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## The Pulse, Volume 10, No. 8, 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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ADDRESS ALL CHECKS TO THE BUSINESS MANAGER

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## PRE-MEDIC PROGRAM TODAY

- 7:45 A. M.—Leave Lincoln on Burlington.  
9:45 A. M.—Arrive Omaha. The Entertainment Committee will meet party with autos.  
10:00 A. M.—To various clinics (Clarkson, Wise and Methodist Hospitals).  
12:30 P. M.—A ride about the city.  
1:15 P. M.—Gather at University Club.  
1:30 P. M.—Luncheon at University Club.  
2:45 P. M.—To College Building via autos.  
3:00 P. M.—Inspection and demonstrations in all departments in building.  
6:00 P. M.—Dinner at fraternity houses.  
Evening entertainment at option of visitors.

Faculty Committee on Student Activities

DR. A. A. JOHNSON,

DR. B. W. CHRISTIE,

DR. W. N. ANDERSON.

### LEGAL NOTICE.

This certifies that J. Calvin Davis, Jr., business manager of The Pulse, which is the monthly publication of the University of Nebraska College of Medicine, appeared before Mrs. Margaret Quinlan, a notary in the city of Omaha, Nebraska, March 28, 1916.

Guy L. Weigand, Omaha, Neb., Editor-in-chief.

J. Calvin Davis, jr., Omaha, Neb., Business Manager.

The publication board of the University of Nebraska College of Medicine is composed of Dr. J. M. Patton, Dr. A. E. Geunther, William Shepherd and Sanford Gifford, all of Omaha, Neb.

There are no bondholders, mortgagees or other security holders.

(Signed) J. CALVIN DAVIS, Jr.

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## EDITORIAL

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### DEPARTMENT CHANGES

It is with great regret that the school announces the resignation of Dr. Oscar T. Schultz, Professor of Pathology and Bacteriology, and of Dr. Max Morse, Instructor in Biochemistry.

Dr. Schultz came to the College of Medicine three years ago, at the time of the removal of the laboratory courses from Lincoln to Omaha. The present development of the department of Pathology and Bacteriology is due entirely to his efforts. Dr. Schultz combines exceptional teaching ability, a thorough training in his subject, and executive ability of a very high order. He goes to assume the directorship of the Pathological Institute connected with Michael Reese Hospital in Chicago. His many friends at Nebraska will watch his work in this new post with the greatest interest.

It is unfortunate that as yet the middle west state universities cannot afford as good salaries to highly trained men as is necessary in order to hold them for a longer term of years. The College of Medicine of the University of Nebraska acknowledges its debt to Dr. Schultz in bringing the efficiency of his department to its present high standard. Dr. Schultz as director of the Pathological Institute mentioned above takes with him to Chicago Dr. Max Morse as research biochemist. Dr. Morse is particularly gifted along research lines. He has a thorough training in biochemistry, unlimited energy and perseverance. While Dr. Morse has been with us but one year, we have learned to appreciate his ability and efficiency, and it is with regret that his resignation is received.

The College extends heartiest congratulations to Dr. Schultz and Dr. Morse on the promotions so well deserved and best wishes for their greatest possible success in the new field.

I. S. C.

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In the interests of greater efficiency, it has been deemed wise to combine the departments of Anatomy and of Histology and Embryology with Dr. C. W. M. Poynter as head. Dr. Willard will remain in the department as Professor of Anatomy. A reorganization and rearrangement of some of the courses in this combined department is in progress, announcement of which will be made later.

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A special committee, consisting of Dr. C. W. M. Poynter, Dr. A. A. Johnson and Dr. Palmer Findley has been appointed to review the field of applicants for the professorship of Pathology and Bacteriology in the University of Nebraska College of Medicine. A number of available men are being investigated and it is confidently anticipated that a worthy successor to Dr. Schultz will be secured. There will be added this coming year to the department a full time instructor in bacteriology. The appointment of this instructor will await the selection of the new professor.

**DR. M'KEAN ADDRESSES CONVOCATION.**

One of the most profitable student and faculty convocations of the year was held at the college building Friday evening, May 12. The subject of Dr. J. W. McKean's address was "Leprosy." Dr. McKean was a former Omaha physician who was succeeded in practice by Dr. H. M. McClanahan. Dr. McClanahan introduced the speaker.

