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University of Nebraska College of Medicine

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The Pulse

THE CONNECTING LINK BETWEEN
STUDENTS, ALUMNI AND FACULTY
OF THE
UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE

Vol. XI

DECEMBER 30, 1916

No. 4

GOOD MEDICINE

□ □ □

When we sigh about our trouble
It grows double every day;
When we laugh about our trouble
It's a bubble blown away.

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(This ad. contributed to The Pulse Box.)

THE PULSE

PUBLISHED MONTHLY

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EDITORIAL.

This last month a "Pulse Box" has been placed in the men's smoking room. Everyone is invited to drop in items of interest. Not only items, but articles as well are solicited. We feel that if the students will give us their views or suggestions as to how we may work more efficiently or how the school may work more efficiently, that it will not only stimulate a greater interest in The Pulse and make it a better paper, but that it will also be of material benefit to the school. In other words, "The Pulse Box" is not necessarily a receptacle for class jokes, but it's purpose is more to get an expression of thought from the student body. Articles of criticism of a constructive nature will be appreciated. Articles of criticism, destructive in nature will hardly find favor. A special column will be run for the "Pulse Box." It is to be hoped that this Box will justify its existence—but only if the proper interest is taken by the student body as a whole. Let us all boost together.

FROM OUR INTERNES.

Long Island College Hospital,

Brooklyn, N. Y., Nov. 20, 1916.

The Pulse, Uni. of Neb. College of Medicine,
Omaha, Neb.

Gentlemen: During a moment of insanity I composed a little poem entitled, "To The Old School," which is herein enclosed.

As to New York, it is an excellent place to get experience. However, it doesn't appeal to me as a place to live. There are excellent clinical facilities here and a man can see scores of every kind of case during his internship.

With my very best regards to all the fellows, I remain,

Very Sincerely Yours,

A. J. YOUNG.

To The Old School.

Twelve months have fled since in thy halls I strolled.
 I loved thee then; I love thee now tenfold.
 The bright and happy days I spent within thy walls
 Shall always be remembered no matter what befalls.
 But when my wanderings in the metropolis are done
 I shall return to see thee, Paradise beneath the sun.

The old familiar faces to me distinct appear;
 The old familiar rooms, though distant, stand out clear.
 I often think and think of the hallowed places there
 Where we sat transfixed beneath the old professor's stare,
 Where seeds of knowledge in our brains were placed.
 Old School! our memories can never be effaced.

Our hardest days of school—sad thought—are all gone by.
 But we yearn again for thee with one long heaving sigh.
 We have scattered far and wide, to North, South, East and West;
 Yet in Nebraska stands the place we hold twice blest.
 The past sweet days fond memories around thee fling.
 Let the heavens with thy anthems and thy praises ring.

—A. J. YOUNG, New York.

The Swedish Hospital,
 Minneapolis, Min., Nov. 17, 1916.

The Pulse, College of Medicine,
 University of Nebraska.

Gentlemen: Had intended to get down for Alumni week, but too much work held me off.

In regard to the Hospital here, we have four operating rooms going daily. Starting next month I shall be head surgeon on the house staff and so will have a chance to pick my cases in which I am interested. Am getting valuable work. My service on the staff is mostly surgery. I put in practically twelve months of surgery.

Last year the Mayos had the highest rating for hospital surgery—we came next with the largest number of surgical cases of the hospitals in Minnesota.

Am well satisfied with the internship here.

Sincerely,

C. A. UNDINE.

Pharmacology.

The goats leave their stalls at the blackboard after attempting to write a prescription.

“The goats as well as the sheep better—or rather the sheep had better get busy.”

Methodist Hospital Clinic.

Dr. Bridges (Thinking of T. B.): “Mr. Figi, what is the most prevalent disease in the U. S.”

Gigi: “Specific Urethritis.”

Dr. Bridges: “Well, I guess your right at that.”

Bishop Clarkson Memorial Hospital,
Omaha, Neb.

