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The indications for vaginal douching are chiefly four: Pathological conditions, ante and post partum; and acute and chronic pelvic inflammatory conditions. 

The objects are—for the mechanical removal of deleterious products; for the antiseptic removal by direct action upon the organisms, rendering them inert and destroying them, or by indirect action, altering the reaction of the secretions, thereby accomplishing their latency or destruction; and for the thermic effect upon inflammatory products surrounding and infiltrating the various pelvic organs.

To accomplish the first two objects high temperature is not an important factor, but when an analgesic, depletant or alternative action is required, the temperature should be as high as bearable and continued long enough and in a manner to insure the desired effect.

The patient with a chronic metritis or peri-metritis needs specific directions as to the method of taking a douche properly.

Here will often lie the cause for failure to obtain benefit in certain cases in which local treatments are indicated.

The utensils necessary are a douche pan of some description, the four-quart fountain syringe and an ordinary hard rubber or glass nozzle.

The fountain suspended three or four feet above the patient. The patient lying upon the back with the hips slightly elevated, and the shoulders depressed.

Use at least three gallons of water as hot as can be borne, of a temperature of 110 or 115 degrees F.

Take the injections twice daily, morning and evening; except the days preceding, during, and the two days following menstrual flow.

Never move around for at least a half hour after an injection. If the duties of the busy woman forbid this rest in bed in the morning, take only the evening douche, as more harm than
benefit will arise from the measure if the patient is exposed to
the draughts following the hot injection, until a circulatory
equilibrium has been established, then, too, the upright position
is harmful.

The recent discussions as to the ante and post-partum douche
from both the bacteriological and clinical standpoint disposes one
to suspend its use except in certain cases demanding mechanical
interference with any part of the puerperal tract, especially the
upper portion.

The bacteriological data made use of in the following are
compilations from the literature at hand.

Although conclusions from the laboratory and bedside are
not always harmonious, yet in this field the Bacteriological Edict
of Doederlein, published in 1892, as a result of his experiments,
have proven, within our limits, correct from the clinical side.
They are, however, not complete.

In his experiments upon 195 patients, Doederlein classified
the secretions of the vagina microscopically as normal or
abnormal.

He found very different bacteria in the two conditions.

In the normal vaginal secretions, whose physical character-
istics are familiar to us all, resembling curdled milk in appear-
ance, intensely acid in reaction, and devoid of mucous, he found
the Bacillus Vaginae and a thrush fungus.

The abnormal secretions, also familiar, he describes as yel-
lowish or greenish in color, large in quantity, faintly acid, neu-
tral or even alkaline in reaction, containing mucous, muco-pus or
pure pus and vaginal epithelium, and has found it to contain
various bacilli and cocci.

The cocci found in ordinary abnormal vaginas has been
proven non-virulent, and on account of the always present leuco-
cytosis in such a vagina, the phagocytes prove a barrier and
hold these enemies in check. Their virulence is so weakened that
when injected into the tissues of healthy resistance no reaction
is produced.

Virulent micro-organisms introduced into a vagina contain-
ing a normal acid secretion and bearing the normal bacillus
vaginae of Doederlein and rendered non-virulent on account of
the acid secretion and shortly destroyed by the phagocytic form
of the lining of the vagina.

If these same virulent micro-organisms are injected after an
antiseptic douche their destruction is much slower.

The vaginal secretion of the pregnant is, in a fair propor-
tion of cases, normal macroscopically, and hence, contains non-pathogenic bacteria.

Any douching in these cases, except a thorough disinfection of the external parts and the lower parturient canal, as is undertaken preliminary to an operation in this location, (and this is entirely called for), would but lessen the normal resisting power of the vaginal flora and secretions, and aside from the danger of introducing bacteria on the douche muzzle, should be considered meddlesome mid-wifery.

The only duty in these normal cases is to see that the patient has a thorough soap and water bath of the external parts, thighs and buttocks, and to secure and maintain a thorough cleansing of one’s own hands and arms prior to each vaginal examination, and in the latter part of the second stage of labor, if one’s assistance is demanded in helping to preserve the perineum as the presenting part is about to escape at the vulva.

The entire parturient act is directed toward the cleansing and draining of the parturient canal, and all of the secretions and fluids of that canal are antiseptic in the highest sense of the word, that is they are fitted by their reactions and their effect upon the cellular linings of the tract to render inert and destroy deleterious substances.