Dr. McKean reviewed briefly his experience of twenty-six years of medical work in Siam. He presented in a very modest way the results of the work in establishing the only leper colony existing in Siam. Dr. McKean said in part:

"Leprosy is one of the most ancient known diseases. Records have been found which date 5,000 B. C. which describe leprosy with considerable accuracy. At one time leprosy was common in continental Europe, but today is a negligible factor. Leprosy, however, exists in practically all parts of the world, Norway, Iceland, Siberia, Northern Russia, Greenland, but particularly in tropical countries and especially in India. The census of India gives 125,000 lepers. There are probably three times that many. In Siam there are probably ten to fifteen thousand lepers. The disease is not readily communicable. Infection is probably transmitted from nasal mucus in that one of the early methods of identification is the finding of the bacillus on the nasal septum. Blood sucking insects undoubtedly play a part in its transmission. In tropical countries it has been found that approximately forty per cent of all lepers have scabies. The incubation period is very long, hardly less than a year, sometimes two or three years. The early manifestations are characterized by loss of sensation, usually first noticed in the little finger. The skin lesions, if anaesthetic, are regarded in tropical countries as positive signs of leprosy. Two distinct types of leprosy are noted. First, the tubercular or moist type characterized by the formation of large ulcers. Second, the anaesthetic or atrophic type characterized by progressive atrophy of bone and muscles. In this type ulcers are less prominent. Mutilation is most characteristic. There is great pain with this disease, but frequent remissions occur in which the patient seems to rapidly improve, although the termination is always fatal. Of lepers thirty-eight per cent die as a direct result of leprosy, others die of inter-current diseases such as tuberculosis, pneumonia, etc. Children of leprous parents who are removed from contact with the parents and placed in a new environment are almost certain to escape leprosy. As far as statistics go, ninety-four per cent of children so removed are not infected. One of the largest factors in the work of the leper colony which Dr. McKean supervises is the segregation of children of leprous parents. Schools are provided for these children. The treatment of leprosy has apparently been without avail. Recently, however, a new method for the hypodermic injection of chaulmoogra oil dissolved in camphorated oil holds out some hope for a remedy which will be effective. The hypodermic injection of the oil obviates the intense nausea brought on by administration by mouth."

Dr. McKean showed a series of lantern slides illustrating different

types and stages of leprosy. The slides gave a very clear idea of the difficulties of leper segregation, of hospital construction and of the attempts to better the social conditions of Siam.

A number of visitors have been shown through the building the past week, among these being Dr. J. W. McKean of Siam, Dr. J. F. Churchill of the staff of Wesley, Hospital, Chicago; Dr. Caroll Fox of the United States Public Health Service and Professor Frandsen in charge of Dairy Husbandry of the University of Nebraska at Lincoln.

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### DISPENSARY NOTES, MONTH OF MARCH, 1916.

There have been 1,407 patients cared for during the above month, which is 86 more than during any single month heretofore.

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### FACULTY NOTES.

The College of Medicine of the University of Illinois has established a summer quarter devoted entirely to research. Dr. W. A. Willard has been offered and is considering the acceptance of a position on the anatomical staff. The conditions for research are ideal, placing at his command the services of trained technicians, typist, artists and dieners.

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Dr. W. F. Milroy will read a paper on "Strychnia as a Tonic" before the American Therapeutical Society meeting in Detroit in June.

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Oscar T. Schultz, M. D., Professor of Bacteriology and Pathology, has accepted the directorship of the Nelson Morris Memorial Institute for Medical Research, Chicago.

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Max Morse, Ph. D., Assistant Professor of Biochemistry, has been made associate in chemistry in the Nelson Morris Memorial Institute for Medical Research, Chicago.

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Dr. Max Morse was recently elected a member of the Biochemical Society of England.

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With this the last issue of the Pulse under the management of the regular staff, the May issue being turned over to the Senior class each year, we wish to thank the Alumni for the support that the arrangement to use the papers given by them at the annual Alumni week has been to the Pulse. We have tried to get all of the papers given at that time, but owing to difficulty in procuring some of them not all have been printed, and there may be some of the Alumni who feel that the Pulse have not done their part. However, we wish to state that every effort has been made to do so and we trust that another year the same arrangement can be made and to the satisfaction of all.

