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## The Pulse, Volume 10, No. 6, 1916

University of Nebraska College of Medicine

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# THE PULSE

PUBLISHED MONTHLY

UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE  
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## EDITORIAL



### HON. FRANK L. HALLER

The College of Medicine deeply appreciates the interest shown in her welfare by the Chancellor and the members of the Board of Regents. Especial interest in the progress of the school has been shown by the resident Regent, Hon. Frank L. Haller. Mr. Haller was born in Davenport, Ia., November 20, 1861, and graduated from the University of Iowa, A. B. 1883. He began his business career as a clerk with the Lininger Implement Company of Omaha in 1885, and was made president of this firm in 1906, which position

he now holds. He is a director of the Bee Publishing Company; a director of the Omaha Public Library for fifteen years; a director of the Nebraska State Prison Association, Nebraska State Historical Society, etc. Mr. Haller represents the scholarly type of business man and his university training with long years of business experience have rendered his services to the Board of Regents most valuable.

**CONVOCATION.**

Dr. Julius P. Sedgwick, Professor of Pediatrics in the University of Minnesota, addressed the students and faculty of the College of Medicine Friday evening, February 4, 1916. Dr. Sedgwick talked on "Breast Feeding," and gave a very forceful exposition of the importance of this mode of feeding contrasted with artificial or bottle feeding. Dr. Sedgwick's talk was greatly enjoyed by all who heard him. He was entertained while in the city by Dr. B. W. Christie, of the Pediatric Department, who was a classmate of Dr. Sedgwick at the University of Nebraska. Dr. Sedgwick took his B. Sc. degree from the University of Nebraska in 1896.

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**UNIVERSITY DAY IN OMAHA.**

The Commercial Club of Omaha has invited the entire student body of the university to visit the metropolis some time in April. This is a move in the right direction. The great student body at Lincoln will find much of interest in the various commercial enterprises of the city and the College of Medicine will add its mite of welcome to the event. It is to be hoped that the student body at Lincoln will accept the invitation and make this one of the regular visiting days of the year.

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**ALPHA OMEGA ALPHA ELECTION.**

The Nebraska Chapter of Alpha Omega Alpha has chosen the following members of the class of 1916 for membership in this honor fraternity: R. E. Curti, G. W. Hoffmeister, F. W. Niehaus, William Shepherd. Alpha Omega Alpha has chapters in seventeen of the leading medical colleges of the United States. Elections to membership are based on scholarship covering the work of the four medical years. The Pulse extends congratulations.

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**THE CORNHUSKER.**

It is to be hoped that the 1916 Cornhusker will have adequate representation from the College of Medicine. Twenty-five pages of descriptive matter have been promised by the Cornhusker management.

Let us see that the 1916 Cornhusker has a live medical section. The school is worthy of and entitled to adequate representation. Do not delay the matter of photographs.

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**THE HOSPITAL BUILDING.**

Excavation for the hospital building has been delayed on account of cold weather. The contractors, however, report that the building is going forward rapidly in that all materials have been ordered. Most of the building material will be on the ground by the time the season opens and construction can go forward at once. Gould & Son state that the building will be rushed as soon as the weather permits.

### MID-YEAR COMMENCEMENT.

William B. Aten received his M. D. degree at the charter day commencement, February 12, 1916. Dr. Aten is at present located at Springfield, Neb., assisting a local physician. He expects to go to the Long Island College Hospital, New York, for his internship.

B. Sc. degrees were conferred upon the following medical students: Paul J. Flory, R. Y. Thompson, C. W. Way.

### HOSPITAL INTERNESHIPS.

The College of Medicine is exceedingly fortunate this year in having a large number of available internships. The following appointments have been announced:

W. B. Aten, Long Island College Hospital, New York.

E. R. Leonard, Methodist Hospital, Omaha.

J. L. Linn, Methodist Hospital, Omaha.

F. W. Niehaus, Clarkson Hospital, Omaha.

D. B. Park, Clarkson Hospital, Omaha.

W. K. Riley, Methodist Hospital, Omaha.

A. S. Rubnitz, Wise Hospital, Omaha.

William Shepherd, Methodist Hospital, Omaha.

C. A. Undine, Swedish Hospital, Minneapolis, Minn.

William Walvoord, Wise Hospital, Omaha.

Ruth Warner, New England Hospital for Women and Children Boston, Mass.

Two members of the Senior class expect to take the Los Angeles County Hospital examination which will be held at the building March 3, 1916. Others have applications pending in the Kansas City General Hospital, Southern Pacific Hospital, San Francisco, the Denver City and County Hospital and a few others.

