. The face is pale and sometimes has a waxy, sallow tint. The fontanelles remain open; there is much muscular weakness and the child can not support itself. In the supraclavicular regions there are large pads of fat. The child does not develop mentally and may lapse into a state of imbecility.

In cases in which the atrophy of the gland follows a fever the symptoms may not appear until the fourth or fifth year, or even later. This is as Parker determined, a juvenile myxoedema. In a few of the sporadic forms cretinism develops with an existing goitre. It may retard development bodily and mentally, without ever producing complete imbecility.

**Diagnosis:** The diagnosis is based upon the findings of a subnormal temperature, the facial expression, the torpor and the fatty tumors.

There is little tendency to spontaneous recovery or improvement. Many of the patients die in childhood, but a few live to adult life.

Until within the last few years such cases were considered hopeless, but now if the cases are taken in time and the patients are properly cared for, much can be done for them. There are reports on record in which the pathological condition has been met by the use of the thyroid gland of the sheep.

The patient suffers much in cold weather and improves in warm. They should be kept in even temperatures and if possible moved to a warmer climate during the winter months. Repeated warm baths with shampooing are useful. Medicine had made no greater advance in the treatment of bodily affections than it has in the treatment of affections of the thyroid gland in which there is a lack of secretion. We are largely indebted to Victor Horley and his pupil, Murray for the transplanting of the gland and the use of the extract subcutaneously. Hector Mackenzie in London and Howitz in Copenhagen introduced the method of feeding. We now know that the gland can be given in the watery and glycerine extract, or in the powdered form, or taken in the fresh state and is efficacious in most cases of cretinism. The mode of administration is to start the patient on one grain three times a day and gradually increase the dose till 10 to 15 grains are given daily. Usually there are no objectionable symptoms, while in others there is skin irritation, restlessness, rapid pulse and delirium. In others there may be tonic spasms to which the term thyroidism has been applied. The results are as a rule very satisfactory indeed. Within a few weeks a poor weak minded, ill developed individual is restored to bodily health and the mental stupor lessened. Murray points out that the treatment must be carried out in two stages, the one as a curative stage and the other as continuous administration of the extract to supply the needed elements of the normal metabolism. The latter may be required to take the extract constantly.

**Differential Diagnosis:** In taking up the differential diagnosis of this condition about the only thing that needs to be considered here is the condition of the mongols. Here we have a striking superficial resemblance, both being backward in bodily development, and also in mental development. I will give a few of the more important differences:

| Cretinism—  | Mongolians—  |
|---|--|
| Characteristics usually show up at six or seven months.                               | Characteristics are noticeable at birth.   |
| Dolichocephalic asymmetrical.   | Skull is brachycephalic and symmetrical.   |
| Forehead usually wrinkled.  | Forehead usually smooth.   |
| Palpebral fissure horizontal. Strabismus and blepharitis less common.                 | Palpebral fissure slanting and almond shaped, strabismus common, blepharitis frequent.     |
| Tongue large but not papillated or fissured, tip thickened and constantly protruding. | Tongue is large, coarsely papillated if not fissured, frequently protruded and drawn back. |
| Hair harsh, coarse and scanty, scalp often eczematous.                                | Hair is wiry.  |
| Thyroid impalpable.   | Thyroid palpable.  |



## CLASS NOTES

### SENIOR NOTES

Ask Orvis and Mason what their latest specialty is.

"The prognosis are bad" when Kerr pulls such errors on the Dean.

The baby laughed and Bess remarked that it saw the joke.

Meyer: "Sure, it was looking straight at you."

After school is out we wonder how O. D. is going to keep up with his sleep.

Greenberg has a secret. He refuses to tell where he gets all of his gay shirts.

Keegan thought that he had slipped something over when he cut clinics. He finds now that the gynecology clinics are an important part of the course.

Young (rushing up after class): "Doctor, how long would you keep a patient in the bath?"

Doctor: "I just mentioned that point, but it was probably while you were taking your little nap."

