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University of Nebraska College of Medicine

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THE PULSE

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ADDRESS ALL CHECKS TO THE BUSINESS MANAGER

EDITORIAL

INTERNESHIPS

Since the last number of the Pulse the following internships have been awarded:

Paul J. Flory, Southern Pacific Hospital, San Francisco, Cal.

C. R. Fuller, Denver & Rio Grande Hospital, Salida, Colorado.

W. R. Galbreath, Presbyterian Hospital, San Juan, Porto Rico.

The above named men are to be congratulated upon these appointments.

The Southern Pacific Hospital at San Francisco is said to be the most elaborately equipped hospital in the United States. The service is divided equally between medicine and surgery. The Salida, Colorado, hospital will offer a large amount of experience in accident work as well as a general hospital experience. The Railroad Hospital serves as the general hospital for the city of Salida. The Presbyterian Hospital at San Juan is under government administration. The courses in Parasitology and Tropical Medicine given by the College of Medicine were an important factor in securing this appointment.

It is expected that the college will secure an additional internship in New York City.

Dr. O. D. Johnson, '15, writes from the Jewish Hospital, Cincinnati, that he is having a splendid internship. Dr. Johnson is anxious to have other Nebraska men take internships in this hospital.

Fred L. Horton and C. R. Bastron took the Los Angeles County Hospital examinations on March 4.

CONVOCATION MARCH 4.

Dr. Charles J. Rowan, head of the Department of Surgery, University of Iowa, of Iowa City, Ia., gave a very interesting address to the students and faculty of the College of Medicine at Omaha. The subject discussed was "Bone Surgery" and Dr. Rowan illustrated his lecture with X-Ray plates showing the effects of plating by means of the Lane plate, wiring and the use of bone splints.

PRE-MEDIC BANQUET AT LINCOLN.

Drs. I. S. Cutter, B. B. Davis and C. W. M. Poynter, and the following men of the student body of the College of Medicine at Omaha, were in attendance at the very excellent banquet given by the Premedical Society at Lincoln, March 8; Fuller Bailey, L. B. Kingery, P. J. Flory, K. L. Thompson, William Wildhaber and F. W. Niehaus. Toasts were responded to by Flory and Niehaus and by Drs. Cutter, Davis and Poynter. A very enjoyable evening was spent and the good entertainment and arrangements, speak well for the Premedical Society.

The following papers were given before the Medical club, March 7, 1916; "Cholesterol and Its Relation to Atheromatous Sclerosis," by Dr. Max Morse, and "A Review of Gay's Work on Typhoid Immunization," by Dr. A. A. Johnson. Dr. I. S. Cutter and Dr. Max Morse prepared a paper on "Creatin and Creatinin in Nephritis in Children," which was read before February 16, 1916 meeting, of the Society for Experimental Biology and Medicine, at New York.

Chancellor Avery was a visitor at the College building Thursday, March 2. The Chancellor expressed himself as very much pleased with the building prospects and looks forward to a building program which will carry out the group scheme adopted by the Regents.

A rather attractive postal card of the College of Medicine, showing a portion of the grounds, has been placed on sale at Lathrop's drug store.

VICE VERSA.

Doctor—I wouldn't mind the headache if I were you.
Patient—Nor I, if I were you.

MORE POETRY.

Said a fat diabetic old dope,
I've finally given up hope,
If my pancreas juice,
Were of any use,
Would I seek to expire? H——nope.

LIBRARY NOTES.

Our library is the recipient of the very valuable collection of the late Richard C. Moore on Nervous and Mental Diseases besides many other books of equal value and interest. The library of the late W. R. Lavender has also been given to us and will be received within a few days.

Over seventy volumes of magazines have just been returned from the Hertzberg Bindery in Chicago and placed on the shelves.

Our sets of Archives of Pediatrics and also Pediatrics are now complete and within the past week we have received the last ten years of the Deut. Med. Wochenschrift; the complete file composed of twelve volumes of the Bulletin de l'Institut Pasteur and Malys-Jahresbericht uber die Fortschritte der Thier Chemie, a set of forty-two volumes. Three late books just received are: Davis, H. C., Painless Childbirth, Eutocia and Nitrous Oxid-Oxygen Analgesia; Gorgas, W. C., Sanitation in Panama; Ballenger, W. L., Diseases of the Nose, Throat and Ear.

