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University of Nebraska College of Medicine

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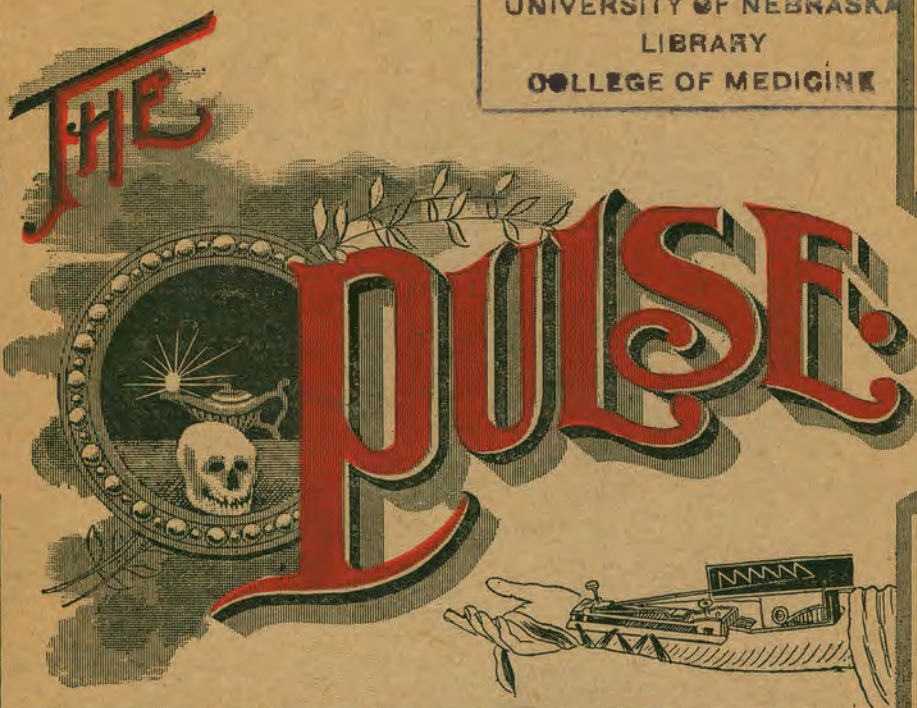
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Official Journal College of Medicine, University of Nebraska,
OMAHA, NEB.

VOL. VI.

NOVEMBER, 1902.

NO. 3.

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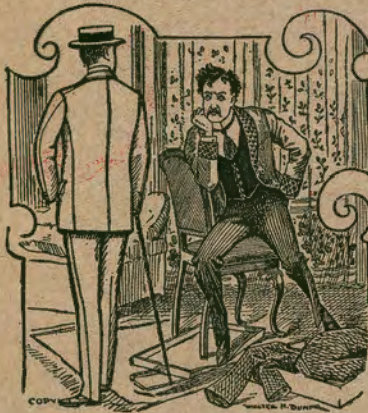
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HARRY W. BENSON

THE PULSE.

VOLUME VI

NOVEMBER, 1902

NUMBER 3

SYNOPSIS OF SIXTY-FOUR CASES OF MEASLES.*

HARRY W. BENSON, Glenwood, Iowa.

In every endemic, epidemic or pandemic of a contagious or infectious disease, it is possible in a certain number of cases to determine the length of time from the exposure to the development of the symptoms of the disease, or, in other words, the incubative period. Obviously this period will vary in different cases, depending on the individual susceptibility, and the mode of entrance of the causative factor, etc.

Of seven cases in which the time of exposure could be definitely determined, five showed typical symptoms in ten days, two in twelve and fourteen days respectively. Of the twenty-six others in which the connection was not so certain, this period was as follows:

- 9 days incubation, 1 case.
- 10 days incubation, 2 cases.
- 11 days incubation, 11 cases.
- 12 days incubation, 4 cases.
- 13 days incubation, 7 cases.
- 14 days incubation, 1 case.
- 15 days incubation, 1 case.

In all, thirty-three cases in which the incubative period ranged from nine to fifteen days.

In this endemic—using the term endemic because of the fact that no cases developed outside of the institution, although there was constant intercourse with the outside world—the method of contagion seems to have been through direct contact of one patient with the other, as in the dormitories, dining rooms and play rooms.