How many are going to have their pictures in the Cornhusker? All students are eligible this year, an arrangement that has not been made in previous years and which should help in giving the medical department a better representation than heretofore.

The Woman's Medical Association of New York City offers the Mary Putman Fellowship of \$800, available for post-graduate study. The offer is open to women physicians and will be awarded on ability and promise of success in a chosen line and not on competitive examination.

The examination for the Los Angeles City and County Hospital internships will be given at the University of Nebraska, College of Medicine, at Omaha, Friday March 3, 1916. The appointments will be effective July 1, 1916.

The University of Nebraska College of Medicine is one of seven institutions at which the Los Angeles City and County examinations for internships will be given.

Arrangements have been made with the Heyn studio for the Cornhusker pictures. Senior and junior student pictures will go in the medical section proper, sophomore and freshmen pictures will be placed in the academic section. The photo and half-tone will cost only two dollars. It is very desirable that every student help in giving the College of Medicine a bigger and better section this year.

### DISPENSARY NOTES.

December report:

Patients sent to hospitals.....	17
Out-calls .....	58

Total number of patients.....1,205

January report:

Patients sent to hospitals.....	7
Out-calls .....	47

Total number of patients.....916

Miss Elizabeth Elsasser is in St. Joseph Hospital taking the rest cure.

Miss Winifred Crosland is relieving at the Dispensary during Miss Elsasser's absence.

### LIBRARY NOTES.

Dr. Harold Gifford has very kindly given for the use of the library over three hundred fifty volumes of magazines on the "Eye, Ear, Nose and Throat." These are being prepared for the bindery and will be on our shelves in a few weeks. Dr. J. M. Patton has given us complete files of Laryngoscope and Annals of Otology, Rhinology and Laryngology. The new books just received are:

Neurologisches Centralblatt, Vols. 1-33.

Allen—Glycosuria & Diabetes.

Ashley—Chemical Calculations.

Washburn—Principles of Physical Chemistry.

Twelve monographs on Inorganic & Physical Chemistry and Physics.

Zinsser—Infection and Resistance.

Child—Senescence and Rejuvenescence.

HALLIE WILSON, Librarian.

### Not Biased.

The Recruiting Official—"One gran'father living. Is he on your father's or mother's side?"

The Recruit—"Oh, 'e varies, sir; 'e sticks up for both of 'em—a sort o' nootral."—London Sketch.

# THE PULSE

Vol. X

Omaha, Neb., February 23, 1916

No. 6

## LIMITATIONS OF SURGERY IN THE TREATMENT OF PELVIC INFLAMMATIONS

By Palmer Findley, M. D., Omaha.

The limitations of surgery in the management of pelvic inflammatory lesions is a subject of growing interest.

In the days of Emmet, Sims and Fordyce Barker, conservative measures were practiced to the almost exclusion of surgery. Then followed a period of unrestrained activities in surgery. There was wholesale slaughter of infected uterine appendages, vaginal drainage was practiced in the initial stage of the infection as a prophylactic measure, the uterus was mercilessly scraped and not infrequently removed. Now we may fairly say that the profession in large part, has turned again to conservative methods. It has learned through laboratory studies and clinical observations that the forces of nature at work in and about an inflammatory zone can be confidently relied upon to repulse the offensive movements of the allied micro-organisms of infection; that natural barriers are established which are usually adequate, if not broken down by the overzealous surgeon. To illustrate my point, let us recall the familiar picture of a puerperal infected uterus and the inevitable sequence—curettage. The puerperal wound has been attacked by micro-organisms capable of producing a local or general infection. Nature's forces respond by creating in advance of these organisms a protective zone in which innumerable leucocytes are found, the vein channels are obstructed by thrombi and the lymph and blood channels are restricted by the contracting uterus. These local conditions, together with the general resistance of the individual, are usually adequate to hold the micro-organisms in check, thereby preventing a wide spread infection but that deadly weapon which Emmet has characterized as an "instrument of the devil," proceeds to break down this protective zone, to tear down the protecting thrombi and to relax the grip of the uterine musculature upon the lymph and blood channels along which the infection may travel. **How seldom we see a severe type of puerperal infection that has not been tampered with.** The cautious removal of retained placental tissue and vaginal drainage of a pelvic abscess is the sum total of justifiable surgery in the management of puerperal sepsis. To attempt more is to invite disaster. The best results in the treatment of puerperal infection will be obtained by the doctor who can exercise the greatest degree of self restraint and who is wise enough to relegate the care of the case to a competent nurse with instructions to give the patient abundance of nourish-

ment, fresh air and rest. I will hazard the statement that more lives are lost and more ill health endangered by untimely surgical intervention in puerperal sepsis than have ever occurred through lack of surgical attention.