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In behalf of the faculty and student body we extend a welcome to the premedical men. We hope that you are as glad to be here as we are to have you with us. A program, printed in another part of this issues, outlines some of the things that have been planned in honor of your coming. We bid you welcome.

# THE PULSE

Vol. X

Omaha, Neb., April 22, 1916

No. 8

## DIAGNOSIS OF PLEURISY

One of the most common errors in diagnosis is in relation to acute pleurisy, with or without effusion, that is in the first or second stage. The same may be said of chronic pleurisy with effusion, whether the effusion be serious, purulent or hemorrhagic.

Pleurodynia is altogether too frequently mistaken for acute pleurisy. We are all too prone to think of the movable pleural surfaces in connection with every case presenting a stitch like pain in the side and reach an erroneous conclusion without taking pains to justify any conclusion.

The word pleurisy fitted into the medical history of any man carries with it the suspicion of possible tuberculosis, the assumption of adherent pleural layers and a reasonable certainty of more or less impaired lung—with probabilities of remote effects. If it be borne in mind that pleurisy is an inflammatory affection, while pleurodynia is not, the clinical history presented will materially aid our physical examination in differentiating. In pleurisy one is likely to feel ill aside from the pain, there is apt to be fever, and a dry cough, hacking in character, is usually present. Not so in pleurodynia, the only symptom of which is the pain which is aggravated as much by movement of the body as by acts of respiration.

Our physical examination should be conducted with the chest uncovered. In pleurisy there is often diminished resonance on percussion and the friction rub is heard at or below the seat of pain; it is noticed on inspiration and still more on expiration. In pleurodynia there is nothing abnormal determinable excepting the shallow respiration occasionally present on account of the voluntary restriction of the movement of the chest wall. Diaphragmatic pleurisy may not be attended by physical signs which can be elicited, and we then must rely on the clinical history.

Acute-pleurisy may be mistaken for croupous pneumonia, especially so when the former is severe in onset; but pleurisy is rarely ushered in with a chill, pneumonia commonly so; the respiration and fever of the latter are higher than are seen in the former, there is expectoration in pneumonia, tenacious and soon becoming rusty; whereas in pleurisy the cough is dry, hacking and unattended by secretion. In the first stage of both the physical signs may be differentiated. There is absence of the friction rub in pneumonia, unless the pleura is involved, and there may be found the crepitant rales which are considered diagnostic of pneumonia. As the case progresses, the more profound illness attended by nervous symptoms, the disap-

pearance of chlorides from the urine and the physical signs of consolidation would lead us away from pleurisy.

Pleurisy of the left side may be confounded with acute pericarditis. The friction sound, which is heard with both, is nearer the median line in pericarditis, it persists while the breath is held and is a to and fro sound synchronous with the heart beats. There is more disturbance of the heart's action in pericarditis than in pleurisy and as the case advances to the second stage the effusion is limited to the precordial area in the former.

The pain occasionally attending the invasion of the apex by tuberculosis may be attended by symptoms and signs of a localized pleurisy, but in all such cases the very localization at the apex should force us to a suspicion of more serious trouble, even where expectoration with the cough, a slowly developing clinical history, gradual loss of flesh and debility were not pronounced, and the tubercle bacillus was not yet found.

Pleurisy, with effusion, whether acute or chronic, occurring as a primary or secondary disease, in my experience has been overlooked more than any ordinary affection of my acquaintance. The insidious development of many cases, its occurrence as a complication of, or sequel to, pneumonia and tuberculosis, seem to permit of its escaping detection, largely, I fear, because of a lack of appreciation of the possibility of its occurrence, and a want of systematic physical examination, which would reveal its presence. Fourteen years ago I treated a young man through a case of croupous pneumonia of quite severe, though characteristic type. Crisis occurred on the seventh day, but temperature did not quite reach the normal. Resolution did not become complete in the solidified area, the cough and expectoration increased, the fever gradually arose to 102, and there was persistence in the dull area with bronchial respiration and suberipitant rales. He developed night sweats without chills. The expectorant was muco-purulent, occasionally tinged with blood and in the presence of a family predisposition to tuberculosis, I felt convinced of a development in this direction. For two months there was scarcely any variation in the physical signs of consolidation; he became considerably emaciated, and I was at sea because repeated microscopical examination failed to reveal the presence of tubercle bacilli in what appeared to be quite characteristic sputum. It then occurred to me to explore the affected area with the needle, when the diagnosis of empyema was at once revealed, an operation performed and my patient went on to complete recovery, and he is still in good health. Since that time it has been my fortune to meet with at least ten cases in consultation, in which a diagnosis of either pulmonary tuberculosis or chronic pneumonia had been made, where exploration showed neither to exist; and one experience was narrated to me by an undertaker where in preparing a body for the final disposition he found the pleural cavity full of pus. A number of years ago when attending at St. Joseph Hospital, a case of heart disease was sent to my ward with a communication that the patient had reached the limit of cardiac compensation and needed to be cared for