In support of this statement is the fact that the disease was limited to one division in which there was daily contact, and that

*Paper read before the first meeting of the College Alumni Medical Society, Omaha, Oct. 15, 1902.

two other divisions escaped entirely, although there were quite a number of susceptible children of all ages, exposed indirectly by the daily visits of physicians and others, and in no case did they contract measles.

Of the sixty-four cases treated in the hospital, forty-four made an uneventful recovery. Of the remaining twenty cases, the complications were as follows:

Otitis, 18 cases, or 26 per cent.

Bronchitis, 10 cases, or 15 per cent.

B. Pneumonia, 3 cases, or $4\frac{1}{2}$ per cent.

Ulceration of the cornea, 1 case.

Ulcerative laryngitis, 1 case.

Enteritis, 1 case.

From an analysis of these cases, it will be seen that there was present an acute inflammation of two or more of the mucous membranes of the body. In fact it would seem that all the mucous membranes must participate more or less in the general disturbance. Many of the patients showed this symptom complex: Otitis, bronchitis, profuse diarrhoea together with the usual angina, coryza, etc. It would seem rational to suppose that the stomach, bowels, middle ear, kidneys, lungs, etc., should show the same circulatory disturbances as does the mouth and pharynx, evidenced early by the little macules known as Koplick's spots, and later by the full eruption, spoken of sometimes as an eruption of the mucous membrane.

The fact that the kidneys are so seldom seriously affected and the ears and lungs are, can be explained on anatomical grounds. In the first case, access of pyogenic germs is practically precluded, whereas in the last two the path is clear for the invasion by the *materies morbae* of suppuration. The pyogenic germs are probably always present in the lungs and middle ear, and all that is needed is some circulatory disturbance like that of measles to produce a *locus minoris resistentiae* favorable to the growth of the pyococci. Tobeits and Bezold found in sixteen fatal cases of measles pus in the antrum, mastoid or tympanic cavity in all. Miller holds this view also.

The otitis constitutes one of the most important complications, because of the serious and lasting effects which so often follow it. The percentage of deaf-mutism following measles ranges from 3 per cent in the United States to 9.8 per cent in England. Chronic middle ear disease in 26.1 per cent of Downie's cases resulted from measles. In those cases which show otitis during eruptive stage, or immediately following, it probably results from closing of the eustachian tube with resulting reten-

tion of the secretion. This secretion is a favorable medium for the germs already there, and they, by their action, rapidly break down the tympanic membrane, giving an outlet to the pus.

These cases went on to rapid recovery with appropriate treatment.

Those cases occurring later in the disease—during the second week—are probably caused by extension from the fauces and seem to be accompanied by greater destruction of tissue, are slower to recover, running a course of two to three weeks.

The broncho-pneumonia. This very often fatal complication occurred in three cases, $4\frac{1}{2}$ per cent, one terminating fatally. This was in a child nine years old, and of the type known as Mongolian. A peculiarity of this type is that they are very prone to have inflammation of the mucous membrane, particularly of the lungs. This case illustrates very well that if the temperature does not go down with the fading of the rash, there is some complication of the lungs, ears, or intestines. The temperature continued high, the respirations and pulse were out of proportion to the temperature, and death ensued on the eighth day. The type of the pneumonia was that known as "suffocative bronchitis."

The ages of the three having broncho-pneumonia were nine, twelve and eighteen years, showing that we can have a broncho-pneumonia even in adolescence; that it is not confined wholly to infancy and old age, and as a complication following the exanthemata it is more apt to be a broncho-pneumonia than a lobar-pneumonia.

The other two cases were of the sub-acute type, running a slow course with the irregular pyrexia so common in bronch-pneumonia, the temperature going up on the fifth day of the eruption, after a drop to about 100 when the rash began to fade.

The Diagnosis—Given a case presenting this clinical picture: Suffusion of eyes, with photophobia, sneezing, and discharge from nose, an anginose condition of the throat, Koplicks spots, a loud, barking cough preceded for a day or two by headache and general malaise, it would seem easy of diagnosis, but without the rash no positive opinion can be given unless there be an epidemic. With the appearance of the rash on the third or fourth day the diagnosis becomes certain. This appears first behind the ears, on the face or forehead in the form of slightly reddened areas which gradually enlarge into macules, and later papules. Even though the redness is so slight as to be almost unnoticeable, a certain unevenness will be imparted to the hand on touching the surface.