What has been said of the management of puerperal infection will apply with equal force to all forms of acute pelvic infection. Gonorrhoeal infection of the pelvic organs shares about equal honors with puerperal infections in point of frequency, and here as in puerperal infections, the tendency of the infection is toward localization if unmolested but the swab and the curet tend to spread the infection deeper into the uterine musculature and on through the uterus to the appendages and pelvic peritoneum. Gonorrhoeal infection will seldom make considerable inroads upon the pelvic structures if rest is enjoined and the surgeon restrained.

We will dismiss the consideration of the surgical limitations in the treatment of acute pelvic inflammations by repeating that the only surgical measures to be employed in puerperal infections are the removal of secundines and drainage per vaginam of a pelvic abscess. In the acute stage of a gonorrhoeal infection, surgery has no place. Permit me to offer a word of caution in the draining of a pelvic abscess. We are not only to proceed cautiously lest we break down the barrier which protects the abdominal cavity but we are to exercise the greatest caution for fear of dislodging infected thrombi in the pelvic veins.

It is not such an easy task to outline the surgical limitations in chronic pelvic inflammations, but I will venture upon some generalizations for the purpose of illustrating a discussion. First of all, I desire to pay my respects to endometritis and its management. We owe much to Hitchman and Adler for their observations on the cyclic changes of menstrual membranes. Throughout the period of sexual activity, there is less than one week out of four in which the endometrium is at rest. At all other times there are well defined anatomic changes incident to the menstrual cycle. The enlarged irregular glands, the varied changes in the connective tissue, all characterize one or another of the various stages of menstruation. We have erred in the past by regarding these changes as inflammatory in character and to them we have freely applied the terms hypertrophic or hyperplastic glandular endometritis, and in so doing, we have justified the use of the curet. While we do not deny the identity of endometritis, we do now know that we have very frequently indeed, mistaken a normal process for a morbid one. Furthermore, we have learned from Theilhaber, Reinecke and others that changes in the myometrium are responsible for many of the menstrual disorders which were formerly chargeable to the endometrium. And we have learned from a host of observers that an hypertrophied endometrium may be of ovarian origin; that the menstrual disorders are chargeable to the hyperfunctionating ovaries rather than to the uterus. These are but suggestions that the curet will fail to afford relief in a large proportion of menstrual disorders.



When we have to do with an infected uterus, we cannot expect to remove all the infected tissue by the curet and if all is not removed, may we not expect a regeneration of the diseased mucosa and a possible deepening of the infection through the wounds we have made? These general remarks prepare the way for the dogmatic statement that it is needless and dangerous to scrape an infected uterus. We do not curet for leucorrhoeal discharges unless for the purpose of making a diagnosis from the scrapings and then only when malignancy is suspected. Have you not noted that where the uterus has been curetted for relief from leucorrhoeal discharges that following the procedure, the discharges are increased and have you not time and again observed the development of a salpingitis and a pelvic peritonitis following from a curettage of an infected uterus? I will go so far as to lay down the dictum that the therapeutic use of the curet should be restricted to the control of hemorrhages and even in this restricted field there is often no prospect of gaining more than temporary relief because the determining factors are so often remote from the endometrium.

Formerly full twenty-five per cent of my operations were directed to the relief of pelvic infections—of late, the number does not exceed five per cent of all cases operated. This is so because of my growing faith in the restorative powers of nature and of my dissatisfaction with the results obtained through surgical means. I here refer particularly to infections of uterine appendages. The vast majority of these cases can be brought to a symptomatic cure if tentative measures are persistently employed and I ask,—can surgery do more? Surgery will not replace a diseased tube or ovary by normal ones and if the patient is relieved of all symptoms, what more can we do? But unhappily our surgical activities have often resulted in substituting a pain in the side for distressing general as well as local disturbances. Post-operative adhesions may produce as great local distress as did the offending tube and ovary and the removal of the ovaries prior to the menopause will almost certainly create distressing general conditions. When conservative measures have been faithfully pursued and have failed to give the desired relief, surgery must be invoked but it should be a discriminating sort of surgery. There will seldom, if ever arise, the justification for the removal of both ovaries in a woman less than forty years of age. Better that she retain one ovary or a part of one ovary and that a troublesome member than to suffer a total loss of her ovarian secretions. In other words, it is better that she suffer some local discomfort than to become a hopeless neurotic. Where the uterus is deeply involved and it is advisable to remove the tubes, I am of the opinion that the test results will follow a complete hysterectomy. Less than this will fail to give complete relief and might endanger life from post-operative complications for lack of adequate drainage.