HALLIE WILSON, Librarian.

We are neutral, we express no opinions on preparedness, nor do we dye our hair. There are poets in our midst and from their dome of wisdom has come forth a bit of barbed phrasing. We do not know at whom they aimed the missives, our thanks are sincere that they missed the staff of the Pulse, but being willing at all times to help matters along we print herewith the respective missives, both defensive and offensive.

WHERE THE SHAMROCK USED TO GROW.

The Kaiser's cows are grazing,
Where the shamrock used to grow.
How long they'll pasture on the green,
There's no one seems to know.
But if we judge the future,
By what has happened don't you know.
There'll be no grass for Pat's jack-ass,
Where the shamrock used to grow.

AH! NO, FAIR PRETZEL, SAY NOT SO.

Oh! "Kaiser Bill," Oh! "Kaiser Bill,"
What are you going to do?
You said that you could lick the world,
But still its up to you.
Now unless you get a hustle on
There is one thing that you should know,
They'll be raising grass for Pat's jack-ass,
Where your sauer-krant used to grow.

—Anonymous.

ALUMNI ^{OF} U. N. C. M. NOTES

Dr. Roy A. Dodge, '01, has moved his office to the Brandeis Theatre building.

Dr. A. E. Westervelt is now practicing at Craig, Neb.

Dr. C. D. Eby, '04, of Leigh, Neb., was in Omaha recently.

Dr. E. J. Smith, '05, of Burwell, Neb., recently made a trip to New York City.

Dr. M. B. Wyatt of Manning, Iowa, returned a short time ago from a post graduate course in surgery.

NU SIGMA NU NOTES.

Dr. Blaine A. Young of Merriam, Neb., stopped at the house a few days recently. He reports that "business is good" and has added a new Ford automobile to his office equipment.

Dr. T. C. Meyer of Lincoln, attended the annual dance given at the Rome hotel, March 4. He says he delivered one of the three babies born in Lincoln on February 29.

Henry Miller attended a wedding in his home town, Harlan, Iowa, on March 15.

Kenneth Steenberg is recovered from several days illness with a peri-tonsillar abscess.

Bailey, Wildhaber, Kingery and Flory attended the pre-medic banquet in Lincoln on March 8. Flory responded to a toast.

Delzell, Hoffmeister, Bailey, Krahulik, Miller, Kingery, Folken, Safrik and Byers attended their respective academic fraternity banquets in Lincoln at different times during the month.

Hoffmeister is slowly recovering from a submucous resection, recently operated before the senior class clinic.

Riggert went to Fremont March 10 to be present at the National Guard inspection. Riggert holds the office of Regimental Sergeant Major, 4th infantry, Nebraska.

Drs. Pratt, Van Buren, Waters and Schrock spent an evening at the house recently.

The most enjoyable dance of the year was given at the Rome hotel, March 4. About forty couples were in attendance.

THE PULSE

Vol. X

Omaha, Neb., March 24, 1916

No. 7

BLOOD TRANSFUSION BY THE CITRATE METHOD.

Numerous methods of transfusion have been devised all of which are open to some objection either in the way of technical difficulty, time required in its performance, extensive apparatus, or that foreign substances have been added to the blood to prevent or delay its coagulation.

Direct transfusion either artery to vein, vein to vein, or by means of special cannulae has the disadvantage in requiring considerable skill and practice, in being unable to estimate the amount of blood transferred, and in being a time consuming procedure and accordingly unsatisfactory for emergency cases.

As an example of indirect transfusion Lindeman's syringe method has been widely adopted and is quite satisfactory, but requires an expensive equipment of special syringes and in addition two or more assistants.

In a third group of methods a substance is added to the blood to delay coagulation, as for example hirudin, or sodium citrate. This latter substance in 0.2% solution prevents coagulation for many hours and considerable quantities can be introduced into the circulation without appreciable harmful effect.