On the evening of May 16th, Dean W. O. Bridges entertained the class at dinner at the Fontenelle Hotel. He abundantly supplied an appetite that had been saved for the occasion, and that always makes a hit with the seniors.

### JUNIOR NOTES

As you will see—there will be several of our fold, who will lead the lives of real doctors this summer.

R. K. Andrews, otherwise known as "Little Squirt," will be out at Oakland assisting Dr. Benson of that metropolis. Mr. Andrews' special work will be in the diagnosis of chorea. He has some original views on the value of the "voice sign" and other symptoms of that disease.

Our friend Curti, on the other hand, will remain in Omaha, learning X-Ray secrets from Dr. Ballard and putting in his spare moments at the Wise Hospital, where he has been a great success this last year as student interne. In Dr. Ballard's office Curti will try out the efficacy of X-Ray and radium in reducing the area of alopecia on his skull in the frontal region.

Wm. Shepherd and W. K. Riley, two of the official "crabbers" have not as yet made up their minds what the natural course of events will be for the summer.

The irresistible Johnson will be found in Central City, where he will have a large piano class of some fifty pupils. The "poop-chi" will accompany him. As you may know the above filthy five will probably attend Washington University at St. Louis next year. Good riddance of bad rubbish.

Rubnitz, late of Creighton, who is well satisfied with our school,

will be assistant interne at the Wise Hospital this summer, being flunky to Abe and Obie.

C. H. Baston and F. W. Niehaus will play the title rôles at the County Hospital in the great melodrama entitled "Fighting Bugs". It should be explained that pedicul cockroaches and bed-bugs are part of the animal kingdom not unknown to that institution.

"Clinker-Chaser" Clyde Undine thinks he may go to Chicago this summer, but leaves an Omaha phone number of H5351.

F. L. Horton will return to the sage brush of Wyoming and after getting his fill of fishing will start out on a quest for chicken.

Geo. W. Hoffmeister, whose father is in the legislature, again is favored with the position of state drug inspector for eight weeks at \$4.50 per day. He will later spend six weeks relieving Dr. Stewart at Imperial, Neb.

The famous Flat-Foot Webb will be guardian angel at the River-view Home. He will take up a problem in Dr. Stoke's experimental surgery course on the possible types of infection on the hair line of a dog's wound.

W. R. Galbreath will be official "pill roller" in a drug store at Greenfield, Ohio. He received experience at the dispensary in the absence of Flory, our licensed druggist.

W. Walvoord of Holland, Neb., will while away some of the summer days as a rural photographer, and will furnish a restful quiet atmosphere for any case of exophthalmic goitre with marked nervous symptoms.

His side-kicker, Jay Lovejoy Linn, may work for the Harding Ice Cream Co., in the soft soap department if he gets his motor together in time to accept the position.

Mr. P. J. Flory of Pawnee (where Dr. Patton's wife came from), will probably be in the office of Dr. A. S. Bowers, in the Orient of Iowa, while Fuller will confine his activities to Nebraska, and relieve Dr. Ward at Hampton.

This exposition will probably be pretty hard on the clinical clerkships this summer. However, D. B. Park and E. R. Leonard can hold down these jobs, and also run the dispensary as they have mapped out no other work for the summer. We hope they don't attempt to cure the indolent ulcers at the county however, or the juniors won't have any clinic there next year.

The efforts of Hanisch and Geissler will be spent at the Immanuel Hospital. Hanisch intends to boil all the furniture in his attempts at sterilization, while Geissler is going to brush the flies off of Pinckney.

Old Bill Aten, who just caught a cold, will be found at the Methodist Hospital.

W. L. Ross, Jr., will roam the wilds of Wisconsin, pounding stakes for the big tent of a chautauqua, while Andrew Sinamark is getting his wheel fixed, and together with John D. will take the Lincoln Highway for the Exposition.

(We hope that this summer you will get some of the obstetrical work you are supposed to have been in on during the year.)

EARL SAGE, '16.