Dear Doc: After reading the last issue of the Pulse, we decided to write about ourselves, not meanin' to brag any. We are gettin' along some ourselves. The man on surgery has tied the skin suture on two different occasions. He aint done no hermiotomies, but he gits to manicure the toe-nails before all the club-foot operations. The series of one case of polly-my-light-us died. No autopsy. The staf men have told us to catherize a couple of times, but the patients usually balked. The men on medicine aint found no malaria paracites, but he found suger in one man's urin much to the surprise of the attending Doc. Von Pirquets are common, having done three myself. The staff tells us that we take fine long historys even going so far as to inquire about the patient's age and occupation. We find in our series that most of 'em have had childhood diseases. We are allowed considerable fredom between 12:30 at night till 6:30 in the morning. This being about all, guess we will close.

Very respectfully,

D. B. PARK.

P. S.—Forgot to mention the stomach tube. Never used it yet, but after watching the staff men a number of times, I think we could. Dr. Crummer promised to let us do one before we finish. Surgery is also picking up now. Had as high as three operations in one week. Some of the surgeons are pretty good now. One man did an appendix in one hour and forty-five minutes.

SENIOR NOTES.

Dr. Hollister: "What would a swelling of a young man's knee suggest?"

Aage Brix: "Housemaid's Knee!"

Gifford in a recitation recently stated that Pururitis Vulvae was more common in women!

Ever since Salisbury had his tonsils removed, he has been carrying around with him some tongue depressors. Is it because he wishes to furnish the clinicians with the same or for the purpose of examining his throat daily?

Dr. Aiken often uses Davis to demonstrate what his lectures indicate.

Montgomery has even attained the title of Specialist on Mental and Nervous Diseases. He suggests wisely the treatment of such cases.

Whenever some one drops a pen or note book in class, all eyes quickly focus on a certain person to see if he has gone to sleep again. A good remedy was suggested for sleepers—"Ginger Balls."

JUNIOR NOTES.**A Day With the Junior Class—Short Shots from Clinical Pathology.**

“In the liver we find fatty change in beer drinkers and women—fat women at autopsy. I don’t know why they are fat. Perhaps because they do not tear around as much as the men.”

“Speaking of cancer of the rectum with metastasis, reminds me of a case. The man came down to breakfast and his wife said, “John, you are yellow.” He was yellow. Two weeks later he died. I have his liver on that further table.”

“If you see a man who you think has an echinococcus cyst of the liver, ask him if he lives with dogs or if he ever has had dogs!”

SOPHOMORE CLASS NOTES.

The report that Magee was married during Thanksgiving vacation has been confirmed by Magee himself. If this will encourage Harry to work any harder the several aspirants for A. O. A. will surely be sick. Congratulations Harry!

Scene Physiologie.

Bailey: “Now, doctor, you see the theory is this, etc., etc.
Dr. Guenther: “You have an excellent imagination.”

Words have been passed that Freidell wasn’t entirely to blame for the fatal incision. It was the fellow that said, “I’ll just raise you six bits.” Before the dissolution of the Five O’clock Recreation Club—due to Bailey becoming incapacitated—Freidell was the distinguished chairman.

Ralph Green, commonly known by those outside the Fresh class as “Gon”, is still holding down his job as assistant in chem. This proves conclusively that he never married that girl for her money.

Dr. Guenther: “Did you inject epinephrin.”
Deering: “No, it was adrenalin.”

FRESHMEN NOTES.

“Dutch” says—“I’m too busy!”
Some one drops in the box, “What is the height of impudence?”
Ans.: Dr. Peters’ examination.

From the above it is seen why there are no other class notes. The Erstwhile Happy Family, in other words are Unhappy.

PHI RHO SIGMA NOTES.

V. V. Talcott has recently entered the ranks of the benedicts. We offer our most hearty congratulations and wish him a long and happy married life.

Dr. A. F. Jonas just recently has brought over to the house a handsome set of nine volumes of Reference Handbook of the Medical Sciences for our house library. Such a gift from an alumnus always makes us feel more deeply, the real personal interest that the alumni have in us. This set is very useful and practical and was greatly appreciated by the fellows.