To attain its purpose the transfused blood should not be hemolyzed by the recipient's serum nor should the newly introduced blood cause destruction of the recipient's red cells—in either case defeating its object and possibly aggravating the condition for which it is given. Therefore careful hemolytic tests should be made of both donor's and recipient's blood. Often the blood of many donors must be tested before one satisfactory is found. Where urgency is not a consideration these tests are made together with a Wasserman test of the donor's blood and the whole procedure deliberately planned. In extreme emergency, however, all of the above precautions are disregarded and the blood obtained from the most available source preferably a blood relative. It is in these urgent cases that transfusions by the citrate method is of greatest service.

A report of four cases illustrative of the method may be of interest although indications for its use in the several instances maybe open to question.

Case 1. Ruptured ectopic pregnancy presenting characteristic picture of internal hemorrhage. Operation disclosed perhaps a liter of recently clotted blood and some fresh blood. Pulse quite small and rapid. 500 Cc. was obtained from patient's husband, citrated and transfused during the latter part of the operation. Pulse and color

improved considerably. An hour or so later the patient had a violent chill followed by a sharp rise in temperature to 102 degrees. This subsided during course of the day and convalescence progressed normally.

Case 2. Ruptured ectopic pregnancy quite similar to Case 1, except that the hemorrhage was more extensive. The husband in this case also was the donor and 500 Cc. of blood introduced into recipient's circulation during the operation. No reaction occurred in this instance.

Case 3. Acute lymphatic leukemia. This condition had progressed with amazing rapidity and the whole course of the disease scarcely exceeded four weeks. At the time of transfusion the anemia was marked and with 30% hemoglobin. Bleeding from uterus, intestines and kidneys. Transfusion was suggested as a last resort but without expectation of benefit. Patient's sister was used as donor. Wasserman test of donor's blood negative. No hemolytic tests were made. 300 Cc. of citrated blood given. Two hours later a terrific chill ensued followed by a temperature rise to 104 and which subsided to 102 in following day. Hemoglobin and red cells appeared in urine in greater quantities. Death occurred on second day following transfusion. No improvement noticed in general condition as a consequence of transfusion and it is probable the reaction did much to hasten the inevitable outcome.

Case 4. Post-operative hemorrhage following operation for suppurative cholangitis and cholecystitis with stones. Marked obstructive jaundice of some duration. Patient pulseless, practically exsanguinated and moribund,—800 Cc. of blood obtained from brother to which was added 200 Cc. of normal saline solution. At the end of transfusion the pulse was perceptible at the wrist and some color returned to face and lips. Death followed in two hours, only temporary improvement resulting from the transfusion. No reaction such as seen in cases one and three was noticed.

Retrospectively in none of the above cases were the indications for transfusion absolute except in case 4. The two ruptured ectopics would probably have done about as well with a simple saline infusion. In the case of acute leukemia there was no indication except that every other resource had been exhausted. In the last instance transfusion offered the only hope and would have fulfilled its greatest service if the patient had been other than in extremis.

The marked chill and temperature rise promptly following transfusion in cases 1 and 3 is directly accounted for by hemolysis and the reaction is similar to if not actually an anaphylactic phenomenon. Lindeman has shown that where careful hemolytic tests are made and such hemolysis is absent no reaction follows the transfusion.

The technique of the citrate method is briefly as follows:

A sterile solution of 2% sodium citrate in distilled water, several medium sized aspirating needles, an infusion apparatus complete with cannula, a wide mouthed measuring glass holding 1000-1500 Cc., a scalpel, scissors, ligature and suture materials. All of the above appa-

ratases and instruments sterilized. 25 Cc. of the citrate solution is placed in measuring glass and blood drawn by needle from the donor's vein exposing latter by incision if necessary.

The blood is collected directly in the vessel containing the citrate solution meanwhile stirring or gently rocking it. When a total of 250 Cc. have been obtained and more blood is desired another 25 Cc. of citrate solution is added and the receptacle filled to the 500 Cc. mark.

The citrated blood is then transferred to the infusion container and allowed to fill tube and cannula to replace the air. The recipient's vein is then exposed by incision and a small opening made in it with the scissors and the cannula inserted. The blood is then allowed to run in slowly. Ligature of the vein above and below the opening after transfusion completed, and followed by suture of the skin incision finishes the operation.

The procedure may be repeated a day or so later if necessary, using the same donor, if small amounts of blood have been used and no hemolysis has occurred. If it has, a further search should be made for a donor with suitable blood. CHESTER H. WATERS, M. D.

PHI RHO SIGMA NOTES.