The amniotic douche, prepared naturally for the purpose, the decent of the child, placenta and membranes, followed by the bloody discharge, all aim at a thorough cleansing of the canal.

Even in cases of laceration of the perineum requiring repair, if immediate suture is decided upon, as it should be in the great majority of cases, simple douching of the vagina is of very questionable utility and may be positively harmful.

The only sure plan of disinfection, if the obstetrician feels such a need, is such a one as would be resorted to before an operation at any other time, that is, a thorough scrubbing of external parts and vagina with green soap and water, cleansing with alcohol and bi-chloride solution.

This is painful to the non-anaesthetized, and yet no half way measure should be resorted to, as more harm than good may come from simply the douche without the other measures.

In a foregoing paragraph was cited the proof of the non-virulence of the normal vaginal flora and the fact that their introduction into tissues of normal resistance producing no reaction, hence we may conclude, and the statement is borne out by bedside experience that primary perineal union can be obtained best by one of two methods of preparation, either by the thorough disinfection, as cited above, or omitting any douching of the vagina,
simply placing the patient upon a padded board, bring the buttocks to the edge of the improvised table and place upon a Kelley pad.

Thoroughly clean the outer parts and their surroundings with soap and water, follow with alcohol and bi-chloride for the surface immediately surrounding the wound, and douche the wound with normal salt. By having the patient's shoulders a little lower than the pelvis, the wound is not covered with the discharge from above, as it is then retained for the time in the upper part of the vagina.

Be sure of one's own absolute cleanliness and of sterilized instruments; put in the stitches under a small stream of sterilized salt solution.

The suture, when complete, may be covered with aristole, which causes a lymph coagulum to form along the line to seal it, before the discharge from above flow over it, and lastly apply a sterile pad.

Faculty Department.

DR. W. F. MILROY.

During the dozen or more years when the subject of hygiene was in charge of the writer it was his custom to devote an hour in the early part of each session to the consideration of what he called "The Hygiene of the Medical Student." An effort was made, in these remarks, to offer suggestions helpful to the class in utilizing their time advantageously and at the same time preserving their health. A number of our students have suffered ill health toward each session's close, and several cases of pulmonary tuberculosis have developed in the college. The members of our classes are trained students and it would seem that an apology is in order if one would presume to suggest to them how to study. This reflection has restrained the "Faculty Editor" from addressing the readers of The Pulse upon the above subject, but the present note is finally offered in answer to a query of one of our class-editors as to how best to spend vacation.

Did you ever observe a plough-man working in soft ground with an implement that had a rusty mould-board? His lagging horses, dripping foam, tell of the great effort required to drag the plow. The quality of the work done is portrayed in the look of disgust with which the true plough-man views the crooked furrows and the stretch of uneven and tumbled ground, studded with projecting weeds and tufts of grass. Contrast with this the briskly moving team before the plough whose shining steel
cleaves an arrowy furrow. Note the bright countenance of the man between the handles as with cheery whistle he sniffs the aroma of upturned earth which, smooth and mellow, rolls evenly from his plough and buries every trace of last year's unsightly vegetation.

The carpenter's tool that has lost the keeness of its edge is discarded until again in order.

The owner of a fast horse does not for an instant entertain the proposition to place him on the track when not in perfect condition, knowing that thus he would be courting defeat, as well as disaster to his valuable property.

A man is a complicated machine in which the primary function is the creation of thought—the exercise of the mind. Every other function is subservient to this one and contributes in some fashion to maintain the integrity of the machine in perfect working order. In the performance of every physiological activity there is tissue change in the body and the organ now active must soon have rest that the waste may be restored. This is true of muscle, or gland, or nerve. Mental activity means brain wear. By as much as the cerebral structure is more complex and delicate than the muscles of the leg by so much must the care of it be greater. There is no more reason to expect clear comprehension and retentive memory from a cloudy brain than an easy and workman-like job from a rusty plough. A dull tool yields the same kind of results, whither it be the tool of a carpenter or of a student. As well expect a jaded horse to win a race, and come out of the contest unscathed, as to expect from a jaded brain keen and well-sustained effort with only added power for future use as a consequence. In short, a certain, definite amount of good work can be performed by the brain of each individual, using the word good in a relative sense. Any effort to force an increase in quantity means a decrease in quality. The absolute quantity, as well as quality, may be improved by training, and just here appears the advantage enjoyed by the educated man.