I will end this diatribe by asking you to refer to your case records of the past ten years. Note the conditions before operation, the surgical steps taken and the early and remote results obtained. Then



compare your results in this class of cases with those obtained from operations on the pelvic organs for all other sorts of lesions excepting cancer and then ask yourself if you are satisfied with your surgical results in pelvic infections. If I am not very much mistaken, you will arrive at the conclusion that your results have been comparatively unsatisfactory; that you will find a larger percentage of mortality and morbidity following operations upon this class of cases than upon any other, barring malignancy.

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**COPY OF LETTER FROM BRITISH MEDICAL ASSOCIATION.**

December 28th, 1915.

Dear Sir:

I have to acknowledge your letter of the 12th and understand therefrom, though not quite certain, that you are a senior medical student desirous of taking up work in a London hospital, whether before or after qualifying as a practitioner.

Your best plan will be to communicate direct giving fuller particulars with the Registrar of the General Medical Council for the United Kingdom, 44, Hallam street, Portland Place, London, W. or with the Dean of the London Medical School at which you propose to take up work. The former could advise you how best to complete in London your curriculum as a student and the latter can give you full information as to securing hospital work, whether as a dresser or medical clerk in the wards or as House Surgeon or House Physician after qualifying.

The term internship is little used in this country and you should not fail to state specifically what hospital work you have in mind, i. e., whether before or after obtaining your degree or diploma.

The authorities of your present University will be able to give you pretty full information as to what your position here will be either as a student or as a practitioner with an American qualification. The additional information obtained from the G. M. C. Registrar or Dean above mentioned will further safeguard you from coming to this country under a misapprehension. You are of course aware that there is at present no reciprocity of registration between the U. S. and this country. Thus for practical purposes a man with an American qualification cannot hold a post as House Surgeon or House Physician in this country until he has first obtained by examination a British diploma entitling him to registration in the United Kingdom.

I am,

Yours faithfully,

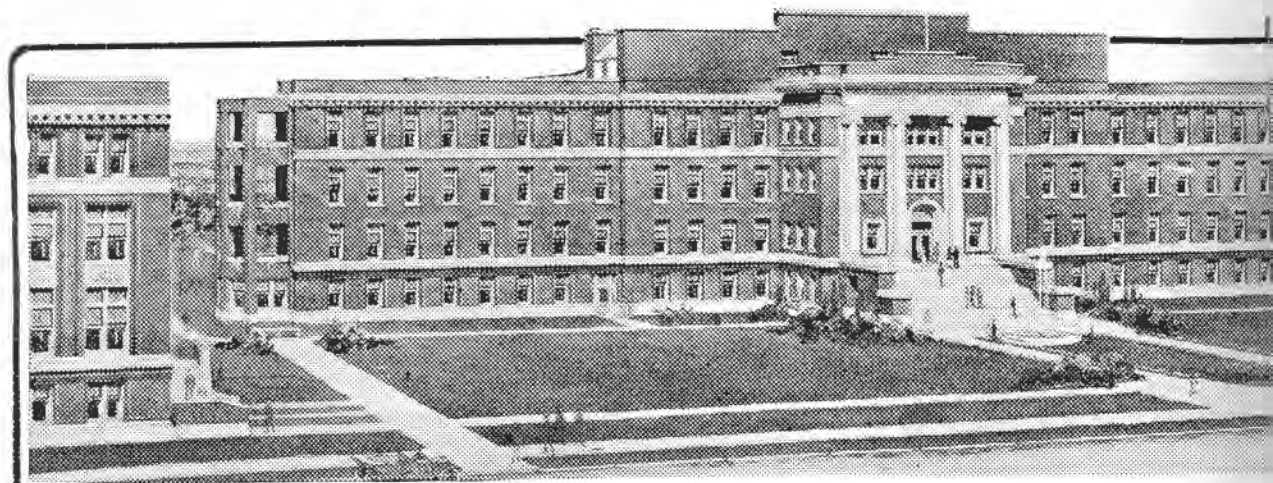
JAMES NEAL,  
Deputy Medical Secretary.

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Lady (to prospective charwoman)—“What do you charge per day?”