Treatment: In uncomplicated cases, since the attack cannot be aborted, or limited, it should be our aim to make the patient as comfortable as possible and to do all in our power to prevent complications. Good nursing, a darkened room with plenty of fresh air of an equable temperature without exposure to drafts, constitutes an ideal condition, and if it were always possible to create such a condition, I believe the lung complication could, in a measure if not entirely, be prevented. Unfortunately it happens sometimes that patients cannot be controlled, as occurred in two of the broncho-pneumonia cases. These two cases were so obstreperous that they could not be controlled even by mild restraint, and I believe the pneumonia was a direct result of exposure to cold.

For the conjunctivites, simple irrigation with boracic solution several times a day gives relief and comfort. A little vaseline to the lids will prevent sticking and facilitate drainage.

The loud and racking cough is best controlled by antipyrine or atropine.

The diet should be liquid and given at regular intervals.

In the cases complicated by otitis the best treatment is undoubtedly that of paracentesis, but as often happens the symptoms are slight and the first evidence we have outside of the raised temperature, is the stained pillow. After rupture of the drum head, a solution of equal parts of peroxide and water, followed by irrigation with boracic solution serve a good purpose in clearing out the pus. Boro-acetanilid or borated alcohol may be used later to stimulate healing.

The treatment of the broncho-pneumonia does not differ from that of other pneumonias, with the exception that more stimulants are necessary.

The mortality: Holt says that about 40 per cent of measles cases in institutions are complicated by pneumonia and that 70 per cent of these die.

I account for our low rate of mortality of $2\frac{1}{2}$ per cent of all cases or 33 per cent of complicated cases by two favoring factors, the first of which is age. All of our cases were over five years, most of them between eight and thirty. Second, the season. All occurred during July and August, at a time when the change of temperature is slight.

Second attack: The records of the institution show that of the sixty-four cases, eight had at some previous time, an attack of measles.

DISCUSSION.

Dr. Bridges—I was unfortunate in not getting in in time to hear the entire paper. That part which I did hear was very exhaustive and very good. There are one or two points in regard to the diagnosis that I would like to mention. The Doctor has covered the ground very thoroughly where the symptoms are pronounced. Where the fever is mild the case, in a very short time, is likely to be treated carelessly and indifferently. It is often considered an ordinary cold. Physicians are at fault for not reporting this class of cases at once. Where an epidemic occurs, of course, it is much easier.

There is one diagnostic symptom that is very characteristic and that is the odor, detected particularly in the breath. It is characteristic and typical of measles. The Koplik spots are said to be an early means of diagnosis. They are often very easily detected a day or two before the eruption is manifest.

In treating the complications the Doctor laid particular stress on the ear trouble. In preference to using hydrogen peroxide and hot water, first, I would use a boracic acid solution, then peroxide and water after that.

I wish to congratulate the Doctor on his paper. The points which he made were certainly very good and very exhaustive.

Dr. Curtis—I don't think I know very much about measles. I cannot recall all my cases, but I think I can count them on the fingers of both hands. I will say that to my mind the paper was as thorough as any one individual could make it. I would just ask the Doctor for his experience in ulceration of the cornea in measles. One of mine developed corneal ulcers in both eyes which I think lasted six weeks, even under treatment with boracic acid.

Dr. Lemere—I just want to say that I enjoyed the Doctor's paper very much and wish that I could discuss it in its entirety. I have attended a number of patients who have come with suppurating ears following measles in which I found that the real cause was difficult to find.

Dr. Benson—The odor is characteristic, as Dr. Bridges says. It is very penetrating, and once noticed is not easily forgotten. In regard to ulceration of the cornea, we had only one case. It was a peripheral ulcer and healed very promptly under the usual treatment.



Clinical Department

CHAS. H. ROOT, '03, Editor.



A boy of 12 came to clinic complaining of pain in the region of the umbilicus. This pain, he said, had been coming on at intervals of from one to three days for the past year, lasting for about an hour at each attack, although the attack could be shortened by going to bed. At the time of attack an area of redness was noticeable in the region of the umbilicus and the patient complained of more or less nausea, anorexia and malaise. Upon repeated examinations the points of tenderness varied, at one time being at McBurney's point, at another two inches below the umbilicus, and at another time a little to the right of the umbilicus. The temperature was slightly above normal and the pulse increased in frequency. The diagnosis was catarrhal appendicitis and the treatment recommended, operation.