"A jug of wine and a piece of cheese,
And thou (freshman) studying anatomy,
Under the bough.

Wouldst that the Gayety had never been known,
Gnow.

We are sorry to report that salicylates are still in vogue. After taking a couple of hundred grains of the same, "Salicylate" Sherwood felt ready to go to the Detention Home, where he forthwith went and sealed in three days as a result of the medicinal rash.

Beede, Westover and Talcott although not guilty of ingesting sodium salicylate, never-the-less were compelled to be isolated for a week. Thus we see that we are often forced to bear the sins of others.

Sherwood reports that he had some very valuable experience as interne on lower Douglas street, and all of the nurses there think he is quite the "drawed rosin."

On account of the warm weather the internship at the Child Saving Institute will soon be abandoned.

A dance was given at the house January 29, being the most successful of the year, on account of the large attendance and excellent music furnished by the Pinkard Colored orchestra.

"Bill" Ensden drove his wagon into Physiology lab the other day but his horses got scared of a sphygmograph and he had to back out. Several forks were lost in the wild careening of the wagon, but no further damage was reported. Andy Dow, who was near by, escaped uninjured.

Dr. Wherry, Dr. and Mrs. Taylor and Miss Kitty Brooks were guests at dinner Wednesday of the past week.

Westover holds the championship for eccentricities. While Beede was leaning down to the fireplace Westover gave him a shampoo. The other day Mauer's cuff received a wallop of the same stuff. For elucidation of these actions see Westover. Chew Wrigleys is our advice to Westover.

Vernon Talcott has been called home by the serious illness of his mother.

GUNSHOT WOUND OF ABDOMEN—REPORT OF TWO CASES.

Dr. John R. Nilsson.

Case No. 1—E. R. Age 14 years, while hunting rabbits with a short barrel .22 caliber rifle, was shot while stooping to fix a snare, which he had placed in path to catch rabbits, the gun being cocked the trigger caught on some brush exploding the cartridge, the ball entering the abdomen in the right lower quadrant one and one fourth inches below McBurney's point. He was brought to the hospital, a distance of eighteen miles, and when put on the table had a pulse of 130 and a temperature of 102.5, this was five hours after the accident. Incision was made along the right edge of right rectus muscle same as for appendix operation and when peritoneal cavity was opened we found a large amount of fresh and clotted blood with some fecal matter free in the cavity, in examining the intestines I found nine punctures of the ileum, two of which were over half an inch in length. After mopping out the abdominal cavity the small punctures were closed with silk purse string sutures with a single Lembert over it (Senn's Method), two half inch drainage tubes were inserted down into the pelvis and wound closed with catgut and silkworm gut, patient put in Fowler's position and stimulation was by hypodermaclysis of normal salt sol., two doses of one-eighth grain morphine was all that was used for pain. Patient made an uneventful recovery, sat up out of bed on the eighteenth day, walked around after the twenty-second day and left the hospital on the twenty-eighth day after injury. I have seen him several times since and he has never had any trouble of any kind, bullet was lodged in muscles of back and was not removed.

Case No. 2—Miss A. Age 18 years, while returning home from target shooting with some companions, their gun a .32 caliber Automatic was discharged, the ball entering her left thorax, between the ninth and tenth ribs, punctured the diaphragm and severed large branch of the superior mesenteric artery supplying mesentery of the descending colon. She was brought to the hospital entering eight hours after the accident. She was in extreme shock, her lips, cheeks, conjunctiva were colorless, pulse barely perceptible at the wrist, she was the picture of one suffering an internal hemorrhage. After being put to bed and warmed up and a short rest from her long trip I opened the abdomen through an incision along the left edge of the left rectus muscle and when abdomen was opened I found it full of clotted and fresh blood, which was mopped out and parts inspected, I found a hole in the diaphragm, the stomach and intestines were uninjured, but found artery of the mesentery severed, this was ligated a small cigarette drain left in the abdomen and closed

in the usual manner, patient was stimulated with normal salt sol. given both hypodermaclysis and rectum drop method, morphia one-eighth grain doses for pain as needed, bullet was lodged in muscles of back and and was not removed, patient made an uneventful recovery and left the hospital in twenty-one days.

THE STRABISMUS QUESTION.