**SOPHOMORE NOTES**

In making a physical examination of Montgomery we find that he has the remnant of the third eye-lid of a cat, that he is a Glenard type of individual, further that he is prone to hire taxicabs after dances, and that he is authority on Ingersol. Doctor, what is the diagnosis?—"In love."

Red Martin in a recitation declared that orchitis could not be transmitted to a female. Brix flies up and wants to know the reason why.

What glands in diarrhea of the mouth? Davis' glands.

Doc Talcott has had a streptococcic infection in his heel. Moral is "keep clean."

A severe case—Farnam has already promised his lady nurse that he would keep up prompt correspondence with her during the summer vacation. He promises to be true to her too!

Girls often have scars on their necks as a result of tuberculous lymph glands. "Chug" Way says not all scars are due to that, for some are due to neck chewing. Wonder how many carry his monuments?

Ross and Losey are spending the week end in Perry, Iowa. "Medical Research."

We hate to think that school will soon be over because we will miss our Irish comedian, Red Martin, who has so faithfully entertained us all year.

We regret very much that Salisbury, as a result of a complication following tonsillitis, had to be operated. He was taken to the Wise Memorial Hospital May 20th.

**FRESHMAN NOTES.**

Dewey has a date for tomorrow night.

Breuer showed up in anatomy lab the other morning.

Freshmen are beginning to wonder if they have been properly oriented in anatomy to prepare them for the "star chamber" final examination.

Dr. Poynter in quiz referring to the ear: "What is the attic?"

Weyer: "It has been dark up there every time I have been up there."

Dr. Poynter: "Well your paper will probably not illuminate it."

We have heard it said that Dr. Poynter loses his sympathetic nervous system along about final examination time.

McQuiddy is raising a baseball moustache, nine on each side.

We wonder if Delzell spends so much of his time around an undertakers shop because he likes to hear the caskets "coffin."

We wonder why Weigand has longings for the sunny south—Arkansas in particular.

At any rate a freshman will play the school champion for the tennis cup. We are betting on him whoever he may be.

There has been an epidemic of tonsillitis among the students that kept several of the freshmen from attending classes the last few days.

Westover has been serving in his official capacity as pallbearer again.

The freshmen are only having four quizzes a day now.

Dr. Poynter (lecturing to class): "We will now consider the protection which is given to the brain by the skull. It forms a complete bony encasement, a bone-head."

### LIBRARY NOTES

The following sets of magazines have been received at the library within the last month:

American Journal of Diseases of Children, Vol. 1-9.

Biochemische Zeitschrift, Vol. 1-65.

Archiv fur Protistenkunde, Vol. 1, to date.

Brain, Vol. 10 to 36.

## FRATERNITY NOTES

### NU SIGMA PHI NOTES

Miss Rebanis Sisler writes that she is kept busy attending Nu Sigma Phi year end parties while she is visiting in Chicago.

Miss Mason recently spent a week end with Dr. Rachel Watkins at York. Dr. Watkins is a graduate of P. & S. in Chicago and is a member of Alpha chapter.

Nu Sigma Phi announces the pledging of Mrs. Emelia Brandt, Miss Jane Mathews, Miss Ruth Sheldon, Miss Dorcas Christensen, and Miss Barbara Churchill.

Dr. Olga Stastny, '13, who is located in Omaha, was on the program of the Nebraska State Medical Society with a paper on "Scopolamine Anaesthesia During Labor."

Mrs. Charles W. M. Poynter entertained the young women of the medical college at an afternoon gathering at her home on Saturday, May 15th. They were privileged to meet the wives of the laboratory faculty. Fancy work was brought but Baby Helen proved a greater attraction.

### NU SIGMA NU NOTES

Dr. C. W. Mitchell read a paper on, "The Inhibition of Peristalsis by the Oil of Chenopodium" at the 67th meeting of the Society of Experimental Biology and Medicine, April 21, 1915, held at the Bellevue Hospital Medical College.

On April 26th the local chapter gave a dance at the Hotel Rome in honor of our Lincoln visitors. Forty couples attended.