The history of all surgical operations is a history of progress as regards the technique of the operative procedure. The operation for prostatectomy is one which is receiving much attention from the leading surgeons of the country, hence it was a fortunate chance which enabled the majority of the senior class to witness at the Clarkson Hospital the removal of an enlarged prostate according to the latest method. The patient was a man 46 years of age, by trade a mechanic, with a good personal history. About May he began to have difficulty in passing his urine, which increased so that by September he had an almost constant desire to urinate. The last week in September he began to use a catheter. His appetite failed and he became emaciated. Owing to retention a cystitis was developed and the urine became ammoniacal in odor. He was put on irotropin and salol for a short time and then the treatment was changed to benzoate of soda; at the same time his bladder was irrigated daily with boracic solution. Under this treatment the cystitis improved somewhat, but the obstruction was not affected and the patient's general health declined. October 18 the prostate was removed through a "button-hole" incision in the perineum, about midway between the scrotum and anus, and a rubber tube was inserted for drainage. The irrigation of the bladder was continued and in five days this was removed and the bladder drained by means of a

catheter secured in the urethra. October 29 the catheter was removed and by November 12 all the urine was being passed through the urethra.

The practice of the ordinary physician is devoted largely to internal medicine, rather than to surgery; hence it is with joy that we hail the announcement that in addition to the regular Thursday clinic, Dr. Gibbs will hold a two hours' clinic Saturday afternoon. Another beneficial innovation in regard to clinics is the holding of special surgical clinics for small divisions of three each by the members of our surgical staff. In this way we are all enabled to gain a much better idea of surgical technique than we could by a long distance view from the benches of the amphitheater.

October 8 at the Immanuel Hospital Dr. Milroy showed a case which beautifully illustrated many of the points which Dr. Bridges has recently been giving us in his lectures. The case was that of a school boy 10 years of age. His father was dead, his mother and one sister living and one sister dead. He had never been rugged and always suffered from dyspnoea on slight exertion. About one year ago he contracted a severe cold which continued for some time when dropsy set in. His lower limbs, abdomen and face became water-logged. Upon treatment he improved somewhat; he was tapped twice in July but ascites soon returned. In October he was admitted to the hospital. At this time he was suffering from orthopnoea, a jugular pulse was visible and a distinct pulsation was felt in the region of the liver. On auscultation a double murmur and galloping rhythm were plainly heard. Upon treatment the galloping rhythm disappeared, leaving audible murmurs at both the tricuspid and mitral areas, indicating a mitral stenosis and regurgitation and a tricuspid regurgitation. The patient was put on infusion digitalis ziii, bitartrate potassium gr xx, four times per day, with such marked benefit that within eight days his girth decreased four inches and his heart beat became regular and decreased in frequency.

November 15, Dr. Milroy presented a case of especial interest to the beginner in diagnosis of malignant disease. Patient is a robust-looking man, age 76, temperate, health was good till two years ago when he began having slight stomach trouble, with pain more or less constant, occasional vomiting of food or food products with mucus. About a year ago slight nodules appeared in right hypochondrium, gradually enlarging. Present condition: Man is confined to bed, but has good appetite and can eat anything without discomfort except for slight accumulation of

gas. Stomach can hardly be located at all. On inspection two or three large prominences are noticed in epigastic and right hypochondriac region, especially during deep inspiration. On palpation the liver seems to be immediately beneath the skin, and is found very nodular and to reach quite to the umbilicus and far over to the left side. Percussion shows upper border of liver at fourth rib. Diagnosis: Carcinoma of liver secondary to cancer of stomach. Peculiarities of the case are that blood has never appeared in vomitus or stools and there is no cancerous cachexia.



It affords great pleasure to announce that Mr. Francis A. Brogan has accepted the professorship of Medical Jurisprudence which was vacated by the removal of Judge Keysor from Omaha.

Mr. Brogan is a native of Iowa. Having completed his college education at Georgetown College, Washington, D. C., he entered Harvard law school and finished his course there in 1885. From 1885 to 1888 he resided at Emporia, Kansas, being connected with the legal department of the Atchison, Topeka & Santa Fe railroad. In 1888 he removed to Omaha and from that time has been engaged in the practice of his profession here.