Now how to preserve the cerebrum in the best working condition is the question. The exercise of a little physiological common sense will make this clear. In general, maintain the entire system in the highest perfection possible. Abundant exercise in the open air, plain food at proper intervals, and, most especially, an abundance of sleep, go far to meet this indication. The man who has spent his summer in farm work or other similar activity must be on his guard against over-eating and abrupt termination of his exercise. Don't be bamboozled by the fascinating and classic idea of "burning the midnight oil." In its essence it is a fake.
In addition to over-stimulating one's self-conceit (and that upon a false basis), it is a great waste of good oil. Seriously, there is no greater error than to persist in efforts to perform a mental task when the energies are exhausted and the mind refuses to move. It is, as I have pointed out, a physical impossibility to accomplish anything of value under such circumstances. Far better redeem the time by sleep or other mental recreation. We may scout the theory that one hour in the morning is worth two at night, but it will pay us to give heed to the principle thus expressed. Have regular hours for work and observe them religiously. During this time insult your friends if they offer an interruption and hold yourself mercilessly to the business in hand. But, when you have fulfilled your engagement with yourself, throw it all aside and turn your attention to other affairs. The measures daily employed to preserve your health and to recreate your mind are just as important and just as much a part of your business as the study of medicine or surgery. After careful consideration it is our opinion that ten hours is the maximum amount of the twenty-four that should be assigned to work. This shall include all exercises of the curriculum. It is probable that in many cases this allotment may with advantage be shortened. Ten hours being devoted to work and eight to sleep, six hours remain for eating, for toilet purposes, for exercise and recreation. It is an excellent idea to write out a definite schedule of daily doings and follow it as closely as possible.

Regardless of all religious motives, there is abundant physiological reason for demanding a rest of one day in seven. Likewise in respect to vacations; let them be observed as such. A serious error into which many students fall is an effort to always keep the subjects of their study in mind. A mind thus managed is never thoroughly rested. The renewed vim, quickened perception and more retentive memory, which are brought to the work after a period of absolute rest, demonstrate the wisdom of divorcing the mind absolutely at intervals from the regular study.

Our demand is not for indolence or inattention to business, but for wisdom in methods of work. Let the student of the sciences of Nature study in a natural and scientific manner.
Clinical Department.

P. E. James, '02, Editor.

Thanksgiving proclamation also extended to the medical student, and for a few days his mind was relieved of the constant strain of his work, and he was allowed to enjoy to his heart's content Thanksgiving turkey and its complications. As the vacation extended over some of our more important clinic days, we shall limit ourselves to the report of the work of a typical Saturday clinic, and a few other matters of interest.

The County Hospital has constantly new wonders in store for the keen observer. So it is that when Dr. Milroy announces his clinic "at the County," everybody is anxious to know what section goes. Saturday forenoon was spent entirely on the subject of paralysis, and of this malady three special types were shown—embolic, syphilitic, hemorrhagic.

Case 1.—Mrs. E., above 50 years old. Seven years ago while at her work she suddenly became unconscious. In this condition she remained for about half an hour, and upon regaining consciousness she was found to have paralysis of both upper and lower extremities. In two months she was able to move the limbs slightly, and in a year could move about. At this time she was brought to the hospital, but on account of dizziness would often fall when attempting to walk. At present there is paralysis limited to the right leg, and this is only partial. On general physical examination this patient was found to have a marked systolic murmur, best heard at the second right interspace, and the second sound was almost inaudible. This would indicate cardiac vegetation and obstruction at the aortic semilunar valves. Hence the stroke of paralysis is easily explained. An embolus has been detached and lodged in the brain, producing an infarction at the upper part of the fissure of Rolando on the left side. The general paralysis and unconsciousness is accounted for by the undue general pressure in the brain by the clogging of some of its vessels. The brain, however, soon accommodates itself to the new conditions; consciousness is regained, and the paralysis becomes localized.

Case No. 2.—Mr. A., harnessmaker by trade. Eight years ago began to suffer from numbness and partial inability to move left leg. This was especially evident in the morning and evening, while during the day he was quite relieved. The paralysis grad-
ually involved the thigh, arm, and even the face, producing thus a left sided hemiplegia. Later the right foot became affected, but did not spread above knee. This process extended over a term of two years.

