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The Pulse, Volume 13, No. 1, 1920

University of Nebraska College of Medicine

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The Pulse

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

Vol. XIII

APRIL 15, 1920

No. 1



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ADDRESS ALL CHECKS TO THE BUSINESS MANAGER

APRES LA GUERRE

Medical students of the University, medical men of Nebraska and elsewhere, friends everywhere, the U. N. M. C. Pulse greets you again.

Vol. XIII., No. 1, rises Phoenix-like from the ashes of its former self, rehabilitated and reincarnated with boundless enthusiasm, backed by the unanimous support of faculty and student body.

Getting away to a running start with this issue the Pulse goes over the top next fall with the dawn of a new era for the medical school; an era of unprecedented enrollment, unequaled equipment and unparalleled prosperity.

Nebraska Medical will be the very fight of medical education in the middle west and its official organ, the Pulse, will be a lesser luminary.

We have no policies to define. This sheet will be strictly non-partisan. It is the ambition of the staff to make the U. N. M. C. Pulse the reflection of the combined spirit of the medical school, the harbinger of its progress, the medium of expression of its constituency.

Its columns will be equally devoted to the man in the field and the man in the class-room.

Faculty and students, clinical and laboratory men will find it a common meeting-ground for the discussion of any and all matters relating to the betterment of the College of Medicine.

We invite comment and criticism; we solicit your aid and support to the end that this publication be enabled to keep pace with the gigantic strides of the institution which it represents.

THE VALUE OF THE PRE-MEDICAL COURSE.

Why do all of the recognized Medical Schools require for entrance two years of prescribed work in an accredited college or university? Why are a number of courses, having no direct relation to medicine, required of the pre-medical student? These are questions which the pre-medical student has undoubtedly asked himself, his instructors and his medical friends. It is the purpose of this brief article to set forth some of the reasons for the pre-medical program.

It is true that there are in the medical profession today many of the older practitioners, who are skilled surgeons, expert diagnosticians and efficient internists, who had none of the courses now required of the pre-medical. Some of these successful practitioners had but two years of six months each in a medical college, supplemented possibly by a brief "post-graduate" course at some clinic. Then why, you ask, it is necessary for one to spend six years of nine months each, supplemented by nine to eighteen months' service in a teaching hospital, before he is considered fitted to practice medicine today?

It is questionable whether many of the practitioners, trained in the "old schools of medicine," could today successfully pass the examination of the State Board. We must also remember that many of these older men have been and are real students and have, through constant reading, acquired more medical knowledge since their college days than they ever secured in the medical school. This sort of "post-graduate" schooling together with training in that best of schools, experience, has enabled some of them to hold their own and compete with the more thoroughly trained physicians graduated from our medical schools of today. The present course of study, including the two years of pre-medical work, is in no small degree the outcome of the careful planning and efforts of these older practitioners, who, with the advantage of ripe experience and a seer's vision into the future, most fully realize how much a medical man needs which they did not acquire in their college days.

Probably no science has developed with such leaps and bounds in the last twenty-five years as has the science of medicine. When the results of the experiences gained during the war are fully known we shall find that medical knowledge has been greatly enriched and another great stride forward has been taken. Investigations continually being carried

on in the great institutions for medical research in different parts of the world are continually adding to our medical knowledge.

Our fathers practiced medicine by "rule of thumb" and intuition and "by the grace of God" with very little knowledge or conception of the fundamental and basic principles underlying their practice. Some surgeons sometimes "get away" with a major operation, who, for the life of them, could not name the structures involved and the patient makes a good recovery in spite of the surgeon. It is the endeavor in the training of the medical man of today to ground him thoroughly in all of the sciences which contribute to a better understanding of the "why" of things. Before one can grasp the meaning of the involved physiological processes in man he must be well grounded in the sciences of chemistry and physics. In order to understand and appreciate the complexity of the anatomy of the "man animal" he must be familiar with the structure and functions and development of the lower animals.

The science of medicine proper has grown to such proportions and has become so complex that even a four-year course is crowded to the limit with the bare fundamentals of the subject. This condition necessitates a thorough preparation in the biological and physical sciences before one can enter the field of medicine proper.

Medicine is pre-eminently a laboratory science and if one is to master it he must have years of training and discipline in laboratory courses. It may seem a far cry from dissecting out the auditory sac of a crawfish or the semi-circular canals of a dogfish, to performing a mastoid operation or the removal of a brain tumor, but one may in the biological laboratory, acquire to some degree that delicate and precise muscular control which may contribute much to successful operative technique later on. As the astronomer searches the heavens with his telescope, so the medical man must search every tissue and fluid inside and often outside of the body, with the microscope. The microscope becomes a veritable "third eye" and reveals minute details of vastly greater significance than the finding of a new star. Thus laboratory courses involving the constant use of the microscope sharpen the sense of perception and lead to the mastery of a complex and delicate instrument which may mean the difference between a correct or incorrect diagnosis with far-reaching results.

There is another aspect of pre-medical work which, unfortunately, is too often lost sight of in the great desire and haste to get into the operating room and to whiff the "smell of blood." A medical man must be more than a mere tradesman or mechanic, no matter how skilled he may be. He must be an educated man in the best sense, one who can "think independently, see clearly and act wisely." In a letter of inquiry concerning certain prospective medical students, sent out by the Dean of the Harvard Medical School, it is of interest to note that stress is placed on intelligence, enthusiasm, good sense, interest in general af-

fairs, broad education, and likelihood of their giving valuable service as physicians to the community and to the advancement of science.