Up to date we have had the pleasure of having to Friday evening dinner Dr. Stokes, Dr. B. B. Davis, Dr. Hull and Dr. Jonas. Before March we hope that all the faculty will have been out to the Phi Rho house for dinner at least once, if not more than once.

An enjoyable dancing party was given at the Metropolitan, Saturday evening, December 16, 1916.

On Friday evening December 15, occurred Phi Rho's Annual Xmas Smoker. Everybody seemed to enjoy themselves—especially "Shorty" Collins.

Several enjoyable dancing parties were held at the house during Xmas vacation.

Dr. R. G. Sherwood has prematurely left his internship at the County Hospital.

NU SIGMA PHI NOTES.

Miss Ruth Dore and Miss Rebanis Sissler were visitors at the college recently.

The Sorority held their annual invitation banquet at the Loyal Hotel, Saturday, December 9, 1916, at six o'clock. The banquet was followed by the initiation ceremony when Miss Barabara Churchill was received as an active, and Miss Emma Doreas Christenson and Miss Edna Gibbs as honorary members. Mrs. Cathryn Hunt and Miss Darlein Ivers were pledged. Among the out of town members present were Miss Rebanis Sissler and Miss Ruth Dore.

Dr. Harriet Orvis of The Mary Thompson Hospital at Chicago, Ill., is expected here the first of the year to take up a practice with Dr. Olga Stastney.

The regular business meeting of the Sorority was held December 11th.

ALUMNI NOTES.

Doctor and Mrs. W. H. Taylor announce that on November 22, 1916, there was an addition to the family; Willis Heacock Taylor being the name of this young obstetrician.

Dr. D. D. King, an alumnus of 1914, member of Phi Rho Sigma fraternity and one of the most progressive of our younger alumni, announces that he has made a change for the better. We herewith insert a reprint, telling the story better than we can.

Dr. King Goes to York.

It is with feelings of genuine regret that we are compelled to chronicle the fact that Dr. D. D. King has decided to leave Waco. For the past two years that the doctor and his estimable family have been residents of our village, he has won a warm place in the hearts of the people personally and professionally. But the opportunity presented itself for him to enlarge his sphere of usefulness and in justice to himself has decided to assume the greater responsibilities.

On the 1st of December Dr. King will become associated with the firm of Drs. Moore & Shidler of the York clinic, under the firm name of Moore, Shidler & King. Much of his practice will consist in consultation and hospital work in that city.

What is Waco's loss will be York's gain and that city can be congratulated on this acquisition to its professional and social interests. We wish the doctor the best life has in store for him and bespeak for him success in his professional career.—New York Tribune.

Dr. Tucker of Long Pine, Neb., is now in the war zone at Mexico, as well as Dr. M. A. Tinley, of Council Bluffs, Ia. Dr. Tinley declares that the Mexican climate is decidedly adverse to adiposity.

Dr. Wm. Walvoord has left an uncompleted internship at Wise Memorial Hospital and is now an interne at King County Hospital, Brooklyn, N. Y.

Dr. Westerfeldt of Craig, Neb., was a visitor at school a couple of days before Thanksgiving. He came up here to have some electrocardiograph pictures taken of a heart patient. He reports that he is busily engaged at Craig, and has enough work to keep him busy.

Dr. Riley and Dr. Shepherd of the Class of 1916, have left an uncompleted internship at the Methodist Hospital to go to New York. It is understood that they will serve as internes there.

Dr. Leonard, also of the Class of 1916, has decided not to finish his internship at the Methodist Hospital and is now engaged in practice at Gothenburg, Neb.

Dame Rumor says that Dr. Alec Young, present of New York, and a member of the Class of 1915, is soon to be married.

Dr. Linn of the Class of 1916 has also left his internship at the Methodist Hospital and is now in Brooklyn, N. Y.

FOCAL INFECTIONS.

Dr. C. A. Meyer.