By further questioning it was found that he had syphilis seven years previous to his first symptoms. Of this he “had been entirely cured in four months.” However, he “would have occasional symptoms three to four years, which were very easily removed, so that the syphilis had been completely eradicated.” With such a history a diagnosis is easy, as this is only another living example of the fallacy of the quick syphilis cure. There is a gumma of the right hemisphere, near the median line, at the fissure of Rolando, which has gradually extended downward along the fissure, and finally crossed to the left hemisphere, involving the upper part of this same fissure on this side. Upon comparison of Case 1 and Case 2 characteristic differences are easily seen.

Case No. 1.—Embolic.
Onset—Rapid.
Localized.
Complete paralysis.
Sensation not involved.
Case No. 2.—Syphilitic.
Onset—Gradual.
Large area involved.
Incomplete paralysis.
Sensation somewhat affected.

Case No. 3.—Mr. L., expressman. Some years ago this patient, after having hitched up his horse in the morning, made a hurried attempt at getting into his wagon, but fell unconscious. Upon regaining consciousness there was paralysis of the left leg, and this in a few hours extended so as to involve the entire left side. At present only the left arm is completely paralyzed. Examination of the arteries of this patient shows them to be hard, tortuous, and elongated; the pulse seems to be wiry, but in reality this is due to the incompressibility of the vessel-walls caused by calcareous degeneration, which, however, weakens them materially. Hence his slight extra effort, causing a rise of blood pressure resulted in the rupture of a cerebral vessel. A clot formed over the motor area of the left leg, and as is characteristic of cerebral hemorrhage, as the amount of blood increases and the pressure becomes great, the area of paralysis increases. This differentiates cerebral hemorrhage from embolism, as in the latter the entire area involved is involved instantaneously.
Editorial.

We are very glad to present this month an article from Dr. Mary L. Tinley of Council Bluffs, Ia., a very successful practitioner. Dr. Tinley is well known to the undergraduates because of her popular brother. The only thing that we have to regret is that through a mischance we will not be able to present a likeness of Dr. Tinley with the article.

We are pleased and at the same time sorry to note that the Dental students have started a monthly paper, "The Plugger." The chosen name well denotes the rustling qualities and profession of its management. The first number is very artistic and creditable in every way. We are sorry to note its advent because it shows that the two schools, the Omaha Dental and Omaha Medical, are becoming farther apart. This is much to be deprecated and everything should be done by all that have the welfare of the two colleges near at heart to prevent this. The two schools can and should be of great mutual help to each other. Besides we feel that there are so many nice fellows
to meet among the Dents that we plead always for harmony between us. The two publications can and will exist side by side with, on our part, nothing but good feeling for the other. Perhaps our feeling that the two departments are drifting apart is unfounded; anyway, let us prove it by the harmony of the rest of the year.

The so-called holiday season is at hand. Thanksgiving has passed leaving only visions of the turkey "gobbled" and the indigestion and headache following. For the over-eating of these gala times we should invent some remedy. We might emulate the example of the old Roman and take a hypodermic of apomorphia on rising from the banquet table. This to the over-sensitive mind seems vulgar, as it is too open, and we try to case our symptoms of over-eating by calomel, followed by salts in hot water in the morning. It is doubtful which method is the least dignified; anyway, neither seems very progressive. Let us hope that the time will come when we can eat all we think we want to and some more professional remedy can be thought of. Lavage appears on first thought to be a good idea, but each one would have to have his or her separate stomach tube and it would take too much time and besides the apparatus would be too bulky. The dyspeptics heaven would be a place where such problems as these are worked out not where they will be free from their beloved malady. And then there is Christmas. What a nightmare that word is to the average medical student! Presents! Where are they coming from? And most of us have friends who are so foolish as to desire to show their good will by something. Money is the bane of the physician's life. Most of us despise the pursuit of it; yet we must have it, and so it goes. So runs the dream of the pessimist. But banish such uncomfortable thoughts from your mind and enjoy the times of good cheer with all your souls. For your real joys are what you make them. Then make them of the kind that makes life worth living.

We wish you a merry Christmas and a happy New Year.