Strabismus, or the so-called cross eyes, is such a distressing deformity that patients so afflicted are entitled to all the help we can give them.

Patients are often confused by the disagreement of various men as to the cause and treatment of this trouble, which in turn is explained by disagreement of the so-called authorities, some insisting that errors of refraction are responsible for the trouble while others are just as confident that the centers, and they alone, are at fault.

Our prognosis and treatment in any case of strabismus will depend largely in the character and history of the squint. For example: If we find the movements of the fixing eye to be normal and those of the squinting eye limited, if there is a history of injury of the extrinsic muscles of the globe, of syphilis, intracranial pressure, accessory sinus disease, or if the patient's nervous system is below par. In all such cases the treatment must be directed to the individual case and while errors of refraction should be corrected they cannot be considered as the cause of the trouble.

The most frequent form of strabismus is the so-called concomitant or that type in which the movements of the eye are equal in all directions but in which the distance between the pupils is greater or less than normal so when one eye fixes or looks directly forward—the other turns in or out. Usually the squint is constant; in which case the vision of the squinting eye is usually decidedly less than the other: occasionally the squint is alternating—the patient fixing part of the time with the right and then without any apparent cause, changing to the left; in these cases the vision is about equal in each eye. Sometimes these squints are only noticeable when the patient is tired or excited, and there have been cases reported where they have an apparent periodicity, but these cases can usually be accounted for either through occupation of hysteria.

Within recent years two theories purporting to clear up the etiology of concomitant squint have been advanced, dividing ophthalmologists into three rather distinct groups.

First: those who are firm believers in the theory of Donders.

Second: A similar body who are sure that the fusion theory of Worth offers the only explanation worthy of notice.

Third: A strong majority who have been able to recognize the good in both theories and to use them to practical advantage.

The theory that hyper-metropia is a cause of convergent squint was advanced by Donders in 1864 and in brief is as follows:

When the normal eye receives rays of light from a distance of 6 meters or more, neither accommodation nor convergence is employed

to secure clear vision. When the object is closer than 6 meters both accommodation and convergence are essential to accurate binocular vision, for instance, if the object is at a distance of 1 meter, one diopter of accommodation and one meter angle of convergence must be employed. If the distance is $\frac{1}{2}$ meter 2 D. and 2 meter angles are necessary, there being a definite relation between the accommodation and convergence. In hyperopia this relationship is disturbed—the accommodation acting much in excess to secure clear and single vision.

Thus when a patient with 2 D. of hyperopia fixes an object at 6 meters although he must accommodate sharply to get clear delineation, his convergence is at rest. At a distance of 1 meter the relation is the same—the patient employing 3 D. of accommodation to one meter angles of convergence. If in addition to this lack of harmony between accommodation and refraction there is marked anisometropia or if corneal, lens, or vitreous opacity are present in one eye or if the muscular resistance is lowered by traumatism, local inflammation, etc., the convergence is stimulated to over activity.

Abineau from a study of 745 cases of strabismus in school children, found the chief etiological factor to be errors of refraction, with ocular lesions and nervous affections as contributing causes.

Worth's theory is based on a defect or absence of what he calls the fusion faculty. This faculty is latent at birth, beginning to develop about the 6th month and becoming fully developed at 6 years, and when the fusion sense is once fully developed neither hyperopia, anisometropia nor heterophoria can produce a squint. Worth and his followers claim that if the training of the fusion sense can be started early enough, the squint can be permanently cured and amblyopia prevented.

Worth admits that hyperopia is the chief contributing cause and also mentions congenital amblyopia, esophoria, anisometropia, hereditary influences, etc., but that none of which can produce the trouble so long as the patient has a normally developed fusion faculty. The fusion theory while it may or may not be sufficient to explain the etiology of convergent cases scarcely seems adequate for divergence. These cases are relatively quite numerous, usually come on after the fusion faculty should be fully developed and is one apparent defect in Worth's theory of defective fusion as the cause of squint.

Donders first called attention to the high percentage of cases in which myopia is associated with divergent squint reasoning that as the accommodation relaxes the convergence would lose its tone to a certain degree, especially in the presence of other factors such as over developed recti muscles, wide base line, etc.