in a comfortable place until the end. Examination plainly indicated mitral disease with very feeble heart action, general anasarca and pronounced classical signs of an effusion filling the right pleural cavity. Over three pints of serous fluid were aspirated, prompt relief to orthopnea resulted and under stimulation cardiac compensation became restored and the patient left the hospital in a few weeks in a much improved condition. About three years ago my attention was called to a young woman in the Methodist Hospital, who had stopped there to rest for a few days on her way south from northern Nebraska, whence she had been sent on account of supposed pulmonary tuberculosis. On examination she presented the typical signs of pleural effusion, reaching to the third rib on the right side. Nearly two quarts of sero-fibrinous fluid were slowly aspirated, the lung expanded at once and during ten days to two weeks she was kept under subsequent observation, there was no return of the effusion, the lungs were free from indication of involvement and she returned to her home instead of going south, a well and much surprised patient. Three weeks ago a boy seven years of age appeared in my office with his parents on their way with him to visit in the country, where they felt a change of air would enable him to better throw off the debilitating effects of whooping cough, which he had last spring. He had not been confined to bed, was thought not to have had a fever, but his appetite was not good. He was disinclined to play and a slight dry cough had persisted most of the time since the whooping cough. He had not been examined by a physician, but the mother had given him various tonics. The father was known to me as having had suspicious tubercular pulmonary trouble and I requested a thorough examination of the boy. The physical signs were atypical and I will give them in detail. On inspection the right side was seen to move less freely than the left, the intercostal spaces were slightly more prominent, the apex of the heart was seen to pulsate an inch and a half to the left of the normal, but in the same horizontal line. Litten's phenomenon was absent on the right side. On palpation distinct vocal fremitus was noted on the right side, in areas less marked than the opposite corresponding. On percussion there was marked dullness over the entire right chest up to the third rib. On auscultation bronchial respiration and bronchophony were distinct over the area, but perhaps distant somewhat, puerile respiration was noticeable on the left side and there was no cardiac murmur. The breath sounds over the right lung and the presence of the vocal fremitus with dullness rather than flatness were suggestive of consolidation or tumor involvement of the lung. The displacement of the heart apex in the absence of a murmur and kidney disease, and the fullness of the intercostal spaces were suspicious signs of an effusion. The history was toward an effusion. The aspirating needle was introduced in the seventh space in the axillary line and three pints of sero-fibrinous fluid withdrawn. The lung expanded promptly, the heart apex resumed its normal position and during the ensuing week there was no return of the fluid. These pleural cases illustrate two points which I wish to make; first, that cases of pleural effusion may present



atypical physical signs which are misleading, and second, that in quite a proportion of cases the chest is not sufficiently examined by the attending physician and consequently the lesion escapes detection. Effusions in the pleural cavity may be inflammatory or non-inflammatory. The inflammatory are sero-fibrinous, sero-purulent and may be hemorrhagic. They arise from pleurisy acute or chronic, pleuro-pneumonia, pulmonary tuberculosis, pericarditis and as complications of the infections. The non-inflammatory are cases of so-called hydro-thorax and result from interference with the circulation as in organic heart disease, venous thrombosis within the chest cavity, chronic pulmonary disease, intra-thoracic tumors, and also from chronic Bright's disease, diabetes and the dyserasiea. The physical signs are usually similar in both cases, but they are less apt to be typical in the inflammatory, for here great thickening of the pleura, localized adhesions, the existence of pulmonary consolidation, communication with a bronchus (pathological states which may exist) interfere with the production of conditions upon which the typical signs are based. Then, too, the signs will vary somewhat according to the amount of effusion within the cavity. It is stated that at least a pint must be present in order that it may be detected and from this amount to a full cavity which will exert displacement of adjoining organs to the maximum, great variation must be expected.