The idea of focal infections is one which has been receiving an increasing amount of attention in the last few years. By the term focal infection is meant a lesion somewhere in the body due to the action of bacteria which have first grown in some primary focus and have then formed a secondary focus in some other organ or tissue. The study of such conditions has thrown light on numerous diseases, for oftentimes the secondary lesion will not clear up until the primary focus has been removed.

A primary focus may occur almost anywhere in the body. This may be illustrated by a few examples. An abscess about the teeth or gums, an infected root canal, an abscess in the tonsil, an infected sinus, may furnish a supply of bacteria. Streptococci would probably be the type of organism more commonly found. From these places the organisms may enter the bloodstreams and localize in almost any situation. Thus they may show a tendency to stop in the joints, and the individual would develop arthritis or articular rheumatism, they may show a tendency to grow on the heart valves and produce endocarditis, or to select the appendix resulting in appendicitis, or the stomach or duodenum producing gastric or duodenal ulcers, or the gall bladder producing cholecystitis, or in the muscles producing muscular rheumatism, or in the nerves producing neuritis, or in certain parts of the eye producing iritis. Again a minute wound may serve as the primary focus, or the prostate, seminal vesicle, or other parts of the genitourinary tract may be the focus which causes such things as gonorrhoeal or streptococcal arthritis or endocarditis. Of course other organisms than the streptococcus may be concerned in such a process. Staphylococci, or the colon bacillus or other organisms may upon occasion develop a tendency to localize in definite areas.

There are three lines of attack which seem to have a bearing on this question. First would be clinical evidence, second animal experimentation, and third the transmutation of various types of streptococci and pneumococci.

The amount of clinical evidence going to show that primary foci may be the cause of systemic disease is constantly accumulating in quantity. Numerous cases might be cited in which the removal of a primary focus has resulted in the cure of a lesion in some other part of the body. For example there are many cases of arthritis or rheumatism which would persist in recurring over long periods of time in spite of the best treatment, which however disappeared after the removal of a primary focus, perhaps a small abscess in a tonsil which had not appeared on the surface. Or perhaps an x-ray examination would reveal an abscess in the root canal of a tooth which upon removal would clear up some such disease as chronic appendicitis. All of these clinical facts tend to indicate that there is often a definite connection between some primary focus, which may perhaps be of minor importance in itself, and a much more serious systemic disease.

A second series of facts which have to do with the formation of

secondary foci of infection is the result of a line of animal experimentation, most of which has been carried out by Rosenow of Minnesota, formerly of the Memorial Institute for Infectious Diseases in Chicago. He presents some very interesting work which would seem to indicate that an organism may exhibit the property of selective or elective localization as it is called. This means that a streptococcus, for example, may be growing in an infected tooth or other circumscribed location and may develop an especial affinity for a certain location in some other part of the body, as has already been mentioned. Thus a streptococcus may have an especial liking for the appendix and the individual who happens to be the host of this particular streptococcus will develop chronic appendicitis. A streptococcus in another person's tooth may prefer joints rather than appendix and the host will have arthritis instead of appendicitis. A third individual may be harboring a streptococcus which has a predilection for muscle tissue and muscular rheumatism will be the result.

Rosenow has developed a very careful technique by which he can isolate organisms from the walls of tissues from tissues, etc., without contamination. Also he has devised a simple method for varying the amount of oxygen to which the material being cultured is exposed. He does this by using long tubes of media, for example dextrose ascites agar. Sometimes he places bits of sterile animal tissue in the bottom of the tube which will use up the oxygen and produce absolutely anaerobic conditions there, and of course the amount of oxygen in the medium will gradually increase as the top of the tube is approached. In this way he succeeds in growing organisms from places where bacteriologists had previously failed.