Charwoman—“Well, mum, two-and-six if I eats meself and two shillings if you eats me.”

## HERE'S HOW THE STATE ME



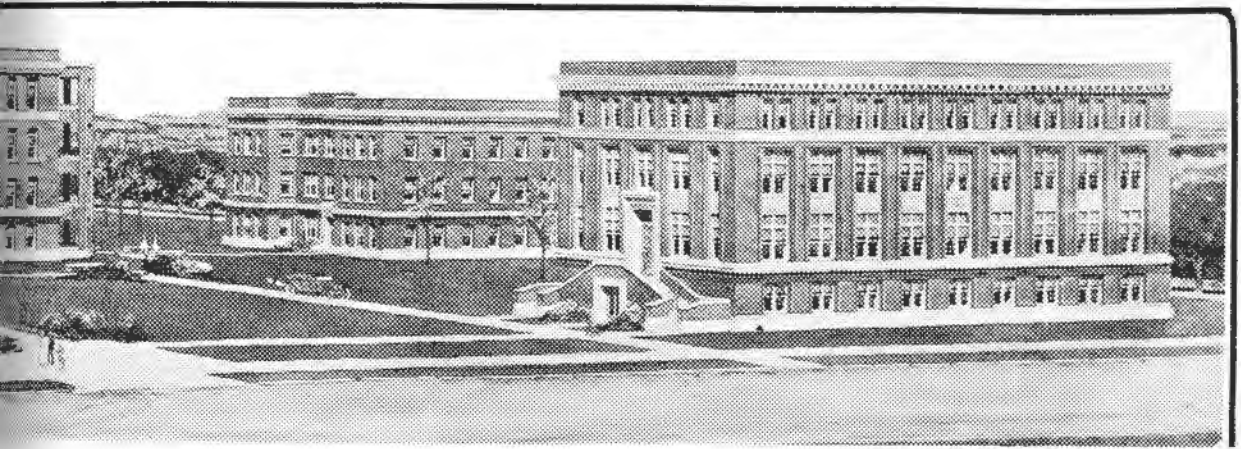
Here is the medical school of the University of Nebraska, which the state has started to build at Forty-second street and Dewey avenue. One building is now in use and a second is to be built shortly, the contract having been awarded. The others will be built as appropriations are made.

The building in the foreground to the right is the college now in use. Immediately behind this is the proposed nurses' home. The long building in the center is the hospital, now under contract for construction, and in the foreground at the left, only a corner showing, is the proposed additional college building.

The hospital, to cost \$130,000, is being built to fill two direct demands: to provide medical and surgical care for the indigent, worthy sick of the state, and second, to furnish teaching advantages for students in the college. Each county will be allowed to send its quota of charges to be given this free medical and surgical treatment.

The big hospital is to be three stories and basement and to con-

## MEDICAL SCHOOL WILL LOOK



sist of three wings. In the central wing on the ground floor will be the receiving department and hospital store rooms. The first floor is for the offices and for the hospital proper. Quarters for internes and the house physicians will be on the second floor. The roof above this will be tiled and have a high coping, providing a roof garden, where patients may be wheeled for open air treatment.

In the basement of the north wing will be the department of pathology and a demonstration class room. The first floor above will be the male medical ward of sixteen beds, with rest rooms, nurses' work rooms, etc. The second floor above will be the same equipment and number of beds for male surgical patients, and the third floor will be for special male cases and various specialties and male children. The other wing will be the same, but for women patients.

The buildings are to be entirely of brick, stone and terra cotta. The campus will be given over to shrubbery and ornamental flower beds. The building is to be completed by January 1, 1917. John Latenser & Sons of Omaha are architects.