A medical man has his own life to live as well as to enable others to live. By virtue of his profession he should be a man fitted to be a leader in the intellectual and social life of the community. Many an eminent physician and surgeon has found his salvation in the relaxation and refuge of an interest and appreciation of literature or art or music which he acquired in his pre-medical college courses.

Each of us has had the painful, not to say disgusting, experience of trying to read or listen to papers by medical men who were well-trained professionally, but who seemingly had no training in or appreciation of the rudiments of writing or the expression of English. It is more essential that a medical man be able to read and write and use good English than to be able to read a foreign language. A reading knowledge of German or French is of value to every medical man and indispensable to the investigator. The greatest value of a foreign language to the pre-medical student is not so much in the reading knowledge that it gives him as in the mental drill and in the development of an appreciation of the significance of details and fine distinctions.

And so it is desirable and necessary that a pre-medical student should have as broad and liberal an education as possible. Without exception there is no higher or greater calling than that of the medical profession. No profession calls for greater technical knowledge or truer culture; therefore, do not begrudge the two, three, or even four years spent in pre-medical work, which will better and more fully fit you for genuine success in this high calling.

FRACTURE OF THE CARPAL NAVICULAR BONE

By Dr. A. J. Brown

One of the common fractures occurring in the wrist joint is that of the carpal navicular bone. Frequently it is overlooked and unless discovered causes a disability which is serious and very resistant to treatment.

The fracture may occur either alone, when it forms the only injury in the joint, in conjunction with dislocation of the carpal lunar bone, or in conjunction with a fracture of the lower end of the radius, either of the Colles' type or a splitting fracture of the lower extremity of the bone in which the split runs transversely.

When viewed in a single X-Ray the displacement is not very apparent and is easily overlooked. The break takes place at the neck of the bone and the tuberosity is pulled forward with a corresponding dorsal displacement of the body of the bone, resulting in a torsion of the normal transverse axis of the bones forming the upper surface of the lower half of the wrist joint. The result of this is to make supination almost impossible and the patient holds the wrist joint stiffly in the pronated or

semi-pronated position. Because of the palmar displacement of the tuberosity of the bone the canal through which the long flexor tendons pass to the hand is diminished in size and the action of the flexor tendons is correspondingly hindered and the fingers as well as the wrist are held stiffly, the fingers being extended. At times the condition is so severe as to stimulate a nerve injury amounting almost to a paralysis, but one of disuse and not of a nerve type. The mild cases on the other hand may be mistaken for a "sprained wrist."

The fracture does not heal, the reason being that the blood supply of the body of the bone is derived mainly from small vessels which enter it through the neck from the radial side. The body of the bone undergoes rarifying osteitis and acts simply as a foreign body in the joint.

The symptoms are not severe at first. The usual story is one of a fall on the back of the wrist with the hand bent into the palm at the wrist joint. The stiffness of the wrist comes on and gradually increases, rather than diminishes. There is slight puffiness or swelling on the back of the wrist just above the proximal end of the metacarpal bone of the thumb and at this point in the so-called "Anatomical Snuff Box" there is a point of extreme tenderness. A stereoscopic radiograph completes the diagnosis.

The treatment is operative. As the body of the bone will gradually undergo rarifying osteitis, remain as a foreign body interfering with the action of the tendons and cause a disabled wrist, it must be removed. This is best done through a dorsal incision along the line of the second metacarpal bone having its centre over the wrist joint. The posterior annular ligament is divided over the tendons of the extensor pollicis longus and the extensores carpi radialis and these tendons retracted to either side of the wound. The dorsal ligament of the wrist joint is then opened and the body of the navicular separated from the lunar by dividing the interosseus ligament between the bones. The navicular is then raised out of the bed, its ventral attachments to the ventral ligament of the wrist divided, and the bone removed. As in all joint operations the synovial membrane should be sutured as a separate layer. No drainage is used. The wrist is immobilized on an anterior splint in a slightly dorsiflexed position. The splint is removed in ten days and motion begun with resulting return of full function in early cases in about four weeks.

UNIVERSITY HOSPITAL NOTES

For several months past the hospital has maintained a high daily average of patients. The hospital has been filled to capacity and a waiting list has been maintained. The major surgical procedures average considerably over one hundred each month. The hospital has recently handled three extremely interesting cases of lethargic encephalitis. These cases have been on the Neurological Service in charge of Dr. G. A.

Young. Two of the cases have been discharged in excellent condition. One still remains in the hospital. The disease has been known for many years, and occurs usually following waves of epidemic influenza. It is known popularly in newspapers as "Sleeping Sickness."

Considerable progress is being made by Dr. Edwin G. Davis in his research on the antiseptic properties of anilin dyes. This research is being conducted under the auspices of the United States Interdepartmental Hygiene Board.

One of the most interesting features is the large Children's Ward. This ward has rarely dropped below twenty-five and has run as high as forty patients. This affords a splendid service for the teaching of children's diseases.

The Staff Clinics, held at 1:00 p. m. each Saturday in the hospital amphitheatre, are remarkably well attended. Clinics so far this month have been given as follows: March 6th, Dr. B. B. Davis; March 13th, Dr. LeRoy Crummer; March 20th, Dr. H. B. Hamilton and Dr. J. P. Lord.