Mr. Brogan is the possessor of a scholarly mind and is rated as a leader among the members of his own profession; but in addition to the possession of intellectual attainments of a high order he has been endowed with the graces of speech and a personality which draw men to himself. As he stands before the public assembly of his fellow citizens, his honest, thoughtful and eloquent words command attention. Beside the banqueting board with sparkling wit and choice allusion he charms his willing listeners. In private intercourse he is a delightful companion who knows how to be "a jolly good fellow" in the best sense of the expression.

It is clear that to one who has attained to the front rank in the profession of law there can be no inducement of a business or financial character to devote any portion of his time to edu-

cational work. On the other hand a man of scholarly tastes may find no little pleasure in an affiliation with the type of men who constitute the faculty of a great university and it is here we must look for the motive which has prompted Mr. Brogan to undertake the duties of this position.

Reference has been made more than once, in these columns, to the important place which the alumni of an institution hold in making its history. The alumni of the Omaha Medical College have it within their power to tremendously aid in the forward movement, now in progress, of their alma mater. In this connection we can not permit to pass unnoticed the first meeting of the Medical Association of our alumni. The reports of this meeting which have come to us indicate that it was characterized by a great degree of enthusiasm and pronounce it a success. The work of such an association can not fail to greatly benefit its members, nor can it fail to exercise an important influence for the good of the College of Medicine of the U. of N. Membership in this organization marks a man, in the community where he resides, as a man of science. Men of science must be men of education. The community in general and prospective medical students in particular must come to recognize the wisdom of thorough preparation for the work of a profession which demands such things, and the necessity for the advanced requirements of this school. The enterprise is in harmony with the forward movement of our institution and reflects upon it an added dignity. It has the hearty good will of the officers and faculty of the College of Medicine, who will observe its progress with continued interest.



THE PULSE.

VOLUME 6

NUMBER 3

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It is somewhat out of the ordinary to have a leading article in THE PULSE by an undergraduate. Mr. Harry W. Benson was a member of last year's senior class, but due to the fact that he began his work in the middle of the year, the faculty saw fit to hold him with us this year, for a time at least. His "Synopsis of Sixty-four Cases of Measles" is a scholarly production and shows the result of much time and study. To thoroughly peruse its contents will not be a loss of time—even if you heard the paper read at the Alumni Society meeting.

* * *

The Medical Society of the University of Lincoln has elected a permanent correspondent for THE PULSE and we are glad to introduce to our readers Mr. E. D. Stanley, a gentleman well known and highly respected in university circles, who will endeavor to correctly inform us concerning the medical news down at the State.



Athletics

UNIVERSITY SCRUBS VS. OMAHA MEDICS.

Notwithstanding the scrubs scoring three times against Nebraska's first team, our boys held them to three touchdowns and one goal kick. With the exception of a few minor bruises this was the cleanest game of the season.

Scrubs had advantage over us in continual practice with their superiors. Their team work was good, but when it came to punts, Stuart out-classed them, their man Morris missing goal ten feet in his kicks.

Under the good management of Coach Butler our boys are doing good work. Some good individual playing was done by Stuart, Gilbert, Pederson and Dickinson.

Referee Thomas and Umpire Tukey have our kindest regards for their honest decisions.

The material in the team is the making of the best foot ball team in the history of the college and should be supported by every college-spirited man in the college.

Score: Scrubs, 16; Medics, 0. Timekeepers, H. H. Waite and R. B. Underwood; Lineman, Trostler. S. E. T.

UNI. OF SO. DAK., 34—O. M. C., 0.

We have met the enemy and we are theirs. The game was characterized by sharp, snappy playing on both sides.

In our team the playing of MacLaren and Pedersen was most worthy of mention. Mac's punting was excellent and his work at half-back was above reproach, while "Little Pete's" tackling was so deadly that the Dakota giants repeatedly fouled and kicked him, so as to compel him to retire from the game. Kerr deserves much credit. He went through the strong Dakota line repeatedly and broke up well formed interference, so that Pedersen could tackle the man with the ball. The playing of these two forced the northerners to punt several times.

Platt, Norton, Jungbluth and Beck did good work throughout the game and Bartlett, though only in for a few minutes, demonstrated that he "could be counted on when needed." Dickinson, who played quarterback and safety, went to right end late in the game and made a couple of the Dakotans "hit the sod"

when they assayed getting around his end.

On account of injuries received, Pederson was retired in the last part of the first half and Whitcom in the last part of the second half.