W. O. BRIDGES, M. D.

#### NU SIGMA NU NOTES.

The members of the fraternity who remained in Omaha during the past vacation entertained at dinner Tuesday, following which some of them went down to hear Fritz Kreitzler.

A dance is to be held April 22 as a part of the program for the premedics.

The fraternity has been presented with several good volumes of medical literature that will be a valuable addition to our library.

Among our guests for the past month were Dr. T. C. Moyer of Lincoln, Dr. Pratt and Dr. Van Buren.

J. C. Beyers was one of those absent during the past week end. He attended the Tri Delt formal dance at Lincoln.

#### NU SIGMA PHI NOTES

The Nu Sigma Phi girls of Lincoln entertained the girls from Omaha at Lincoln. Dinner was served at the Lindell hotel, and was followed by an Orpheum party. It is needless to say that the evening was enjoyed by all.

Dr. Olga Stasny took luncheon with the Nu Sigma Phi girls at the college rest room April 6th.

Dr. Harriet Orvis of the Mary Thompson Hospital of Yankton, S. D., visited the college recently. She was accompanied by her father of Yankton, S. D.

**THE DOCTOR'S CHILD.**

She was a doctor's child, and he  
 Embraced the opportunity  
 From all disease to make her free,  
 With absolute immunity.

"And first," said he, "as I indorse  
 Prevention of diphtheria,  
 This anti-toxin from a horse  
 Will kill some bad bacteria.

"Against consumption, you'll allow,  
 No means should be neglected,  
 And so this serum from a cow  
 Would better be injected.

"Another bovine brings a charm,  
 And I indorse it fully,  
 And so this vaccine in the arm  
 Will make the child feel 'bully.'

And once again I pierce the skin,  
 Lest other evils threaten us,  
 And pump another serum in  
 To save the child from tetanus.

"Of snake-bite serum, just a touch;  
 We get it through a rabbit  
 Which we have bitten up so much—  
 It really likes the habit.

"A meningitis toxin, too;  
 Should be inoculated,  
 A guinea-pig we strain it through  
 To get it circulated.

"Some recent serums of my own  
 I'm rather sure will answer;  
 I make them for all troubles known,  
 From freckles up to cancer."

Alas! alas! for all his pains,  
 The end was scarce desirous;  
 She soon had nothing in her veins  
 But various kinds of virus.

Part snake, part sheep, part cow, part goat;  
 Her laugh was a whinny.  
 "Dear me," cried he, "she's partly shoat,  
 And badly mixed with guinea.

"A girl that bleats and chews her cud  
 Will never make a woman:  
 I'd better get some good clean blood  
 And make her partly human."

EDMUND VANCE COOKE.

From "I Rule the House."

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### PHI RHO SIGMA NOTES.

On Friday evening, April 7, a house dance was given at the house and attended by quite a few of the younger alumni, making the affair one of the most enjoyable of the year.

The house was recently honored with a photograph of Dean Irving S. Cutter.

Dr. Merrit of Council Bluffs has presented the fraternity with a complete set of the Edenburg Stereoscopic Atlas of Anatomy, which was greatly appreciated by the Freshmen.

A smoker was given at the house in honor of the faculty on Friday evening, March 17, 1916. St. Patrick's colors were in evidence as decorations. The affair was very successful inasmuch as it was attended so well, even by the busy clinical men, some of whom have never found time to visit us before. A feature of the evening was a prize fight pulled off by "Amoeba" Cultra and "Ikes" Northrup of Missouri, and Neilson and Nolan as promoters and seconds. It was staged as a three round bout. In spite of Northrup's long "hooks" "Amoeba" was able to land a couple during the first round, but owing to the fact that he is a little under weight for a prize fighter the blows were of rather a weak nature. The second round was characterized by increased activity, the Amoeba being very handy with the "dukes" and our Missouri friend, although lax on defense, was there with the "big hits." The third round showed a decided lack of pep on both sides, the participants showing poor form, and it was necessary to make the decision a draw. "Sponge-boy" Nolan, who stood near by, escaped uninjured. The affair was a success and it is hoped that it may be made an annual occasion.

Brother Walvoor made a trip to Chicago and points further east during the spring vacation.

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### APPROPRIATE

"I want a pair of earrings, cheap but purty. They be fur a present."

"Yes, sir," said the jeweler. "You want something rather quiet, I suppose?"