University Free Dispensary

The University Free Dispensary opened March 2nd in the new quarters on the ground floor of the South Laboratory Building. The dispensary is maintaining its daily average in spite of the move—in fact, more new cases are being listed than usual. The dispensary quarters are commodious, and when all the equipment is installed, will be equal to those of any school in the country. The advantages of the new location have already been manifest; namely, a large saving in the students' time, and a better co-operation with the hospital and laboratories. The dispensary is in charge of Dr. A. A. Johnson who acts as medical superintendent, and Miss Josephine Chamberlin, chief nurse.

The South Laboratory Building

The South Laboratory Building is rapidly nearing completion. The dispensary now occupies the ground floor, the experimentay surgery is running in special quarters on the top floor. The operating room, which is approximately 20 x 20, provides every facility for the teaching of accurate surgical technique. Special recovery rooms are provided for animals, offering every opportunity for the study of wound repair.

In the judgment of many who have visited the new building, this structure is the best building of the medical group. Separate floors are provided for chemistry, for physiology, and for pharmacology. Laboratories are designed in each subject to accommodate one hundred students, i. e., fifty students in each of two sections. An important feature of the South Laboratory Building is the general amphitheatre, which will seat three hundred. This will be available for general school assemblies, for medical society meetings, lectures, etc. This assembly hall will be equipped with reflectoscope lanterns and a moving picture machine. All

laboratories will be ready for occupancy by second-year classes early this fall.

Through the will of Clementine C. Conkling, property in the city of Omaha valued at \$25,000, has been bequeathed to the University of Nebraska College of Medicine, the income of which is to be used for the establishment of a Fellowship in Surgery.

From the applications that are being received for entrance in September, 1920, it would appear that our large freshman enrollment of September, 1919, was not due wholly to war conditions. Inquiries are being received from students in a large number of middle western states. The College of Medicine feels that ample provisions will be made for classes approximating eight to one hundred students. With the removal of Physiology, Pharmacology, and Chemistry from the North to the South Laboratory Building, two entire floors of the North Building will be devoted to anatomy, and an equal amount of space to pathology and bacteriology. It is interesting to note that fully half of the entering freshman class of 1919 came from schools other than the pre-medical courses of the University of Nebraska. Six years ago it was confidently prophesied that the Medical College would not exceed in total enrollment one hundred students. The enrollment for 1919-20, including the senior class, exceeded two hundred.

DISPENSARY NOTES

March 1st the dispensary moved into its new home in the new building on the south side of the campus.

The clinics and hours remain the same—Monday, Wednesday, Thursday and Saturday, 1:00-2:30 p. m., Monday and Thursday 7-9 p. m. and the children's tuberculosis clinic, Wednesday, 4 p. m.

The present staff consists of:

Dr. A. A. Johnson in charge.

Medicine: Drs. Conlin, Anderson, Hall and Allen.

Surgery: Drs. Hull, Waters and Calvin Davis.

Obstetrics: Dr. E. C. Sage.

Pediatrics: Dr. J. C. Iversen.

Eye and Ear: Drs. Haney, Knode, Lindquist and Person.

Dermatology and Urology: Drs. Tomlinson, Kennedy and E. G. Davis.

Nervous and Mental: Dr. H. A. Wigton.

Tuberculosis: Dr. H. B. Hamilton.

Orthopedics: Dr. R. Schroök.

Laboratory: Dr. A. A. Johnson.

LIBRARY NOTES

Over ninety volumes have just been returned from Hertzberg Bindery Bindery in Chicago. This shipment contains magazines of the last six months of the year 1919, and will make a very complete addition of recent current literature to our shelves.

Dr. Leroy Crummer has presented the Library with a very beautiful leather-bound, autographed copy of Dr. W. F. Milroy's article on "An Undescribed Variety of Heredity Oedema." This article was first published in the New York Medical Journal for November 5, 1892. From this piece of work Milroy's disease has taken its name, making Dr. Milroy internationally known.

Seventy volumes of magazines have just been received from Login of New York. Since the beginning of the year 1920 over five hundred numbers of foreign magazines have been received through our agents, Lemache and Buechner. These complete many of the volumes made incomplete during the war period, 1914-1919.

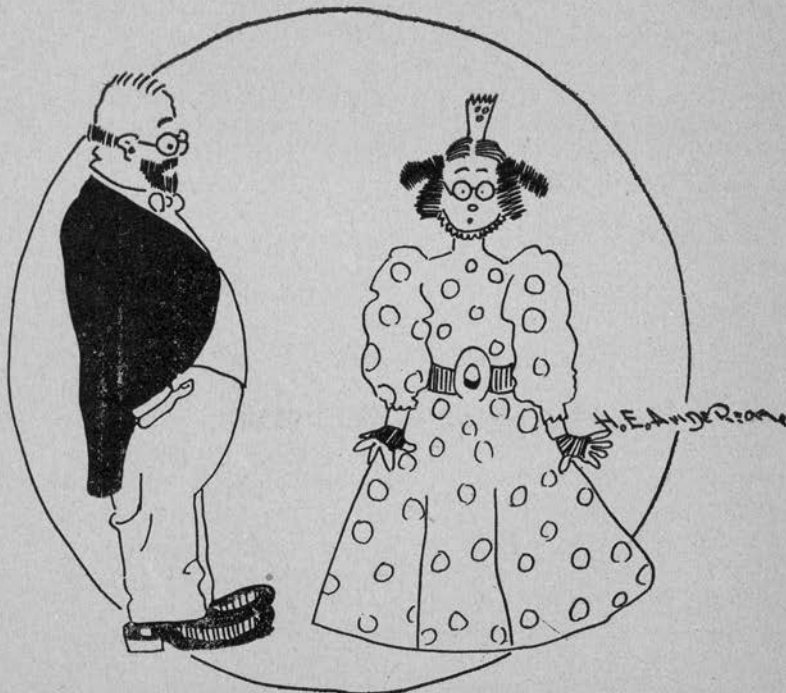
HALLIE WILSON, Librarian.