By the use of this technique Rosenow has isolated streptococci from the wall of the appendix in cases of human appendicitis which when injected into animals produced lesions in the appendix in a large number of cases. He has gotten streptococci from gastric or duodenal ulcers which showed a marked tendency to produce lesions in the same region of the body when injected into rabbits or dogs. Also streptococci from cases of cholecystitis exhibited a tendency to grow in the gall bladder of animals upon injection. Streptococci from herpes zoster had an affinity for the skin, those from muscle had an affinity for muscle, those from nerve an affinity for nerve, those from joints an affinity for joints, and so with numerous lesions. It is worth noting that these strains lost this selective affinity after several transfers on artificial media, in fact they behaved then just like ordinary laboratory strains.

Furthermore Rosenow has at various times isolated from the primary lesion a streptococcus which had the same selective affinity as did the streptococcus from the secondary lesion. Thus an organism from the tonsils and one from the joints may each show an affinity for the joints of animals.

A third line of work which seems to have a bearing on the subject of focal infections has also been carried on largely by Rosenow. That is the reported possibility of changing one type of streptococcus into another type, or even of changing a streptococcus into a pneumococcus

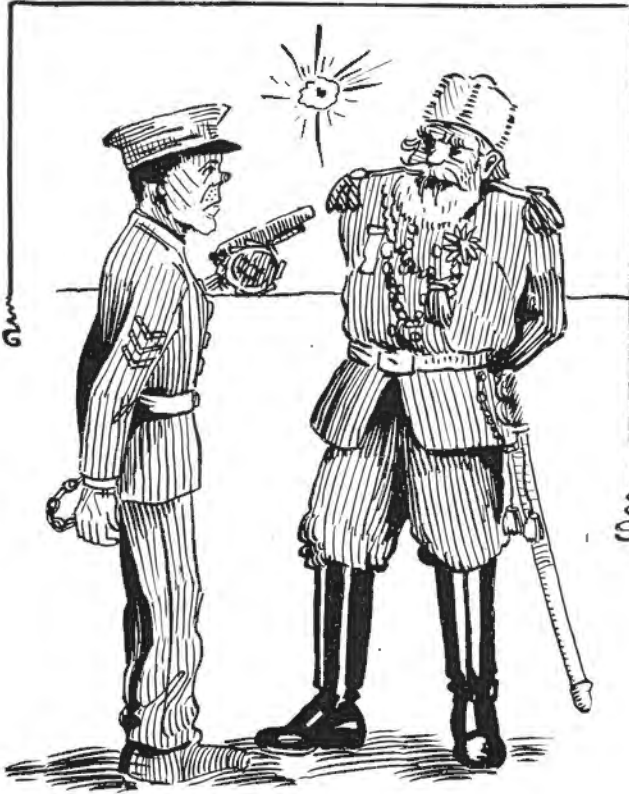
and vice versa. He reports that he has changed streptococcus viridans into streptococcus hemolyticus. These are quite different in their properties. The former forms small green colonies on blood agar, is not very virulent so far as the production of acute symptoms is concerned, and has a tendency to produce endocarditis. The latter forms larger colonies on blood agar and hemolyzes the red cells, is very acutely virulent, and does not have a special tendency to produce endocarditis. He also reports the change of streptococcus hemolyticus into streptococcus veridans, of streptococcus hemolyticus into a pneumococcus, and various other transformations.

These changes were brought about by first growing the organisms in very favorable conditions and then changing to an unfavorable environment, such as an atmosphere of pure oxygen or in symbiosis with other organisms like the hay bacillus or the colon bacillus. This procedure always decreases virulence, thus it would tend to change a pneumococcus into an ordinary streptococcus. Again by a large number of animal passages (fifteen or twenty) virulence can be increased and a streptococcus could be changed into a pneumococcus.

The bearing that this possibility of transmutation has on focal infections, as Rosenow suggests is this. A primary focus, for instance a tonsil, may serve not only as portal of entry and a constant source of supply for the secondary focus, but it may also furnish the necessary environment in which changes in virulence may occur. Perhaps also the property of selective affinity may be developed in the primary focus. This would help to explain why vaccines prepared from organisms isolated from a primary focus are often ineffective. It might well be that the organism in the secondary focus had changed considerably due to changed surroundings.