"Well, doan't 'ee go for to making them too quiet, now," replied the farmer. "My girl be deaf in one ear."—Tit-Bits.

**ON ATROPHY.**

Familiar as the phenomenon of atrophy is, it is still a matter for investigation as to what the underlying factors are. Atrophy is of two categories, normal and pathological, yet there is probably no clear line of demarcation between what takes place in the larval frog during metamorphosis and the atrophy of muscle in disuse. Metchnikoff has expressed belief that phagocytes are the immediate agents in atrophy, but there is no doubt but that the process known as autolysis, or self-digestion of the tissues by tissue enzymes plays a role of no small character. The writer has determined that there is no increase in enzyme action during atrophy, as one might be led to expect. He has likewise shown that atrophy can be greatly accelerated by certain means, such as the introduction of certain iodine compounds, reduction of oxygen, etc. If a larval frog be fed with thyroid tissue, it will atrophy in certain organs very remarkably. The writer has determined that there is nothing specific in the thyroid, to accomplish this, but that the process can be induced by feeding an iodized amino-acid, such as 3-5-de-iodo-tyrosin. Iodized blood protein will do the same thing. At the same time, the writer has found that thyroid tissue and iodine compounds in general do not accelerate autolysis, so that it is not clear that autolysis is the chief factor in this case. In the same way, while oxygen reduction accelerates atrophy, the writer has determined that it is impossible to inhibit atrophy by furnishing oxygen in the form of gas, peroxide, etc., to the tissue, once autolysis has commenced. It is known that there must be an acid reaction of the tissue before digestion will take place in atrophy by autolysis. This acid has been studied in our chemical laboratory by Messrs. Meyers and Hoffman and the rate of development of acid at the beginning of autolysis is remarkable. Bradley of Wisconsin believes that the acid changes the substrate and renders it more digestible. (The work of the writer referred to is published in the *Journal of Biological Chemistry*, the *Proceedings of the Society for Experimental Biology and Medicine* and the *American Journal of Physiology*, recent numbers).

Professor Willard has been studying the histology of atrophying muscle for some time past and has reached some interesting conclusions. He has found it possible to distinguish certain cytological elements in the atrophying muscle different from those of the normal muscle. These bodies appear to be of lipoid or fat-like nature and are constant constituents of the cells. Considering the fact that there is a conversion of fat into carbohydrate in the muscle and that carbohydrate is the fuel of the muscle, it is perhaps not altogether surprising that Professor Guenther, who will report his finding in a forthcoming number of the *Proceedings of the Society for Experimental Biology and Medicine*, New York, has found that atrophying pale muscle of the rabbit actually has greater power of performing work and also that the work is of greater efficiency than the work of the corresponding normal muscle! The micro-chemistry of atrophying muscle has never been investigated and the field gives promise of great interest, both from the aspect of pure science and that of clinical applications, while the physiology of atrophy is an unopened book. The decided differences in

atrophying pale and red muscles, which Professor Willard has found on the cytological side and Dr. Geunther has determined for the functional aspect, are of especial significance.

The involution of the uterus has been repeatedly designated as due to autolysis. During these stages, creatin appears in the urine, and creatin is the mark of alterations of muscle metabolism. However, Lovette B. Morse of Harvard reported recently a series of experiments which show conclusively that the creatin does not come from the uterus and that the process is probably not one of autolysis.

MAX MORSE.



SIGNS OF SPRING —UPDE.  
SOME NEW ONES

The American Society of Phrenologists at its recent meeting in Philadelphia prepared for general circulation a list of terms that may be used as synonymous for "hit on the head," thus conferring a great favor on those who are always looking for something new. Here they are:

Drubbed on the dome; bammed on the bean; tapped on the conk; bumped on the beezzer; biffed on the coco; busted on the cranium; whiffed on the skull; cracked on the nut; nailed on the knob; slugged in the belfrey; lammed on the peak; dinged on the brain-box—Cincinnati Inquirer.

WRONG AGAIN

A bridal couple who had been spending their honeymoon in the city had been staying at a large hotel. The lady had been down town doing some shopping and on her return got the doors confused. Stopping in front of one, she said: "Honey, honey, here is your queenie."

A man's voice replied: "This is a bathroom, not a beehive."—Awwan.

George, the four-year-old grandson of an extremely pious and devout grandfather, came rushing into the house wildly excited.