THE SHOW UP

Killins, meeting Woods on the stairway, "Let's go up to the library and read surgery."

"I've just been diagnosed small-pox."

Exit Killins with amblyopia, divergent squint and ankle-clonus.



Dr. I. O. Dine—What you need, my good lady, is ozone.

Daughter of Revolution—Oh, Doctor, what state shall I go to for that?

Honest, ain't it a grand and glorious feelin' when you're called on in Dr. Stoke's class and you've attempted a monumental bluff and you're all tangled up in your own rhetoric and suddenly he loses his frown and then his face beams and he says, "Aha-a-a-ah, there you've hit the nail on the head." A'int it- We'll say it is.

And again, is there anyone in the whole wide world who can tell by the expression on Dr. Waters face whether your recitation is getting by or not?

Seen in the amphitheatre: Dr. Hull lecturing on osteomyelitis.

Hoover does a night-shift to the end seat near the door. Dr. Hull glances that way and Hoover relaxes.

Dr. Hull goes to the board and Hoover gains the door just as the Doctor again faces the class and glimpses the fade-away.

Dr. Hull, without a change of tone: "Somebody tell that fellow that I called the roll just at the last," and he did.

THE BATTLE

Dr. Stokes launches a direct frontal attack upon Johnson, W. T.

Bill lays down a verbal barrage and retreats under cover.

The Doctor executes a brisk flank movement and Bill sends out signals of distress. Anderson and Baer hasten up with re-enforcements, but the enemy fire is too warm and both retreat with heavy losses.

Johnson has now dug himself in and the offensive brackets his position with the heavies, but for a time the position is impregnable so the assailant consults G. H. Q. (DaCosta) seeing which maneuver Bill hoists the white flag and the next moment C. A. Johnson, resting quietly in the rear, finds himself a casualty.

Dr. Willard: "What is the smallest division of an artery?"

Pratt: "An arteriole."

"And of a vein?"

"A veniole."

It is reported that Dr. Willard actually smiled.

JUNIOR CLASS NOTES

This being our maiden edition and having to get our notes in on short notice the junior editor wishes to apologize to any member of the class who may be slighted by not having his name on this page. But don't worry. Your time is coming.

In the recent Pulse Staff election Jaenike and Finkenstein were almost elected freshmen and soph editors.

Woman patient in operative clinic had two large sebaceous cysts on

Those who cheat don't need to worry if they are caught for there is always the Omaha Police Force.

scalp. Baer in discussing case history, "Patient says condition was caused by her own mistake in using bottle of Breast Developer instead of hair tonic on scalp."

Familiar Sayings of Clinical Staff Men.

Johnson: "I always tell my students, Do a blood count."

Lemere: "We must skip along—O. M. C. C."

Pollard: "It's well to tell the mother."

Stokes: "Ah, that's it, the rest means nothing to me."

Shrock: "Will make the lesson short—take 75 pages."

Familiar Sights.

Lucke coming into class 10 minutes late.

McDonald in attendance at all classes.

Sorenson nodding his head in affirmative.

Fouch with complete office equipment in vest pocket.

Lewis talking with his hands.

Lanyon acting as official bouncer.

What did Miller bump into the night after Anatomy examination?

Flothow is still bemoaning the fact that he didn't have just a few more minutes before Anatomy Exam., he swears if he had he would have gotten 100%. That's alright Floath you'll know better the next time.

Add in the Cornell window: "Waned, a student, preferably a Sophomore, to deliver Widows after school hours." Lead me to Cornell.

John, "Have you seen Augusta?"

Bill, "Augusta who?"

John, "A gust of wind."

The Gaiety reports a marked decrease in attendance during the days of the March winds.

FRESHMEN NOTES.

Was It 4 Per cent?

Once again the husband came staggering home late.

"Oh, John, have you been drinking again?" sobbed his wife as she caught a whiff of beer.

"No, my dear, you do me wrong. I've been eating frogs' legsh' and you smell the hops."

The Sophomores may have a good deal of royalty in their class but the Freshmen have them beat. There is future President of Mexico, Milleranza, King of Sagebrush Hoover, Prince John Barley Corn Flothow, Countess Johnson of Where? And oh yes they have the Court Fool but we will refrain from using his name.

Dr. Poynter in Embyrology, "Now that Moates is here we will proceed with the lecture."

The hardest fought battle of the war was fought this afternoon. There was a continual fire along the southern front. Three ammunition dumps and several large guns were captured and the front was extended from 1-2 mm.

About 2:30 p. m. an exchange of shots took place between the scouts. At 3 o'clock the forces were well organized and firing was going on steadily. The big guns were put in action about 3:30 and a barrage was laid down on the eastern front and the line of attack extended north to the outer cases. At 3:45 p. m. the eastern forces were well barricaded with the remaining chairs. Relief came when General Anderson brought forth his fores and an extra amount of ammunition.