While our team made numerous individual star plays, the game put up by them was woefully lacking in mass play. Once only when they had the ball did the Medics make the required gain in three downs. They seemed to start the plays well, but they lacked team work, which is so essential in football, and were consequently forced to punt every time they got the ball, except the time above mentioned.

For the South Dakotan's side the playing of Newcomb and Stewart was most noticeable, but the repeated fouling by Newcomb did much more to defeat our boys than did his playing. I saw him deliberately kick Pedersen in the back of the head twice, and one of our players saw it and heard him boast of this same act.

The team work and mass plays of the Dakota team was beyond reproach and I was surprised that they did not score more. The northerners average over twenty pounds to the man heavier than the O. M. C. team.

The officials, Dr. Waite and Mr. Flanagan were fair and liberal to both sides and there was practically no wrangling over their decisions.

The treatment accorded our party by the Vermillionites was cordial and will be remembered with pleasure by all who attended.

ISADOR S. TROSTLER.

* * *

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Class Notes



SENIOR NOTES.

OLIVER CHAMBERS, '03, Editor.

The past month has been an exceedingly quiet month within the Senior circle. Aside from election day and its sequela, the tin can that strayed into the building and the wet towels, we have been at peace with all men.

It was with the expectation that some of our men would add to the list of newspaper honors that we allowed Captain Platt to carry the South Dakota six monkey seniors. But nothing happened that caused alarm. Everything was quiet and in order. People came from far and wide to see the Vermillion game with the Medics. The surprise was profound when they saw a team of gentlemen from Nebraska Medical College.

After the game, Captain Platt and his men were banqueted by the South Dakota team, which did all in its power to entertain our men.

A stop over in Sioux City on the return trip and the acceptance of an invitation to a High School football game in that city was appreciated by not only our men but by the attendance at the game, as repeated cheers were given following the Medics' yell.

The following is a copy of an advertisement seen in a street car last week:

"Jim Agee, always quite blue,
When shaves and hair cuts all came due;
Collectors seemed to fill the air,
And landlords sprung from everywhere.
But now 'tis not so, no blues for him,
Since Force has made him Alfalfa Jim."

If the ladies connected with a hospital are called Deaconesses, it is a natural inference that our classman should be called "Deacon Le Mar."

Mr. Black was missed from lectures for a few days last week on account of sickness. All we have learned concerning the case is that the prognosis is favorable.

No one would ever suspicion the domestic trouble that hovers over some of our married men. You never can tell the degree of anxiety and the burden of a man's heart by the smile on his face or by the manner in which he resists being passed into the "pen." But things are bound to leak out. Some things are too good to keep.

It all happened in this manner: The baby is just old enough to be cute and a cuter baby "Papa Lyman" never had. Babies like peanuts and peanuts don't care who eat them. Papa's little darling sat playing very contented with itself and the large "double-jointed" peanut which filled its little fat hand and protruded between the thumb and finger. This was a proud sight for mamma and papa, too, must see his daughter and the peanut. It only took thirty seconds to find papa, who arrived just in time to see the toothless mouth close and hide from view for evermore the peanut! What was to be done? What kind of a case had papa? Was the treatment medicinal, surgical or prophylactic? He thought of the course he had taken in hygiene, but the only thing would be to open the windows, but that would create a draft. Then that course in "First Aid"—no! All he remembered was to stop the hemorrhage. Then he remembered Dr. Davis, definition of a tumor. Well a little quinia sulphate and salol would be good if repeated often. But the peanut was in the way. After a long review of what papa had ever heard on treatment, the realization that baby was "papa's baby" became a terrible reality—"Treatment! Treatment! What is the treatment?" exclaimed the bewildered doctor and parent. "There can't be—there is no—no treatment in this case," and a trembling finger was passed into baby's mouth just behind something that went down—down—down.

* * *

JUNIOR NOTES.

ISADOR S. TROSTLER, '04, Editor.

The class of 1904, C. of M. U. of N., is sure to be heard of in the future. We have among us many original investigators, some of whom are bound to become famous in the medical and surgical world.

Foremost among those who will dazzle the world with their brilliancy is J. A. K., who has discovered that fifteen months is the normal duration of human pregnancy and who has already made his name famous by describing what will hereafter be known as "Kohout's sign," e. g., a "shallow face" in peritonitis.