But it is not the theory that interests the patient so much as what we may be able to do in a curative way. It may be positively stated that no operative measures should be attempted until refraction and training have been given careful consideration. There are cases where careful examination shows us that neither glasses nor orthoptic measures would be of any benefit; for example where the vision of the squinting eye is very poor 20/200 or less and the condition has existed into the early adult years. Any errors of refraction should be care-

fully corrected under a reliable midriatic. Homeatropine does very well in 3 to 4% solution; atropine though an excellent midriatic is so slow to clear up that many patients object to its use.

If the squint is divergent, especially if there is myopia, little improvement can be expected from the use of correcting glasses, but if in convergent strabismus the patient has an error of at least one diopter of hyperopia with useful vision in the squinting eye full correction should be given, and if the error is not very great, 1-2 diopters, or if full correction has not given the desired result, one to two diopters may be added in pasters to relieve all accomodative effort in reading, looking at pictures, etc.

Some do not put glasses on the patient before 18 months or 2 years of age, others with whom we agree correct the error as soon as it is determined, though the child is but a few months old. If there is any pronounced error in refraction the child will be glad enough to wear the glasses for the sake of the improved vision.

It should be carefully explained to the patients or parents that the glasses should be worn constantly and that no matter how straight the eyes are with the glasses on, the squint will return if they are discontinued. If after the glasses have been worn a year or so there is no improvement, operative measures may be considered. Many operators prefer to wait till the patient is ten or twelve years old, while others operate as soon as refraction and training fail of further improvement. Much depends on the character of the squint and the operation indicated.

Authorities differ as to the value of fusion training. If the patient can be carefully controlled and if some one of the family can be taught to give the exercises properly, much can undoubtedly be accomplished. The simplest of these is to cover the fixing eye with a patch or bandage for a certain portion of the time, or the pupil of the fixing eye may be dilated with a mydriatic for a period of days or weeks, compelling the use of the deviating eye; or one of the various forms of stereoscope exercises or Worth's amblyoscope may be used. While our experience with the orthaptic exercises has not been very encouraging we have recently had a very satisfactory report from a case that has been using the amblyoscope under the direction of the family physician. In any case the patient should have the benefit of both correction and training before any operation should be attempted.

As to the nature of the operation little need be added. Statistics show that tenotomies before the age of 10 or 12 are more frequently followed by secondary deviations than those done later in life. The relative value of tenotomies, advancement or the so-called trucking operations rests largely with the individual operator some depending almost entirely on one form of operation for all cases while others use the operation that seems best adapted to the individual need of the case.

In conclusion, first observe care in diagnosis, only disappointment and discredit follow attempts at cure by refraction or training in cases due to paralysis, syphilis traumatism, etc. Second both the

theories of Donder and Worth are necessary to explain the etiology of concomitant convergent squint. Every case is entitled to a careful examination and the trial of all non-surgical means indicated before operation is instituted.

JAS. M. PATTON, M. D.

JUNIOR NOTES



In the last issue of the Pulse there appeared some notes written by F. S. Salisbury, concerning and involving the Junior Editor, may his tribe increase. In order to square things up we make public the nocturnal visits of very frequent consistency to his harem at South Omaha. He makes all of his classes in spite of this, but he cannot make the autopsy demonstrations. He frequents classes and clinics with loud socks.

Hollister—"What is the treatment for fracture of the upper jaw?"

Brix—"Immobolize it."

Hamilton—"What is orthopnea?"

Brix—"I thought I told you last time."

The highest ambition of Montgomery, our Neurasthenic, is to be seen having the floor and rattling his brain with a lot of fellows. After hearing him recite in Hollister's class we know why they call the course "Bone Surgery."

(Scene in class in Medicine)—Prof. asks Monty if there are crepitant rales in pneumonia—Monty steps out with "No, you have moist rales."

Wildhaber, in reporting a case, makes it known that he "consulted Sollmann" in regard to it. According to Wildy, the symptoms of chlorosis are "dropping dishes, eating lead pencils, etc." But we "presume" he consulted no one regarding "paterism" for one morning when he was missed in class he was seen marching down the hall in the hospital with a baby in his arms with the air of a full fledged pater.

Martin, Johnson, Gifford and Way are appointed as committeemen to arrange the Annual Spring day picnic festivities. It is believed that this year the picnic will be even more successful than any year heretofore.