At 3:48 p. m. the western front had been pushed back to stall No. 4, which was neutral ground, but was well armed. The western front rallied and at 3:50 p. m., zero hour, counter-attacked driving most of the eastern forces to shelter under chairs and tables.

The eastern forces fire was directed by Papa Lawson, who was decorated for staying by his post in face of great odds and being wounded.

The eastern forces admit that they would have been defeated completely had it not been for the excellent work done by (I. P.) Flothow.

The western forces lost three of their men in the last rally from the fierce fire but they advanced undaunted. They were under the able leadership of the Mexican General, E. E. Miller. General Miller having been at one time a "buck private" in the Mexican army, but by conscientious work has worked himself to the highest honor that can be conferred upon any of the Mexican people, none other than "General-issue-more."

The casualty list is as follows:

General-issue-more Miller of the western force, slightly wounded by a piece of soaked cotton.

Company Barber Zulauf, seriously wounded by a stray piece of dried lung.

(I. P.) Flothow of the eastern forces, a sprained ankle when diving under the table.

Papa Homer Lawson, observer of fire, hit with spare-ribs.

Killed in action, western forces: Walter Taylor, by piece of superficial fascia; Lamber Kraulik, dumb-dumb bullet; Jimmie Allen, bled to death, blood was yellow.

Eastern forces: Earl Leninger, indirect fire of liver; H. H. Kretzler, smothered by duodenum; General Anderson, not enough ileum.

ALUMNI NEWS

21 Upper Woburn Place, London, W. C. 1, England.
February 29th, 1920.

Dear Doctor Cutter:

Somehow it seems hard to fully appreciate the present and immediate until it has become part of the past and one has had a chance to view it at a distance and make comparisons.

In my wanderings in various parts of the new and old world I have found no occasion to regret that I studied medicine in Nebraska.

I thought it might interest you to know that at present I am taking a course at London School of Tropical Medicine (U. of London). We are about thirty-five taking the course. Most of them are Britishers in, or about to enter, colonial service. We are only three Americans. Dr. Maxwell of Pennsylvania on his way to Egypt, Dr. Wood of North Carolina, who has written a book and done considerable work on Pellagra. It is a good chance to rub shoulders with men from many lands and learn to know, or at least appreciate, their aims, their methods of work, their results, and their estimation of what is being done by others.

Someone has aptly said: 'The spirit of British Medicine is not easy to understand for it is at once very simple and very incisive. There is little display, and mere observations which have not been co-related are at a discount.'

One easily gets the feeling that America is very far away from England. The best men here do not fail to give due credit to Americans for patient research and brilliant attainments, but on the other hand there are not few who tend to use America as a synonym for loud talk and superficiality.

Nearly all my class mates have vanished from my horizon. If you have any kind of a compact record of Nebraska Medical Graduates, I would much appreciate to have it or know where it can be had.

After two months in New York, four in Denmark, and about four in London, I expect to return to the United States in May, and then during the summer to proceed to Central Caiaca.

Will you kindly greet Dr. Poynter, Miss Wilson and Mr. Darcey if they are at the school still.

Yours most cordially,
(Signed) NIELS NEDERGAARD, M. D., '17, U. of N.

CITY AND COUNTY OF SAN FRANCISCO
Department of Public Health
Isolation Hospital

San Francisco Hospital, March 5, 1920.

Dear Doctor Cutter:

Feeling that you would be interested in the way the Nebraska contingent of Internes at the San Francisco Hospital are getting along. For

some time since Chain and Neville have come out here, I had been intending to write you their impressions of the place.

Neither of them regret in the least that they are out here. However, after he got into the swim in earnest, he made quite a name for himself on the University of California Medical Service and could have had a House Officership for the coming year, had he desired it. His work was highly commended both by the house officers and by the U. of C. medical chiefs. As to his plans for next year, I don't know. He is so pleased with the hospital that he may stay another year.

Neville also has branched out very well. His start was rather difficult for a man beginning in the middle of the year, with all the other internes having had six months' work before him. He was assigned to a heavy ward, Women's Medicine, and for two or three weeks that he was there, averaged two new cases a day, which he handled extremely well. At present he is spending his second month on influenza service, which he likes. The first two weeks of March he is spending as resident interne in the contagious pavilion, having fifty beds under his care. From what he tells me of his service, he is getting wonderful experience, handling everything from mumps to leprosy.

I believe, Dr. Cutter, that it would be possible to send a couple of internes out here from Omaha every year. For next year, there will be from ten to fifteen position on the internes' staff which will be filled by non-Stanford and non-California men, which positions will be filled, as I understand, from applications from outside men. Since the Nebraska contingent has "got away" as they have, I feel that in the future, applicants from Omaha will be welcome.

A couple of days ago I went through the Southern Pacific Hospital, here in San Francisco, I believe Flory, from our school was there one year. Although it does not compare to the San Francisco Hospital in its capabilities for interne-training, it is a place really worth while, especially for the man who intends to go in for surgery. The equipment there is truly magnificent, their orthopedic department has every appliance imaginable, mechanical, hydrotherapeutic (including a continuous bath), and electrical. The Southern Pacific Hospital is peculiarly fortunate in that it is a department of the railroad, and consequently does not suffer from a shortage of funds nearly as acutely as do most other types of institutions. I have been seriously considering taking service there after finishing here. I believe an internship there, even for the first year, is really worth while, and were a man to ask me to the advisability of accepting a position there, I believe I should recommend the place.