The subject of the growth of the O.M.C. is dear to the heart of all her faculty and students. We, therefore, concluded that a short history of the early growth of our college would be of interest to all of us, even when presented in our bunglesome and tedious phrasing.

In 1880, the beginning was made, the name chosen being "The Nebraska School of Medicine and Surgery." Rooms were rented in the third floor of the Hellman Block, 13th and Farnam.
The school started with the hoodoo number of thirteen pupils. Although started on such an unlucky street and with the same number of pupils, this little fact together with other difficulties had no effect on the energetic men concerned in the faculty and management.

But two men that were in the original faculty are with us now, Richard C. Moore, then Professor of Materia Medica, and Wellington S. Gibbs, then Demonstrator of Anatomy. The other members of the faculty with their various chairs were Samuel D. Mercer, Clinical Surgery; Robt. R. Livingston of Plattsmouth, Principles and Practice of Surgery; George B. Ayres, Anatomy; Victor H. Coffman, Practice of Medicine; A. S. Von Mansfelde of Ashland, Pathology; P. S. Leisenring, Obstetrics, and J. C. Denise, Physiology.

In the spring of 1881, the Omaha Medical College was incorporated and two lots on the southwest corner of 11th and Mason were bought. The old frame building, now in the rear of our brick building, was erected.

With this brief resume of the earlier struggles we will leave the subject until next issue, when a few more years of the history of the beginning of our alma mater will be given.

Class Notes.

SENIOR NOTES.

JOHN A. PETERS, '07, Editor.

Dan Lee objects to being roasted in the columns of THE PULSE for his non-attendance at lectures and clinics, and we shall therefore abstain from any remarks hereafter that will in any way reflect on his pernicious habits.

Jones spent Saturday and Sunday visiting a friend in Papillion. He reports a very pleasant time, but then she don’t know he drinks so.

If you need a circumcision (merely that and nothing more) just call 'phone two, one, one, seven. Room number two, naught, four.

Miss —— at 'phone: "Two, four, nine, four, please."

"Helloo. Is this the Bon Ton? Has Ebert been there to dinner today? Did he have a lady with him? What kind of a looking thing was she? He’s been flirting with her for some time, but this is the first time I’ve caught him. It was only last night that he told me I was his only hope, his all, and now, Oh!"
Here she handed the transmitter one with her soft white fist that necessitated a termination of the conversation.

The story of Damon and Pythias and the love they bore one another is looked upon by a large number as a myth, but when one is brought face to face with an affection equally as great and occurring in our own midst, all doubts as to its authenticity must cease.

I imagine if you found a young lady of probably twenty summers driving alone a distance of thirty miles through the bitter cold and inky darkness, risking her young life, all for the brief pleasure of having her Frank eat Thanksgiving turkey with her. The drive was made from Underwood, Iowa, to Council Bluffs over the same road Coxey's army traveled, and through a country made famous by the notorious and terrible Swede Carlisle, can you doubt such affection? Is it not a pleasure, amid so much deceit, to behold an affection so true and lasting? If Frank Hansen doesn't cinch that he's a chump.

**JUNIOR NOTES.**

**THOMAS TRUELSON, JR.,'03, Editor.**

Several members of the faculty were visited by your Pulse man and asked for a little holiday advice over their signature. It was suggested to them, that they answer the question, "How would I spend my vacation, were I again a medical student?" All cheerfully consented, and as a result our holiday number is just teeming with good, wholesome advice, all of which will be read with intense interest, and, if followed, will prepare us mentally and physically to finish to our very best advantage the last four months of the present term. But read and judge for yourself.

**HOW WOULD I SPEND MY VACATION WERE I A JUNIOR AGAIN?**

If I were a junior again, I would devote my Christmas vacation to putting out of mind, as completely as possible, my medical studies.

That part of my brain set apart as a store-house for medical lore should have its back and front doors closed with a sign on each, " Shut down for repairs." 

Vacations are for rest, recreation, recuperation, which means a complete change of one's work, one's occupation, one's habits, and even one's pleasures. The best recuperative agent is to be merry. To be merry means pleasant associations. The pleasant associations are found among those nearest and dearest, your sweetheart, your parents, brothers and sisters, and your old friends; all can contribute to each other's and your merriment.
A week or two of such associations will rest your minds, quicken your intellects, brighten your perceptive faculties, sharpen your observation powers, and make play of drudgery and work a pleasure.       