## PSYCHO-ANALYSIS.

When asked if we believe in it we must give a reason **for** or **against** it. It cannot be answered by a simple **yes** or **no**. 1st. As a system of research, **No**. 2nd. As a therapeutic agent, **Yes**. Making the **act** responsible for its **generation** and **birth** is a false premise. Making the **conscious mind** do the bidding of the **unconscious mind** is 12th century speculation of a purely philosophic character. To premise a dream state or hypnotic condition of an individual as a potential of adequate dynamic force to direct our conscious wish and resultant act is certainly not satisfying to our intelligence, nor does it illuminate our understanding. To **wish** a thing means to desire it consciously and our wish is often banished by our judgment showing the utter impossibility of its attainment. Exact methods of study may be predicated on clinical facts, pathological, microscopic and sero-diagnostic helps. The method of speculative investigation that constructs theories as to how things should be from its imagination alone, or draws unwarrantable generalization from single observations must in our work be relegated to the forgotten past. (G. W. Jacoby). Psycho-analysis is a fruitful field for evolving soap bubble theories of how the mind acting on itself produces **unnatural** mental acts. Any study of the mind apart from the brain—its seat—is quite as unproductive of rational findings, as a study of the circulation apart from the heart. The whole man is a three part composit of **body, mind** and **spirit**. Men—like the triangle—is incomplete when either side of the figure is separated from the other two. Medicine is not—and cannot be made—an exact science. Until we can explain life, we exhibit culpable ignorance in trying to account for abnormal cerebration on any theory other than cellular changes in that part of the personality through and by which the mind functionates. Education is acquired and stored for use when consciously desired, and so long as that storage battery—cerebral localization—maintains its integrity, the knowledge issues forth in response to the volition (will) of the person possessing it. A degenerative process in the brain can and often does pervert, weaken or wholly destroy all conscious intelligence, but history has not recorded any case of that type where the unconscious mind has re-generated conscious acts in that person. Suggestive therapeutics is a true—but not new—remedial agent for use in the practice of medicine. We know suggestion will **stimulate**, or **stop**, salivary secretions, depending on anticipation of a savory food, or the delivery of a maiden speech one has forgotten. We know that a happy frame of mind conduces to good nutrition, and that a **grouch** is all but universally a dyspeptic. We know impure thoughts corrupt, and pure thoughts, correct some unhealthy even vicious practices. The spiritual side of the whole man controls his intellectual acting, up to the point of material destruction in the brain calls responsible for the abnormal mental act. The good cheer you carry to the sick room, is a valuable asset in your successful treatment of any disease, but especially so in the treatment of mental and nervous disorders. Conclusions based on estab-

lished facts, must govern us in every case. I cannot formulate my views on Psycho-analysis in language so simple, concise, and accurate as the following quoted from the presidential address to the American Neurological association, May, 1915, by Dr. George W. Jacoby of New York.

He said: There is however, one method that of recent years has received much attention and which in my opinion is not only fantastic but also inexact and which I believe promises nothing for the future development of our specialty. This is the Freud-Breuer method of psycho-analysis. This brings us into the contested field of functional diseases proper, the psycho-neuroses, upon which I have not touched. I am perfectly ready to admit that here pathogenic factors may unfold their action in ways undiscoverable by the microscope, chemical analysis or experimentation, but in the endeavor to learn what these factors are we must make use of explanations only that are in accord with laws that have been recognized as natural ones. No argument is possible with any investigator who believes in a psychiatry any but natural laws obtain, or whose exposition is dependent upon philisophic arguments, capable of course of proving anything that is desired. While the Freudian method is not void of a basis that bears a guise of exactitude, inasmuch as it is an adaptation of association psychology, it nevertheless is essentially a system of psychology of the unconscious mind, dealing with inferences or hypotheses of dream construction, condensation, displacement, dramatization, etc., as though they were established facts, yet having adduced no proof of their correctness beyond that furnished by psycho-analysis itself. All Freuds theories are purely metaphysical abstractions. The theory of repressed memories of sexual traumas in childhood, the repressed desires as revealed in dreams and the all insusceptible of scientific proof and therefore inexact. I fully agree with Hoche in the opinion that the use of the psycho-analytic method would force neurologic and psychiastic investigations into false channels and that the teachings of psycho-analysis are theoretically and imperically based upon an inadequate foundation and its therapeutic value is unproven. No persistent progress in the development of psychiatry and neurology can be possible if it be allowed to be swayed by an attempt to prove something by means of preconceived opinions which themselves first require to be proven. Long enough has our study of the psychoses allowed itself to be deluded by capitious attempts to explain the causes of mental activity not from facts gained by experience but from imagination alone; long enough have observation and experiment been violated in order to make them accord with seductive theories. Whatever progress we have made in our understanding of neurologic and psychiatric problems, certainly has in no way been due to psycho-analytic work."

JOSEPH M. AIKIN (Omaha.)

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Dr. Taylor (calling roll)—Is Westover sick?

Voice from the rear—No, he's locked up with the rest of them.

**NU SIGMA NU NOTES.**

Dance to be held at the Rome hotel March 4.

Dr. Aten moved from the house to Springfield, Neb., where he is assisting Dr. Peters, one of Nebraska's alumni. Dr. Aten received his degree at Lincoln charter day.