As for myself, I have kept my health far better than I hoped to after my first experience with San Francisco dampness, cold, and fog. I weigh more than I ever did before, and feel that the experience has been worth these few qualms that have obtruded themselves upon the horizon of my serenity.

I am enclosing a pamphlet describing the bright spots of the San Francisco Hospital—but not the dark ones. Hoping that it will interest you, I am

Very truly yours,
(Signed) ROLAND G. BREUER, M. D., '19.

PSYCHO-ANALYSIS

The way of the medical student indeed passeth understanding. The average specimen has a well grounded conviction that he is the most sorely abused individual upon whom the sun shines. He is overworked and under-fed and he hasn't had enough sleep since he had the measles.

The powers that be have, with malice afore-thought so arranged his curriculum as to leave him no time at all to attend to his personal affairs. Life is just one specified thing after another.

If he had it to do over again he'd never study medicine—huh-uh, indeed, no. Just look where he'd 'a been if he'd stayed on the farm or in the bank. The papers are full of the business successes and here he can't even cross the street without having to leap for his life from the wheels of the proletariat. What're things coming to anyway, huh.

In the vernacular, the patois of his kind he crabs and beefs and bones concerning the extreme tortuousness of his way. How he is put-upon and made to suffer privations and indignities gross and unthinkable. The sophomore condoles with the freshman; the junior lends sympathetic ear to the lamentations of both under-classes and meanwhile stoically hides the conviction that his lot is the hardest of all.

But there is another side to the picture. The relieving feature of the weeping and wailing is that it is strictly incre-mural. Let one of the laity venture inquiry as to the progress of affairs and immediately the morale of the poor over-worked student goes up one hundred per cent.

“Pretty soft, this life and some school—you tell 'em. Why we've got fellows out there from all over the country, all over the world, in fact, and when it comes to buildings and clinical facilities, s-a-a-a-y.”

By this time he is going good and one by one he takes up the relative advantages of each profession. It seems that there is really nothing to it; he is broad-minded enough to admit that perhaps there must be other callings but his warm heart is certainly stirred with compassion for the poor unfortunates who must follow them.

Personally he never considered anything other than medicine. Of course he was particularly endowed with the qualifications for a first rate medical man but then—

And by the time he has finished the poor non-belonger is convinced that his career was finally and irrevocably ruined by his failure to see the manifest advantages of the study of medicine.

For every action there is an equal action in the opposite direction. In the case of our champion of the medical profession the reaction manifests itself about seven forty-five the next morning when he staggers wearily downstairs enroute to that 8:00 o'clock.

CRIBBING

At more or less irregular periods, the school is directed by the dreaded epidemic of "CRIBBING." It usually happens about examination season.

All the combined results of research have not obtained an immunity from the disease, nor have they obtained even a partial immunity for some.

The patient's general health is generally about the same as the majority of the student body. He may be slightly below par as the result of too much 'night-riding' or some other owlsh habit. His mental age is usually the same as that of the average student.

What makes this student susceptible to the disease? Why must he be affected when his neighbor who has been exposed under the identical conditions does not contract the disease? The probable diagnosis is "the reaction of the human mind." This is none other than that by which "sharks" and "con" men make their fortunes from the so-called "suckers." In case of cribbing the patient believes that he is getting something for nothing. It looks easy. In fact it is easy. It is a slander to the mental capacity of the patient to crib. He does nothing more than steal and is just as bad as the man who steals for a living or forges a check.

Research has thrown a new light on the subject. That is the "after effects." Will that student's class-mate respect him? Will they send him cases after they are out practicing? Will it effect our patient's morals? All these conditions must be guarded against during the course of the disease. Of course our patient doesn't stop to think of these things when he peeps into the little stack of white cards that he carries into the examination room. He would not deliberately and maliciously steal from his neighbor, but that is exactly what he does when he uses his crib. He obtains something that is not his by right of competition. He places an obstacle in his neighbors path by causing a dissatisfaction in the class by getting something that he has not been obliged to put forth an effort for. Not only that but he causes the class to have a higher standing than would otherwise be required and the man who would otherwise be passing his work is failing. He cheats himself because he has not obtained his desired results in his work, but most of all he is starting a habit that leads to mal-practice and disrespect, both of his patients and his associates.

What are the effects on the neighbor who has been in his patient's class? First of all he has a temptation placed before him. He sees a man

get high grades in an examination and unless he has sufficient moral stamina he will fall into the same habit. Second, if he does go through school and refrain from cheating, will he have confidence in his class-mate who did cheat? He will not for he knows that if an opportunity arises where the man sees that he can be benefited by a crooked deal that our patient will use that means to meet his end. If our patient has specialized, his neighbor of the examination will not send him cases because of this very fact.

What does all of this do to the patient who is suffering from the disease? Naturally he loses his self-respect his class-mates cut him off. That leads to associates who are his mental inferiors. He will soon acquire their habits and be classed as one of them. What honest practice he has obtained will fall away from his grasp because the laity will not trust him.

There has at least been one thing that has been definitely proven and that is the prophylatic treatment is much easier than a curative one. And the old adage holds true that "An ounce of prevention is worth a pound of cure."

SOPHOMORE NOTES

Dr. Sage in Sophomore O. B. class: "It's a funny thing, the people who want 'em can't have 'em and the people who don't want 'em have 'em, and she increased the population by two."