Another: One of the brightest of our constellation is S. W. B., who reports a normal pregnancy of eighty-five days' duration, and who is now experimenting upon a new method of "suturing a ruptured membrana tympani."

Among the lesser lights are F. V. G., who is inquiring as to whether neuroplasty is a "howling success"; J. C. D., who has discovered that "the fibula articulates with the pelvis"; P. M. P., who is working out the theory of "perversion of function" in a broken limb; N. D. N., who is wondering if the "toot" that Pewea was on produced any pathological conditions in his blood; W. E. D., (who is an expert along this line of research), is trying to determine how and why all the ladies that he becomes fond of are either married, or members of the Spoken-for club; and last but far from least one who has discovered that he "may secure some obstetrical work by teaching a class at Sunday School."

"Charley" Eby received a double, depressed fracture of the zygomatic arch, about three weeks ago, during football practice. Dr. Jonas elevated the depressed bone and "Charley" is himself once more.

"Bill" Nye had a couple of visitors on the 22nd ult. One was his sister and the other was "some one else's sister." "Bill" smiles happy and says, "She is coming back next June."

A number of juniors, among them being Eby, "Alphonse," "Gaston," the "Katzenjammer Kids," Kohout, Karrer, Hart, Nye, Gates, Sample, Nye and Post, went to their homes to help elect our next governor.

One of our professors recently informed us that from *one-quarter* to *one-fourth* of all patients afflicted with a certain ailment will die.

We are sorry to note that Professors Stokes and Park are not in their usual robust health and trust that they will soon completely "rout the enemy."

One of the funniest incidents of the recent football junket to Vermillion occurred at Sioux City, when Mr. Pill was introduced to Mr. H(e)art and became one of the Medics' party.

AN INTERESTING CASE.

I have been requested by several members of the class of '04 to report one of the most interesting neuropathic cases ever seen at this college.

The patient is a well-developed, tall complexioned man of about 30 years, who ought to know better. While apparently of sound mental condition he displays some very marked symptoms of nervous derangement.

The most eminent neurologists of the junior class have examined this patient (at distance) but none of them have been able to determine with any degree of accuracy as to the location of the lesion, to which his present condition is due.

Most of the time the disease is characterized by a single symptom—a monophobia apparent whenever he occupies seat No. 56, but at other times he displays symptoms of having been “hit.”

Before the onset of the present trouble, this patient was one of the most affable of men, but since the invasion morbi, he has become peevish and morose, falls down in quizzes and chews large quantities of tobacco without expectorating. His appetite has failed rapidly and he has lost over two pounds in weight. The treatment thus far has been a waiting one (on his part mostly), the only medicament prescribed being oeloresina zen zengi ber. o.ooooor t. i. d. Up to this writing there has been no noticeable improvement in his condition, but we have hopes that he will “ginger up” and “come out of it” before spring.

* * *

SOPHOMORE NOTES.

HARRY A. WIGTON, '05, Editor.

What will Franz do, now that election time is over and the football season is past?

Lorenzen will not finish the year with us. He has been compelled to be absent much of the time, and now he has determined to stay away till next fall. We recognize the loss to the class and hope to see him again attending the O. M. C.

An interesting discovery has been made. A slip of paper was recently found which had written upon it various Greek letters, also some imitation drawings, similar to sketches made by the Aborigines of America. The latter proved to be a representation of three balls, marked “Celluloid, price 10c.” The letters were found to be Lamma Ping Long—a new frat, can it be? Underneath all this appeared a motto, “Eat, drink and ping pong,

for to-morrow we flunk." None have been found who will admit they are in the new frat., and in that respect at least they are sensible. "A bond of union is soon formed between brethren in misfortune."

The time has now come when the scalpel is kept busy in the regular night work. Dr. Tische has been devoting extra time to his quizzes in preparation for dissection, and we anticipate in the evenings some lectures upon fascias, vessels and nerves. Dr. Lee Van Camp is again demonstrator of anatomy, having held this position in the faculty for several years past.

Under the supervision of Dr. Stokes the class has made some interesting tests concerning the purity of our drinking water. The water was found to be comparatively soft, but the tests for free and albuminoid ammonia clearly showed that the water at that time contained a much higher percentage of organic impurity than should ordinarily be found. No doubt the rains of the summer are responsible for this.