A. F. Jonas.

HOW WOULD I SPEND MY VACATION?

I would not attempt to hoard it, but would spend every minute of it having a good time in a wholesome way. Lest there be a temptation to study, I would leave all my medical books in Omaha.

We have all seen how a farm horse spends his Sunday when turned loose in the pasture after a hard week's work. I would imitate the horse, and forget that such a thing as a plow exists.

I would not try to impress my old school friends, who happen to be farmers, or clerks, or mechanics, of my own superiority. On the contrary, I would envy them just a little, for their chances of three square meals a day for the next few years are good, while mine ———.

Dignity of the extravagant type should not be used in vacation time, but reserved for the first few cases after beginning practice. Even then the natural dignity, which clings to every true gentleman and lady, makes a much better impression among sensible people than the assumed mannerisms (supposed to denote an excessive amount of wisdom) affected occasionally by very young or very stupid M. D.'s. But this was not to be a sermon.

I would spend several hours per day luxuriating in the lap of unresponsibility. I would kick up my heels in sheer abandon at the thought that no patients had been left behind to worry about, and that I did not have to worry about a lack of patients, as might be the case during some future vacation. Finally, I would have a good time with the folks-at-home, because these home ties are never so intimate after one assumes the trials and responsibilities of professional life. After such a vacation I would be in good condition for the home stretch.       

B. B. Davis.

WHAT TO DO DURING VACATION?

Why, that depends upon "what's the matter," i. e., are you tired from close application to your studies, lectures? Why, then rest. Has there been too little physical exercise associated with this mental labor, then there should not only be absolute rest from your accustomed toil, but physical exercise associated with your mental rest.

I know of nothing better than a good shotgun, a good hunt-
ing dog, and trailing through the chill dale and glen in pursuit
of the quail, the rabbit, and the prairie chicken. Where larger
game can be gotten track of, it should not be ruled out, of course.
And, when the season shall permit, wild goose and duck hunt-
ing is excellent sport and invigorating.

When these outdoor sports are not to be had, the next best
should be found. The ideal being to get open air, sunlight and
exercise, associated physically; that will stimulate one's spirit and
animation.

To go home—visit from house to house, stiff with the luxur-
ies of the season, and take no exercise, is a mistake. Portal con-
gestion, mental hebetation, if not even stupidity, will be present
and typify the character of those who thus spend their vacation.

Of course, the best girl will have to be seen, but not all the
time. Don't make her twice glad only—when you come and
when you go.

The average medical student puts in more unremitting toil
than any other class of students. The university-trained minds
who have worked along these lines that especially fit them for
the study of medicine are excepted. They have it much easier
during their medical course.

Yes, I therefore believe in rest, play, and recreation for the
medical student, that after such rest they can with renewed ene-
gies do greater work with more ease and benefit.

W. H. CHRISTIE.

HOW TO SPEND THE HOLIDAY VACATION.

Put nothing but wholesome, well-prepared food into your
stomach and no more than nature demands. Avoid absolutely
every form of liquor and tobacco.

Work eight hours, recreate eight hours, and sleep eight hours
out of every twenty-four. Keep your head cool, your feet warm,
and your body clean. Drink at least two pints of pure cold water
every day. Spend one hour daily in close mental application on
some literary, scientific, or psychologic subject. This will greatly
enhance your knowledge and give you a needful mental discipline
that will enlarge your capacity for and clearness of perception
into medical facts.

Observe humanity in the physical, mental, and spiritual
aspects, remembering that the three natures must be reckoned
with in the practice of rational medicine. Do not give opportu-
nity for any one to say your conduct has made ignoble the noblest
calling of all, viz., the conscientious study and practice of rational
medicine.

J. M. AIKIN.
Editor of The Pulse:

In reply to your question, as to how I would spend the holidays if I were a medical student, I would answer as follows:

First, I should return home and forget as far as possible my college work. The mind, like the body, tires of continuous work and requires rest. This implies a complete change in the channels of thought. I should, therefore, after my return home, enjoy the companionship of my friends in every way possible. I should procure plenty of sleep, out of door exercise, and recreation. I should read the daily papers to keep in touch with the movements of the world, and do some other light reading by way of mental recreation. I would then expect to return to my work rested in body, renewed in mind, with a real appetite for my studies, and should feel that my work in the latter part of the term would be much better than if I had continued it without interruption.