In a recent number of the J. A. M. A. Rosenow has another interesting piece of work, dealing with acute anterior poliomyelitis. In 1913 Flexner and Noguchi of the Rockefeller Foundation in New York cultivated a minute globoid organism from cases of poliomyelitis, which were just large enough to be seen with an oil immersion lens and would pass through a Berkfeld filter. They and others saw occasionally, large streptococci along with the small organism and considered them contaminations. Rosenow reports that under suitable conditions he can get pure cultures of the large streptococci which will produce paralysis in animals. He suggests that we are dealing with two forms of the same organism, and that the form depends on the character of media in which the organism grows. It may be that the small type develops only under unfavorable conditions, such as would be found in the tissues of the central nervous system.

This work on selective affinity and transmutations among the streptococcus and pneumococcus group needs, of course, to be checked up by other investigators. It has been severely criticized by some who think that too great a variety of activities is being ascribed to the streptococcus. Nevertheless the work is very interesting and is adding new ideas and new methods of investigation. And finally there is no doubt that the removal of the primary focus is a valuable aid in the treatment of various conditions.



IT'S A ROUGH SEA MATES—

or

IT'S A LONG WAY TO TIPPERARY ON THE M. & O.

We'd stuck to the trenches for days and days,
 Till the boys was skin and bone,
 And they sends us out where the big guns blaze
 To carry the hill alone.

We fought till the slope flowed deep in gore,
 With our rifles and hand-grenades,
 Till our powder failed—then we fought some more
 With our blasted shoulder-blades.

PICKING A PROFESSION.

MEDICINE.

(Taken from the report of the International Commission on Vocational Guidance. Vol. 777, Page 999.)

Only two kinds of men study medicine; those who don't care if they ever get married, and those who have been married so long they don't care. Besides these two only the sons of M. D.'s have a chance.

To study medicine one must be long on courage and short on wine, women, and song—for a while at least. Later on when you get used to it you can sing a bit. You must have a physique like a football player, a brain like a Ph.D., and a bank balance. Without these it's a hard road; without them it's no Sunday excursion.

When all the children have the measles, mother decides she ought to have a doctor in the family—there are too many lawyers anyhow. So they pick on Johnny, who turns sick at the sight of blood, and they send him to college. The idea is, that any man who can live through two years in a college ought to be allowed to go to the medical school. But it's really deceptive to allow a man to think that life is soft, and easy, and that Profs. were built to be trifled with, and then all of a sudden send him in to take his chances with a medical faculty. But then in the meanwhile he may learn some biology and his stomach may learn to sit still through a laboratory period, so the time isn't all wasted.

Johnny waits with patience until the third year and then he starts taking his bumps with the medical faculty. Being M. M.'s these gentlemen hand out work in much the same manner as they hand out prescriptions. "Take one chapter an hour, two before every meal," and before Johnny knows it he is studying ten hours a day. But isn't it worth it to have your friends call you "Doc"? After a while he gets so that he doesn't feel well unless he's studying. Then he raises a moustache, buys a pipe, and assumes a serious mien, to which he is entitled, for it is a serious matter. Whatever may be said against medical students, no one can say they don't work. If they don't they aren't medical students much longer. They become part of that large and influential class of citizens, who put their fingers in their sleeve-holes, and say "yes, I thought of becoming a doctor in my young days." He doesn't tell you who changed his mind for him, and departs with a smile to inspect his ten-acre cheese factory.

After his three harrowing years, Johnny becomes a senior, which means that he must go around all day in a laboratory cutting up what were once considerable portions of the Vox Populi. He gets so that he smiles whenever he passes a butcher shop. When this is over, Johnny gets his sheepskin which entitles him to become one of that large romantic class known as "internes." Internes are supposed to be embryo doctors, but their chief function is to serve as heroes for twenty cent novels. "The young interne." Don't your soul thrill when you read the name. An interne is supposed to come around to cheer up the patients after the regular doctor has left the hospital for the office. He must be an expert conversationalist, and must know the record of every gall-stone on the first floor. One of his chief duties is to tell the

loving family all about the operation, and he must always end by saying "Well, don't worry, she's getting along as well as can be expected." Some people say that internes are always interested in nurses, but it can hardly be true. They are such serious young men.