Dr. Schrach, a graduate of Cornell, has located in Omaha. He is practicing medicine with Dr. Lord.

Dr. Van Buren entertained the fellows during the past week.

The three freshmen at the house were confined in the attic due to a scarlet fever scare at the school. Their menu was bread and water with a pint of milk thrown in for good measure.

The following members were out of town the past week end: Flory, Wildhaber, Safarik and Davis.

Brother Flory received his Bachelor of Science degree Tuesday of this week.

**Pleasures Past.**

A dance was held at the Hotel Castle, given by Brothers Wildhaber, Miller and Riggert.

A dance was given at Prairie Park Club by the fraternity and a very enjoyable time was had.

Ray Losey has departed for his home in New Mexico. He is partially recovered from an illness with which he was afflicted about December 1, and after a few months' rest will return, probably late in the spring.

Brothers Curti and Hoffmeister were honored by election to Alpha Omega Alpha Honorary Fraternity.

**FRESHMEN NOTES.**

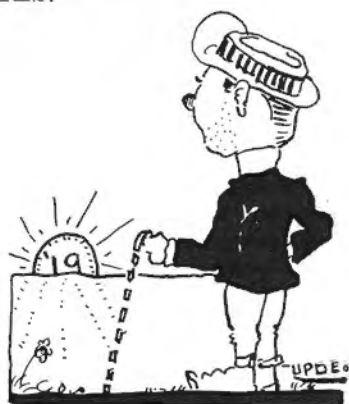
Conditions in the Freshmen class seem to be rapidly improving. At least twenty new ones were recorded in the past two weeks.

Among the numerous inventions brought to light by the world war Rousche's elevator scapulae, Weinberg's butter-fly fracture and the hirsuteappendaginal adornment of Mr. Joy C. Byers, Esq., are worth of special note.

**Our Little One Act Play.**

Scene: A dark night. Footlights turned out. Place: A street; any one from First to Sixtieth. Enter grandma the hero. "How Green everything is."

He walks cautiously, nay precociously. In one hand he carries a Kjeldahl, in the other a book of laboratory instructions, and in his left hand the child. "Ah! that I were out of this gloomy cold and hateful





Russia, this terrible land is so full of anarchists' plots that I feel as if each stone beneath my feet were a bomb." Exit with a hiss and a ha. The crisis comes in next month's issue.

The recent Biochemistry examination showed the Phi Rho Freshmen efficient in answering the "skimmed-milk question."

Lincoln News Note—Mr. Lloyd Meyers of Bellevue, Neb., attended one of the most elite hops in our city last evening. Mrs. Bullard said he was easily the king of the ball. Dr. Neilson and Ike Northrup also honored us by their presence. They declared the scarlet fever situation in Omaha improved at their departure.

As Prof. Sill's dancing academy refused to advertise with us in this issue we refuse to mention him. Oh, stew!

### SOPHOMORE NOTES.

When Vieregg robbed Peter to pay Paul a few weeks ago in Physiology class, we thought that the limit had been reached in biblical anachronisms, but Walker went him one better when he set the time of pregnancy at thirty years.

Dr. Taylor—Safarik, what do you have in the amniotic cavity?

Safarik—Oh—er—I don't know.

Dr. Taylor—I've always been told that you find at least the foetus in it. (Weak grinning noise from Saf.)

This school has always attempted to develop in the student and embryo doctor a sense of independence and originality. The arrangement of the whole curriculum is based on this idea, and throughout the first two years this phase of medicine is especially emphasized. But as a rule the students do not fall in with the spirit of the thing as well as the faculty might desire. Hence Dr. Shultz's recent joy and pride at the unusual leap in this direction was pardonable. But the manifestation was rather unusual, partaking of the nature of a new and original spelling reform. The thing was well kept and sprung as a surprise party in the last Bacteriology final. Among the many and original contributions received by Dr. Shultz were the following:

gelliton	spentum	puss	lavatory
stearal	spitum	labatory	labratory

The department has been congratulating itself ever since.

Miller's classical description of the "**Development of the Ovum in the Morbid Stage**":

"First you have fertilization, then you have a morbid stage, and then—? ? ? ?"

The Sophomore class wishes to express its appreciation of the recent burst of pity on the part of Newbecker that caused him to hide the statuary under cover of his own clothes.

Dr. Anderson—Johnson, Johnson, is Johnson here?

Dubious, weak voice from behind the seat—I—I guess so. It was Rudy himself.

Dr. Shultz—Don't try to work with dirty objectives. With a dirty lens and a dime's worth of imagination you can see anything.