W. H. McClanahan.

Dr. Gibbs was seen shortly after the noon hour. He was found comfortably seated in his reclining chair, lighting one of his favorite brand, a Tom Moore. When asked how he would spend his Christmas vacation, were he a medical student, he said: “Well, I would read medicine some, attend clinics, go to the theaters, and probably read one or two of the late novels.”

WHAT WOULD I DO DURING VACATION WEEK WERE I A JUNIOR
(AND HAD A CLEAN CARD TO DATE?)

Put all medical books and notes under the bed and accept invitations out. ’Tis said, “Hunger is the handmaid of genius”; if so, I should put both in the background for the time. Still, amid the pleasures of the week, remember that man is the only animal that blushes—or needs to.

Ewing Brown.

The following contribution by our boys at the Methodist Hospital explains itself:

Having been asked by the Junior class editor, Mr. Truelsen, to contribute an article to the O. M. C. Pulse regarding our stay at the hospital, we respond cheerfully, and will improve this opportunity first and foremost to express our thanks for all kindness shown us during our sickness.

Having explicit confidence in our surgeon, Dr. A. F. Jonas, and in our anaesthetist, Dr. S. G. Allen, as we have, we did not find it difficult to submit to our operation, which was for chronic appendicitis, our cases having extended over two years in one case, and over three years in the other.

The doctor states both cases were exactly alike, and, as for progress toward recovery, we are running a neck-to-neck race.
Our stay at the hospital has been made most pleasant by the kindnesses of our nurses and friends. The help here at the Methodist Hospital deserves the highest praise. We could not have been better cared for than here. Our calls have been carefully answered, and every want supplied. We do not want to be partial or ungrateful, but believe that honorable mention should be made of several of our nurses. They are Misses Shreck, Dewey, and Harris. So long and so well did they administer to our wants that we are duty bound to praise them. The members of the Junior class can never be repaid for their kindnesses. The beautiful bouquets they sent were highly appreciated, and the interest they have manifested by inquiries has shown that their hearts are in the right place.

Other members of the O. M. C. have also been mindful of us, showing that brotherly feeling which should exist between all of this our greatest of professions, the study and practice of rational medicine.

Friends outside of our school have also been attentive, have sent flowers, sweetmeats, etc., and have made many friendly calls and inquiries, etc.

Such attentions are most highly appreciated by any sick person, but, if possible, still more by us.

Our strength is gradually returning, and in a few days we hope to be able to meet again in the class rooms our friends and classmates of "1903." Respectfully,

CLAIR L. LE MAR.

H. F. NEAL.

Mrs. Rice's recent resurrection by the transmission through space of nerve force, stimulated by the craftiness of McDowell and Jungbluth, and transmitted by our own Dr. Aikin, was an astounding demonstration of the powers of man. The immediate results were so astonishing and gratifying that prose will hardly suffice to do justice to the occasion. We, therefore, will not give the details, but sincerely hope that the occurrence will be a source of inspiration to our poets, who will, please, report this 20th century attainment in their more impressive language, so that the event may become O. M. C. history in this more becoming garb.

Prof. M. (quizzing)—Name the five modes through which we elicit information in a physical examination.

Mr. G.—Inspection, percussion, auscultation, "palpitation, and menstruation."
A girl by the name of Rose,
Snugly cuddled down on the seat,
Free from all torments of her foes,
Enjoying her noon-day treat—
   Was called out.

She straightway arose with a blush,
   Her features as red as a flame;
For the boys all turned with a rush,
   To see if she were going to be game.—
   And she was.

Arriving at the foot of the stair,
   She was met with the jeers of the "gang."
She felt like pulling out all their hair,
   But only retreated, closing the door with a bang—
   Hopping mad.

"Those mean 'dad-gasted,' rattle-brained fools,
   They're a lot of the craziest guys;
They'd be expelled from all other schools—
   All they know is to make 'goo-goo eyes.' "—
   And they did.

"Just wait and see if I don't get even,
   I'll fix them and make them sore;
If they don't get expelled, they'll feel just like leavin',
   For I have sworn vengeance—and more—
   I'll kill them."