It is sad that we can Neithergaard nor Krizify the Klinkers, or we Sherwould do it.

As soon as spring fever takes affect, Doc. Talcott will give us a lecture as to why he should live, to supplement he will talk on "cor-sets."

Lake was told at the Dispensary to note on the patient's card—"Fissures touched with silver nitrate."

But he writes—"Fisher's test for silver nitrate."

An answer by Mauer in Dr. Hull's class—"Personally I don't know what the Luetic treatment is, for I've never taken it up."

Charles Way was confined to his home during his week's illness, but is now back with an Overland car.

SENIOR CLASS NOTES.

Dr. J. E. Summers has installed a system at the Clarkson compelling each student to wear a long canvass gown while in the operating room attending clinic. As the doctor says, it probably looks better, and is probably more nearly in accord with operating room technique but they are hot—oh Gee! but they are hot.

Dr. Findley calls the class the Ku Klux Klan when thus be-decked. However, the gowns furnish some of the younger members entertainment by tying the strings to the clinic rail and by knotting Miss Warner and Mr. Neihaus closely and tightly together.

For the latest technique in spraying throats and passing stomach tubes see Leonard.

When asked rather unexpectedly, what the functions of the foot were, Linn replied: for locomotion, support and protection. The professor kicked rather vigorously at such an answer.

Dr. Gifford says it is cruelty to dumb animals to try to save an eye affected with panopthalmitis.

Dr. Lord has a new method for extracting histories from old maids. He uses a cork crew.

SOPHOMORE NOTES.

Sealed bids for the contract for the installation of voting booths in room 302 will be received by Dr. Pilcher. This is to enable the one who writes the prescriptions for the rest of the class to prevent encroachment on his prescription-copyright.

Dr. Taylor—"In pregnancy, most women don't drink much—water."

Snicker from, Dutch who don't believe it.

"Wear, what is the complimentary space?"

"Oh, that's the space found down there, somewhere between the twelfth and thirteenth thoracic vertebrae and ribs—"

Evidently there is a return to the premedical conception of anatomy in the child's mind. Or else did we have the special specimen of the thirteen ribbed skeleton in anatomy lab. in mind?

Dr. Pilcher—"Every time you swing your arm, then, there might be something shoved out, and I don't know what it might be."

Dr. Taylor—"Miller, what would you think, if on the third day, your woman complained of a large gland in the axilla?"

Miller didn't quite know what "your woman" meant.

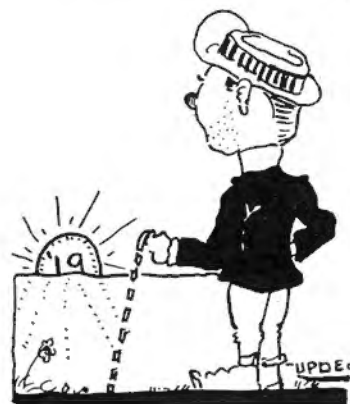
Dr. Shultz—"Meyers what are the four cardinal symptoms of inflammation?"

Meyers—"Rubor, calor, dolor, tumor."

Dr. Shultz—"Well, go on, what are they in U. S. A.?"

Dr. Anderson—"Miller, did you just answer?"

Miller, mendaciously, "Ye-ah."



FRESHMAN NOTES.

Dr. Morse has found a new reagent for precipitating casein in a "fresh" solution. The reaction was also demonstrated to be reversible.

The manager of the DeLuxe has decided to close doors until Bill Deals' knee gets well. Reason—Business is poor.

Deering was threatened with an attack of "low-power" pneumonia not long ago, but is now full recovered.

Any one wishing a free car ride to the city speak up.

Ike Northrup furnishes nickles to all comers. (Put a knuckle in for me.)

The next issue of the A. M. A. will be graced by an article by Dr. Harry Magee on "The Detachable Parotid Gland."

The old saying goes like this "Get what you go after."

Why didn't "Friday" get his job?

In a previous issue of this noble aid of the uplift of literature, our worthy Sophomore editor cast insinuating reflections as to the chewing ability of the Freshman class. The poets have said "Men who chew are men who do," and who can deny this broad assertion? We will bestow, however, without any argument on our part, the ancient Mexican title of Toreador upon the Sophomore class.

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