"Grandpa!" he called, "Mr. Barton's cow is dead. God called her home."—Holton (Kan.) Signal.

# GLASS NOTES

SENIOR NOTES  
(P. J. Flory, Editor)



**JUNIOR NOTES.**

Since the spring fever has taken a good foothold among the members of the class, it has been decided to overcome this for the rest of the year by having a "Junior Day" which originated with four charter members during the freshman year.

Time—The exact date will not be given out by the committee until three days beforehand. It is to be expected the latter part of the month.

Place—Somewhere in a grove carpeted with blue grass through which flows lithia water. Scenery includes birds and flowers.

There are several candidates to be initiated into the order on the appointed day. Good time assured. Refreshments and entertainments for all.

Hollister—Where are *ecchinococcus* cysts usually found.

Montgomery—In the uterus.

J. Calvin Davis discoursing in class: The cry of an infant with retropharyngeal abscess is like the quack of a goose.

Way has again recovered from another infection. He was sick with acute ethmoiditis and complicated by otitis media. It seems that Mr. Otitis has found friends in a few of the class.

**News From the Front.**

Losey is now enjoying good health in New Mexico. The latest is that he is chasing Villa in Old Mexico. He expects to be back with us in his usual figure in the early part of May.

Wanted—Someone to give Montgomery daily injections of pure cultures of *bacillus tetanus*.

Absolute Necessity—A pair of strong, durable handcuffs for Brix.

Davis' mustache has now shown such surprising growth that we are forced to take notice of it in the Pulse.

Talcott, who is really a modest young man, has requested that we leave him out of one issue of the Pulse. We are leaving him out this time (but the public is missing something).



We "presume," "see," that we got to get one on "that there" man Wildhaber, who says that "Down in Plymouth" all old men have lumbago. "See."

The Juniors and Seniors will visit the Institution for Feeble Minded at Glenwood, Ia., Friday, April 28. H—m. Why not visit the Senior class.

#### Muck Rakers' Section.

We have a horror to expose,  
A discovery that no one knows,  
For in our dear Salisbury's clothes  
Were found a pair of ladies' hose.  
And if this don't make him look down his nose.  
We feel constrained to further expose  
That shirt waist pins weren't gotten in a doze.

Dr. Owen says that over use of the voice is one of the common causes of laryngitis. We would like to know whether Monty has a specific devised by Dr. Peterson or whether his weekly visits to the Gayety have developed an immunity in him. Monty missed his calling. He should have been an auctioneer or a horse-trader.

#### A BUSY OFFICIAL

In a recent examination paper for a boy-clerk's post was this question:

"If the Premier and all the members of the Cabinet should die, who would officiate?"

Robert, a boy of fourteen, thought for a time, trying in vain to recall who came next in succession. At last a happy inspiration came to him, and he answered:

"The undertaker."—Tit-Bits.

"What did you say your age was?" he remarked.

"Well I didn't say, smartly returned the girl, but I have just reached twenty."

"Is that so?" he returned consolingly. "What detained you?"  
—"Awgwan."

WELCOME  
PREMEDICS



**SOPHOMORE NOTES.**

Dr. Pilcher—"All right, now, say it out boldly—as though you knew it."

There is talk of another convention to be held soon. This will be the second meeting of its kind. It is an annual affair held for the promotion of jollity in the college. More than likely it will be held at the old station, Elmwood Park. Liquid refreshments will be served, and a large attendance is expected.

Dr. Shultz—"Mr. S. M. Weyer, name the serous membranes."

Weyer—"Well, let's see, the pleura, the pericardium, the perineum."

Dr. Shultz—"No, no, the last is a serious membrane."

Age fosters dignity. This was shown in Pathology quiz the other day. One of the instructors came into the room, doffed his coat and hat, glanced at the assembled sophomores and proceeded to call the roll of his SENIOR class.



**A STORY WITHOUT MORALS**

The sad tale of Dr. Schultz's lecture hour. Immoral: Better be full than empty.

Dr. Hall—"Thompson, what is used now to stimulate the appetite?"

Thompson (promptly)—"Alcohol."

Dr. Hall—"No, most of the states are dry, now. Try something else."

A holiday clinic has been started by a couple of ambitious sophomores. Membership is limited only to students of a certain mental status, and the object of the band is to put in holidays and other time for which no other use can be found. Meetings are held at the dispensary. Applicants should hand their names to either Rudy Johnson or Guy Burman.