The end of the seventh year finds Johnny an M. D. Thereupon he must go with nice people, mix in polite society and do everything that is befitting a young professional man on the brink of a hazardous career. Munsterberg says that young M. D.'s are a bad lot, but you mustn't take Hugo's word for everything. If you had nothing to do all day except wait for a patient who refuses to get sick, maybe you'd want some recreation too.—Upde.

THE PULSE BOX.

Now that the new Hospital is being completed, some of us are beginning to hope that the University will see fit to add a department whereby students will be enabled to learn to apply such practical therapeutic measures as the hot pack, the Brandt treatment and all therapeutic measures of such a nature, which heretofore have not been demonstrated on account of the lack of proper facilities. For that matter practically no college of medicine has such a department at present and it will be eminently fitting if our College of Medicine would be the first to add this most practical course.

Dr. Pollard apologized to the Junior class the other day for mentioning anything about the treatment of congenital syphilis "for fear (to use his words) that he would be intruding upon the domain of some other department!" We only wish that a few of these controversies about strychnine, hypophosphates, etc., were settled, because the way the medical men intrude upon the teachings of the pharmacology department is something fierce. Anyway, what does this word intrusion mean? The students do not care whether one department overlaps the other. What we want is "the dope."

Inasmuch as this school is rapidly growing and the Senior class is getting larger, it is perfectly proper that the "powers who be" intrude the eastern field of medical erudition and procure for us, nice—fat—large—juicy internships. Considering the limited field at home and the growing class, such a policy is to be commended and shows our faculty to be of a progressive nature.

Howsoever, it is to be lamented that many of our students now in school do not realize that the nicest—fattest—largest—juiciest internships are to be obtained right here at home, and that our eye clinics are the best in the land, Dr. Gifford being an international figure in his line of work. Also that in eastern schools the names of Drs. Jonas, Summers and several others of our faculty, are frequently mentioned as authorities in their line. It is to be hoped that there will not be a rapid withdrawal of these internships at home on account of the poor appreciation shown by the student body.

It is the same old story over again of going to Harvard to finish medicine. They read Osler and so do we. Tweedle-dum. Tweedle-dee.

NU SIGMA NU NOTES.

Garrett Folken was a delegate to the National Convention at Chicago during Thanksgiving vacation.

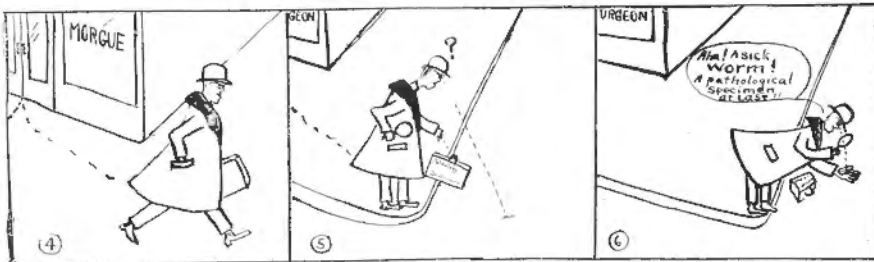
Dr. H. J. Prentice of University of Iowa, while in the city made a visit to the Chapter house.

A dancing party at Prairie Park was given Friday, December 15th.

An Xmas tree party was held at the Chapter house, Tuesday, December 19th.



First Guy—My pen's dry!
 Second Guy—Try the office once more.
 First Guy—I want to fill it—not wash it.



Dr. Johnson Finds a Neisserien Infection.

NEW VERSION.

The ink well is now always full—but of what? Is it ink? No. I think it is not. It is pale—colorless, and if Dr. Johnson saw it he would advise a cell count.

These were the days of "Obie Meyer."

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WHY EXPERIMENT?



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