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Mr. Morrison has taken a front seat and "Dad" is again in his glory.

Osborn's and Chamber's absence from lectures for a few days was due to their initiation into the Phi-Rho-Sigma.

Mr. Black does not object to being injured quite frequently, provided he can have the attentive service of Mrs. Matthews.

Our little Joe says he is going to make a specialty of diseases of the stomach. Presumably the sign will read Peterson and Davies.

Mr. Osborn has been carrying a dark lantern for the last few days. No, there's nothing wrong; he's "meeting" (her) in the cellars.

We were very sorry to learn that our classmate, Mr. Chambers, had to follow a lumber wagon in the chinaman style out to Cut-off Lake.

Mr. Pryor has disposed of his cigar business and is occupying a suite of rooms in the famous Bachelors' Quarters at the college building.

Townsend's sure croup-cure consists of a teaspoonful of rice-butter. For the procuring of which see "Dad" himself. Information will be cheerfully given.

We were very much pleased to see our classmate, Mr. Isaacs, resume his studies after the holidays. He had been out of school almost three weeks on account of an icterus.

Mrs. Matthews, our clerk, acted as nurse to our book-shark when he was injured by the felonious hand of our class president during his (the president's) recent strenuous struggle with Stuckey to repossess himself of "his little eraser."

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Dr. Tische (hurriedly): “The supra-acromial nerve supplies the gluteal region, does it not, Mr. Kerr?”
“Yes, sir.”

Dr. B. (quizzing)—In treating these cases an operation is sometimes performed, resulting in the establishment of a fistulous communication between the stomach and intestine. Do you know the name of this operation, Mr. S.?
Mr. S.—Gastrohysterectomy.

It is said of our little Joe, that he slept during the whole of one of Dr. L.’s recent, “most awful” quizzes, and that after the quiz he inquired if Dr. L. were not coming today. All those that envy little Joe because of his good fortune will please raise their hand. We think we see them all.

To save trouble, though not expense, Mr. Platt sends his wife to the theater when he goes out for a good time with “the boys.” This example, set as it was by an experienced man, is well worth while to remember. It may stand us in good stead some day. Let us profit by Mr. Platt’s experience.

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Demonstrator (in quiz): “How much of this organ is covered by peritoneum?” Dickinson: “A little more than all of it.”

Prest was absent for a number of days. He states it was owing to sickness, but Dame Rumor has it that he got married, or at least attended a marriage ceremony.

Panter has lately exhibited a decided taste for studying dentistry. Keep up your side of the debate, Bobby, or she may convince you that you are in the wrong profession.

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Dr. Sample of Bellwood, Nebraska, spent an afternoon visiting his brother, T. E. The doctor was on his way home from Chicago where he has just completed a post-graduate course.

Underwood, Edwards and Decker spent Thanksgiving at Glenwood, Iowa. Chauncey is sure to spend part of the X-mas vacation there, as there is another medic residing in that town.

We are very much pleased to learn that Mrs. Dr. O. H. Riley of Red Oak, Iowa, mother of our classmate, O. H., who was recently operated on by Dr. Davis, is now recovering nicely.

Shaw says that Saturday night always finds him sufficiently tired to require rest over Sunday. How blessed it would be if more of us did not get that tired feeling until the end of the week.

Stewart's “Hielan” blood seems to have awakened and gone to his feet since attending the Kilties concert. Having a game knee he is forced to refrain from trying the Highland fling for a week or two.
FRESHMAN NOTES.

WILLIAM H. ANDERSON, '06, Editor.

Lane has been laid up for several days with severe attack of la grippe.

The majority of the class managed to get their feet under Dad’s table Thanksgiving.

With the Christmas exams. in sight, the great question is, “What shall the harvest be?”

Dolbror, Holm and Jeffers are going to start a “bachelors’ rest.” Holm has our heartfelt sympathy.

Jeffers’ idea on the treatment of worms may be all right, but we would prefer to have them tried on some one else.

B. H. Baker of Tilden, Neb., spent a few days last week with his son, the embryo M. D., and we are very glad to say that “Bake” was decent while he was here.

Mr. Adams received word several days ago that his father had received a serious injury, which would probably result in amputation of one foot, but indications are now that it will not be necessary.

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<td>406 Karbach Blk. Tel. 739. College—Thursday, 9 to 10.</td>
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