Folken—"Did you say insomnia or consomnia."

Dr. Hall—"The latter is a drink."

Dutch wasn't familiar with it.

A new hybrid sofo-freshman was recently discovered by Andy Dow, and named by him "The Edd-Wyne."

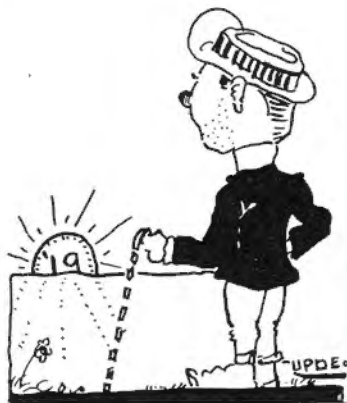
Following Dr. Shultz's suggestion that there be no repetition in the answers to examination questions, many worded their answer thus:  
 Fatty infiltration occurs in the liver, heart, kidney.  
 Fatty degeneration occurs in the kidney, heart, liver.

Word has been received that our man "Dutch" Folken is badly in need of a pair of speeks (glasses, binoculars or anything that will aid his vision).

Kingery (speaking)—"Dr. Hall, are typhoid vaccines of benefit in typhoid fever?"

Dr. Hall (answering)—"No, doctor, I don't believe they aid much."

Kingery fell out of his seat, the royal flush was in evidence and after a few moments of recovery a still small voice, "Were you speaking to me, Dr. Hall?" The horses in the gallery made many loud noises like laughter.



### FRESHMAN NOTES.

On account of the war in Europe and a scarcity of clinical material, the Seniors have had to call on the Freshmen. To date three of the lambs have been offered up and still survive, although Deering is still rather pale. Sands was kidded in to believing that the Lord gave him tonsils for no purpose and now he keeps them on the table to look at. Krahulik also has been practiced on with good success to all parties concerned.

Late Thursday evening Freidel and Beyers were seen beating it for Lincoln on the B. & M. freight hound. It has been rumored that they had a spike-tailed coat, two vests, one pair of pants and a pair of white gloves between them. No doubt the Tri Deltas were greatly honored.

Spring has made her presence by that tired feeling. Hoffman and Miss Mathews slept peacefully through a lecture without even hearing the bell ring.

Coolen is going to give a series of lectures on the derivatives of leucine. The first was planned for April 14 and a demonstration was to be given, but the boys all refused to go.

Green, in preference to the chautauqua platform, has decided to paint lumber yards during the coming summer. We wonder what color?

The Anatomy class was entertained by a lecture the other day on "Why Boys Leave Home," or "Beware of the Girls With the Dreamy Eyes."

Everybody is having it done. Gries is next.

Dr. Cutter has promised the freshmen that he will taken them out on his farm and demonstrate the ability of a certain calf to eat soup.

Mac (in Quiz.)—"Bailey bound the superior mediastinum."

Bailey—"I raise that three."

So long as it is all in the book Puris sees no object in percussion.

Fond mothers in the neighborhood where Harry Magee lives have taken to calling their daughters into the house when he is seen approaching. That boy is a cuss.

A certain freshman will give a reward to anyone who will tip him off to an excuse to tell father. Lab. fees are all paid, there are no books to buy now and this spring weather takes cash.

"Big Swede" Nielson has gone into the publishing business. He intends to get rich quick and is going to run a magazine in competition to the Ladies' Home Journal.

The boys in chemistry lab. still have strength enough to hang out of the windows and wave at all the girls that pass by. However, the spring weather has reduced their speed some and the rush to the windows is made in only half the time.

### SO SAY WE ALL

Though they affirm  
 A deadly germ  
 Lies in the sweetest kiss,  
 Let's hope the day  
 Is far away  
 Of antiseptic bliss.  
 To sterilize  
 A lady's sighs  
 Would simply be outrageous.  
 I'd much prefer  
 To humor her,  
 And let her be contagious.

—By a Dietetic and Hygienic Gazette Subscriber.

### A GENTLE HINT.

"I see you have your arm in a sling," said the inquisitive passenger. "Broken, isn't it?"

"Yes, sir," responded the other passenger.

"Meet with an accident?"

"No, broke it while trying pat myself on the back."

"Great Scott! What for?"

"For minding my own business."

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