The sophomores are gradually learning new forms of indoor sports.

It is rather expensive watching engines when their cinders burn holes in \$18.00 hats. What say, Cameron.

Dr. Eggers to Buton, "Have you ever had a course in Pharmacology?"

Buton, "Only exposed to it, sir."

Police Judge Foster to Bisgaard, "Your'e discharged and don't let your face disgrace this police court again."

Noble can give you good references as to the best hair oil to use?

The Sophomores boast of lots of royalty. The Peruvian Prince and Cunt Campbellowski.

Jenkins and Wilcox spent vacation in Chicago, we wonder why but we haven't seen any cigars.

No cheers were ordered when two elctures a week was taken from the Freshmen schedule, and they were 8 o'cocks too. That was a case where silence was golden.

Cosmeteis have raised in price. There's a reason.

Miller has decided to sever connections with all South Omaha. His constitution can not withstand those long Marahons.

HERE AND THERE

Dr. Scott Salisbury, M. D., '16, and wife were in Omaha last week. Dr. Salisbury has been ocated at Pawnee for the past year.

Dr. W. T. Wildhaber, M. D., '16, spent a few hours at the Nu Sigma Nu house last week, enroute to his new location at Beatrice.

Dr. V. Dakin, '18, stopped at the Phi Rho house recently on his return from Philadelphia where he has completed his internship.

Dr. Paul Flory, '18, was in the city recently. Dr. Flory is practicing in Genoa.

Dr. Elder Kirkpatrick has located at Sumner, Nebr.

Faris Chesley, '21, stopped over in Omaha last week. Chesley is now at Rush.

Byron Baer and Gwynne Fowler are with the university road-show in a sketch entitled, "Pus and Rubella."

Dr V. R. Daken, '19, has returned from Philadelphia, where he spent a year as resident physician in the Philadelphia General Hospital. Dr. Daken was a guest at the Delta Upsilon house during his stay in Lincoln.

E. A. Bennett, '21, of the medical school, was a visitor at the Sigma Phi Epsilon house on March 20 and 21.

A group of pre-medies are planning to attend the Phi Rho Sigma dance at Omaha Tuesday evening, March 30. The dance will be held at the Blackstone. Those who plan to make the trip are :Howard Bennett, Dwight Hughes, George Haslam, W. C. Kenner and Harry Robinson.

The Phi Chi Fraternity will give a dance at the Blackstone on Monday night, April the 12th.

Phi Chi house dance was given on Saturday, March the 13th. The house was decorated with the fraternity colors, green and white.

Pi Phi Chi will give its annual spring party Saturday evening, April 24, at the Commercial Club. Dr. and Mrs. F. D. Barker, and Prof. and Mrs. T. J. Thompson will chaperon.

Mr. George Fahrenbruch of Culbertson was a recent visitor at the chapter house.

The discovery of a small fire on the roof caused quite a commotion in our ranks one evening at dinner time. Even Dewey Brown left the table to see the firemen, while Deal and Nicholson carried their trunks from the third floor to the street.

Pi Phi Chi announces the pledging of George Lewis of Havelock.

Linus Crawley spent the week-end at the Pi Phi Chi house.

Carl Wagner spent Sunday in Omaha.

Thomas Bennett is under the care of Dr. Orr at St. Elizabeth's hospital. His back was injured while he was in the service.

THE STAR-CHAMBER

Have you read Balzac's "The Country Doctor?"

Who painted that familiar picture, "The Doctor," and when?

What great American writer was a physician?

Which present day popular fiction writer is a physician?

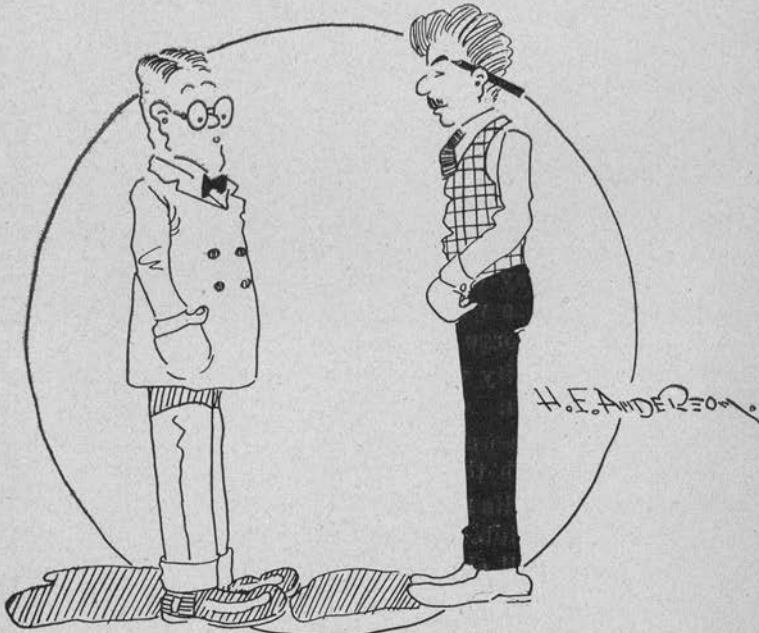
Why is a certain muscle called the Sartorius?

Do you realize the cultural value of medical history?

What was the subject of the controversy between Drs. Cheyne and Wynter?