Doctors Ham and Bolibaugh who have just graduated from Rush Medical College, are now taking up their internships at the St. Louis General Hospital. Dr. Ham spent a few days at the chapter house recently.

Dr. Arch Ward of Hampton, Neb., was a guest at the chapter house, May 17th.

Dr. George Pratt, a graduate of Rush Medical College, who just completed a twenty-one month internship at Cook county, has located in Omaha.

Dr. Donald McCrae, Jr., invited the chapter to a special clinic at Council Bluffs, Saturday, May 15th. The clinic was held at Jennie Edmunson Hospital. The operations of special interest were a colectomy and the removal of a large ovarian cyst. Later Dr. McCrae was host at a luncheon at the Grand Hotel.

Dr. Van Buren was a guest at dinner, May 12th, and gave the fellows an interesting talk on current medical subjects.

Andrew Sinaemark was out of school this week on account of the illness and death of his father.

Flory rode with Geissler on his "Indian" to take the state board exams., while Fuller played safe and took the C. B. & Q.

Nearly all of the house men have been afflicted with a severe form of follicular tonsilitis and have been out of school for three or four days. Salisbury underwent an operation at the Wise as a result of a severe complication.

Several resident and out-of-town alumni joined with the active chapter in celebrating the annual banquet. The affair was held at the Loyal Hotel, May 22nd.

On May 28th the chapter will entertain at a dance at Happy Holiday Club.  
LEONARD RIGGERT, '17.

#### PHI RHO SIGMA NOTES

K. L. Thompson made a flying trip to Lincoln last week.

Phi Rho Sigma sophomores were in Lincoln taking the state board examinations last week.

R. G. Sherwood is around again after an attack of tonsilitis.

Cornhuskers are out and Westover is all smiles. We wonder why. Dwight Sigworth has placed an order with the Moline-Knight Co. for a car.

Bixby, Nielson and Northrup of Lincoln visited the Phi Rho Sigma house last week.

#### THE SENIOR DIRECTORY FOR '15-'16

Dr. Barry—Clarkson Hospital.

Dr. Greenberg—Wise Memorial Hospital.

Dr. Mason—Methodist Hospital.

Dr. Moser—Clarkson Hospital.

Dr. Orvis—Mary Thompson Hospital, Chicago.

Dr. Kerr—In practice in Iowa.

Dr. Meyer—Wise Memorial Hospital.

Dr. Johnson—In practice.

Dr. Keegan—University of Minnesota and later Harvard University.

Dr. Young—In practice this summer and later Swedish Mission Hospital.



## "CLECO."

|  |   |
|--|---|
| Doctor Youngman, bright was he,<br>Earned his title as M. D.<br>Finished all his studies too—<br>Then went seeking pastures new.   | Where he'd have a chance to do<br>Something great or something new.<br>Desperate he grew at last,<br>As he viewed the three years past. |
| To a likely town he went,<br>In equipment, money spent,<br>Hung his shingle—settled down—<br>Waited for the sick in town.          | Down he sat—to "Cleco" wrote,<br>"This place surely has my goat"—<br>"Find, for heaven's sake, find me<br>Some location WITH A FEE!"    |
| Older men were there galore,<br>Who had settled years before.<br>Doctor Youngman tired grew<br>Waiting for some patients few.      | In a month, no more, no less,<br>We relieved him of his stress,<br>Placed him where the cash was free<br>Happy—busy—now is he.          |
| Expenses growing, fees were nil,<br>Dr. Youngman felt quite ill.<br>In three years, he was in debt<br>Still no cash collected yet. | Patients calling night and day<br>Business coming all his way.<br>Drives a great big touring car,<br>Known to all both near and far.    |
| So he thought a change would be<br>Right for such a bright M. D.<br>But he did not really know<br>To what place he ought to go.    | A bank account—and then a wife—<br>"CLECO" fixed him up for life.<br>What we did for him, we'll do,<br>Any time, my friend, for You.    |

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