**SENIOR NOTES.**

Fuller and all other seniors please stay out from behind the counter.

Dr. Stokes says there are two things one can't make a mistake on—death and taxes. He also says that either are almost fool proof.

In reviewing the examinations Dr. Gifford resolved the class into more or less of a spelling class. The fact also developed that one member of the class played safe on spelling hyperopia by saying it was a condition in which the eye ball was too "shlong."

"Make your wills now," is the advice given to the class recently by Dr. Jonas. We fear that if some of us were to do so at present all we could leave would be the sunshine to the flowers and the springtime to the trees.

Dr. Stokes came back from Chicago with the prize story. While attending a genito-urinary clinic the cystoscope revealed a clinical thermometer in the male bladder. By a little manipulation the thermometer was caught in the cystoscope and was withdrawn with the instrument.

Dr. McClanahan tells of a doctor who once did an intubation on a child. The next day or so the father called and asked the doctor to come and get the tube. The doctor thought the tube had hardly been in long enough, but the father said the child's bowels had moved and that he could get it any time he desired.

Ralph Curti will begin a two year interneship at the Brooklyn City Hospital September 1, 1916.

The class is congratulating Curti, Hoffmeister, Niehaus and Shepherd on their recent election to Alpha Omega Alpha. It is proper and fitting that they should be so honored for four years of consistently good work.



## JUNIOR NOTES.



Dr. Goetz speaking to Seniors:

Those Juniors are the most peculiar bunch of any class I've yet had. (Pause).

There isn't a one that can see a joke. Maybe they're thinking I'm serious when telling a joke. (Pause).

I'm going to try it once more, and if they don't laugh I'll quit. (Pause).

I can once in a while get a grin out of Gifford when he is awake.

Prof.—Given a case where before pregnancy the mother had a negative Wasserman and bears a syphilitic child, how do you explain that?

Johnson—I'd blame the father.

Prof.—Oh—undoubtedly—ha—

Dr. Bliss questioning Nedergaard. Nedergaard answers: "I'm not well prepared, for I've been on a bum a few days."

Dr. Hollister—"What is the most important toxic cause of neu-

ritis in Omaha?" (Referring to lead workers in the city smelters.)  
Way—"Alcohol."

Sherwood was taken sick February 4. Diagnosis was hook-worm. A few days later it was learned that this was a chronic condition with him. In addition they discovered scarlet fever, so he was sent to the pest house prison. On the 18th he slipped out and was found flitting about school. His explanation is that he acted as interne at said resort.

Upon examining the Juniors at school for scarlatina, Doc Talcott, who had previously been rubbed down by Wildhaber, appeared with a beautiful rash and was exiled from school and compelled to remain in solitary confinement for a week.

Dr. Hull—"What is Bier's Hyperemia Treatment?"

Montgomery—"I don't know."

Dr. Hull—"If I had left out the last word, you'd probably know."

Dr. Pilcher—"What is a common means of introducing carbon dioxide into the system?"

Salisbury—"I don't know."

Dr. Pilcher—"Surely you know that it is by means of Champagne."

A day in class with the Junior editor:

Dr. Bliss—"In pneumonia, what other organs besides the lungs,

liver, kidneys and heart are involved?"

J. E.—"The parenchymatous organs."

Ray Losey, who recently recovered from scarlet fever and several complications, returned to his home in New Mexico, where he will spend several months. In May he will return to resume his work.

Dr. Bridges—"How much castor oil would you give in case of cholecystitis?"

J. E.—"A heaping tablespoonful."

Dr. Pilteher—"How do you perscribe creosote?"

J. E.—"In powders."

Dr. Hollister—"Have you ever seen a case of a thickened lip?"

J. E.—"Yes, in a negro."

Dr. Stokes—"What is the value of a history in intestinal obstruction?"

J. E.—"It is indispensable."

Dr. Stokes—"How do you know?"

J. E.—"Because last summer I saw a case, a horse——"

New disease discovered by the J. E.—pneumonia of the arteries.

Vaudeville at the County Hospital furnished weekly by the Junior editor and Dan Dugan.

Desirous of buying a camera a lady inspected the stock of a local shopkeeper.

"Is this a good one?" she asked as she picked out a dainty little machine. "What is it called?"

"That's the Belvedere," said the handsome young shopman politely. There was a chilly silence and then the young lady drew herself coldly erect, fixed him with an icy stare, and asked again:

"Er—and can you recommend the Belva?"—Kansas City Star.

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