What is the pharmacological action of "Dago Red;" of raisin wine?

Who was the founder of the Royal College of Surgeons who said, when interrupted by a patient in his scientific investigations, "There is that confounded guinea that must be earned?"



Technical Studé—Say Doc, where you keepin' yourself nowadays?

Medic—Well when I get up at 6, go to school 'till five, come home and study till 12, I don't have much — — —

Tech.—How long have you done this?

Medic—Oh, I start tomorrow.

Pre Medic Day will be April 23, 1920. Every pre medic is requested to attend this annual affair.

THE COUNTRY DOCTOR

There's a gathering in the village, that has never been outdone
 Since the soldiers took their muskets to the war of 'sixty-one;
 And a lot of lumber-wagons near the church upon the hill,
 And a crowd of country people, Sunday dressed and very still.
 Now each window is pre-empted by a dozen heads or more,
 Now the spacious pews are crowded from the pulpit to the door;
 For with coverlet of blackness on this portly figure spread,
 Lie the grim old country doctor, in a massive oaken bed.

Lies the fierce old country doctor,

Lies the kind old country doctor,

Whom the populace considered with a mingled love and dread.
 Maybe half the congregation, now of great or little worth,
 Found this watcher waiting for them when they came upon the earth;
 This undecorated soldier, of a hard, unequal strife,
 Fought in many stubborn battles with the foes that sought their life.
 In the night-time or the day-time, he would rally brave and well,
 Though the summer lark was fiffing, or the frozen lances fell;
 Knowing if he won the battle, they would praise their Maker's name,
 Knowing if he lost the battle, then the doctor was to blame.

'Twas the brave old virtuous doctor,

'Twas the good old faulty doctor,

'Twas the faithful country doctor—fighting stoutly all the same.

When so many pined in sickness, he had stood so strongly by,
 Half the people felt a notion that the doctor couldn't die;
 They must slowly learn the lesson how to live from day to day,
 And have somehow lost their bearings—now this landmark is away.
 But perhaps it still is better that this busy life is done;
 He has seen old views and patients disappearing one by one;
 He has learned that Death is master both of Science and of Art;
 He has done his duty fairly and has acted out his part.

And the strong old country doctor,

And the weak old country doctor,

Is entitled to a furlough for his brain and for his heart.

—Will Carleton.

Dr. Sage in O. B.: "And then, Sweeny, what did you do?"

Sweeny: "Uh-er-well Doctor there was a colored lady there who had attended more of those functions than I had so I just let her do the rest."

Dr. Shrock, after lecturing 30 minutes on the classification of carcinomata:

“Eskilson, what are the types of carcinomata.”

Eskilson: “I don’t know.

Dr. Shrock: Trephining is indicated.”

“I think,” said Dr. Dooley, “that if th’ Christyan Scientists had some science an’ th’ dochtors more Christyanity it wouldn’t make anny diff’rence which ye called in—if ye had a good nurse.”

PRE-MEDIC ANNOUNCE

**Pre Medic Day will be
held April 23, 1920. Every
Pre Medic is expected to at-
tend this annual affair.**

FALLOPIUS TO HIS DISSECTING KNIFE

(1550)

Now shalt thou have thy way, thou little blade,
So bright and keen; now shalt thou have thy way,
And plod no more through bodies cold as clay,
But through quick flesh, by fiery pulses swayed.
A glorious and munificent duke hath mad
Thee a great gift; live convicts; and today,
Though Nature shudder, thou shalt say thy say
On Life’s deep springs where God so long forbade.

Fear not lest Mercy blunt thy edge, or make

The hand that holds thee o’er the living man
With any human hesitation shake;

But thou shalt tell me why his life-blood ran

Thus in his veins; what life is; and shalt slake

The thirst of thirsts that makes my cheeks so wan.

—Eugene Lee Hamilton.

VERSE & WERSE

Bye Btn

THE QUACK

I know a good for nothin Doc, who isn't fit to doctor stock,
He couldn't heal a maltese cat, he doesn't know enough for that,
But I have got an old sick hen; if he'll cure her, why maybe then
I'll have more faith in him for men.

He doesn't care how many die, his fees are 16 stories high
He doesn't seem to give a dam, I doubt if he could cure a ham,
I won't take any of his pills, I'll die myself and save the bill,
Here is one duck he will not kill.

NIX

Dr. McClanahan: Some minutes seem like hours when a child's life
is at stake. Some people think that married men live longer than single
men. They do not; it just seems longer.

Babies are like Fords; they make a lot of noise for their size.

Mr. Lee, you give the anaesthetic over at the hospital, and I'll give
it over here to the class.

SAHARA

I feel like a fish on a South-Sea Island, after the ocean went dry;
I feel like a whale washed ashore by the tide;
For they've taken the rock out of rye.
If the springs only sprung from a Sunnybrook farm,
And the rivers run crimson with wine; and they emptied it into the ocean,
And they'd shout, "Help, Help he is drowning, Somebody throw out
the life line."
But I'd holler back, "Just pull up the slack, come on in the water is fine."
I'd be a deep fish of the brine.

DON'T FORGET
PRE MEDIC DAY

April 23, 1920

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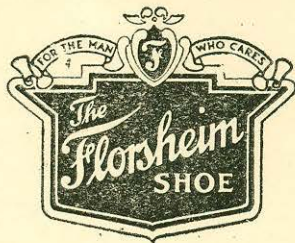
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