Among those who voted at home were Messrs. Morrison, Heine, Holm, Arbogast, McDonald, Baker, Dolbear and Wainwright. And a strange fact must be mentioned. It seems that all were seized with a desire to stay up till the election returns were all in. We can only guess of the election wagers made with cousins and other relatives. Anyhow, it took several days for them to overcome the effects of such loss of sleep. How we envy the lucky mortals who go home and vote and await election returns!

Dr. —: What is catalepsy?
Garland—Fits.

A muddy field, while it prevented much of the brilliant work the spectators were anticipating from the game Saturday, did not make Nebraska's superiority over Knox the less evident. Considering the rain and mud, it seemed remarkable that so little fumbling was done. At several times the ball was in such position that a goal from the field would have been made on a dry field, but, with such a slippery ball, the task involved the element of chance too much. To the onlooker the score of 17 to 0 would represent the difference between Nebraska and Knox rather than 7 to 0, taking into consideration the ground gained and the time the ball was in the position of each side.

"Murder will out." This truism was again brought to mind in a recent surgical anatomy quiz. B——, a junior, by the way, evidently believes that "an honest confession is good for the

soul." The place where the *Palmaris Longus* is found is certainly interesting.

Considerable interest is being shown in the coming debate between two of the most talented speakers of the class of '05. Both are original thinkers and all are promised an original time. The subject to be considered is one dear to the hearts and minds of all of us; namely, "Rough House; its moral tendencies; its past history and its future outlook." Prof. T——, the earnest champion of this much abused institution, is, so far as has been reported, intending to have reproduced a fac simile of the genuine article to show as a sample of the real thing.

When interviewed, Prof. T——, with much earnestness of spirit, quoted,

"Let dogs delight to bark and bite,
For God hath made them so;
Let angry lions snarl and fight,
As Medic students do.

From this scriptural text he ably reasons that rough-house is the divine right of sophomores. He further intends, in case the debate warrants it, to establish a series of lectures and practical experiments. As itemized, the laboratory outfit will consist of:

- 1 desk, suitable for a fortification.
- 1 cabbage.
- 1 dozen eggs, assorted.
- 2 rolled newspapers.
- 1 long rubber tube connected with a water faucet.
- 1 umbrella or 1 mackintosh.

Visitors are allowed, but no claims for damages to shirt fronts will be considered.

Prof. T——, '05, is to be congratulated on his past endeavors, for we all have to admit that his determined efforts have done much to foster the spirit of rough-house in our hearts.

* * *

FRESHMAN NOTES.

BYRON B. BLOTZ, '06, Editor.

We can not define benedict in its broadest sense, Mr. Palmer, but will leave that to your future experience.

The same experiments under the same conditions give the same results. This can be verified by two of our promising young chemists.

The class is gradually assuming larger proportions. Mr. B. Scholling, who has done work at the college before, has joined us. He is certainly very welcome.

Dr. Stokes (rather indignantly): "I don't see how some people can get through with their experiments so soon."

Epplen (who is one of the last): "They haven't the attraction."

Although venesection has been assigned a part in the rear ranks of therapeutical measures, yet it is indispensable in the preparation of some microscopic specimens. The operation would not be classed with those of major surgery, although the anxiety and duration are not much less. The latter, from recent observations, depends not so much upon the amount of material wanted, as upon who the subject is.

In looking over the Lincoln notes, we can not fail to admire the enthusiasm exhibited by that contingent of our class. Their venture into society work and special quiz work, which the curriculum does not embrace, will not be devoid of immeasurable benefits and is deserving of a longer life than ours had. Five successive stages, conception, presentation, discussion, acceptance, and death, was the sum total of our work along those lines. Each of these stages followed the other with about equal rapidity, in fact the last two were almost simultaneous. The prevailing opinion was that that time could be better spent by pursuing our studies "solitary and alone," as we would the solution of a mathematical problem. Why, then, attend a medical college? Would it not be better still to take your *materia medica* and as a modern poet puts it, hie away to the rural districts for four years? You would return only in time to catch up with the faith curists at the rear end of the procession.

We can not dispute the fact that the fundamental principles of medicine must be learned, and that only by vigorous application to our studies. But there is nothing in this that would suggest and uphold the cramming process, which makes a student bookish, parrot-like and in the end practically a failure. He will be prone to follow that which he has read or heard, under all circumstances, and will be as the young aspirant who asked a doctor his reasons for diagnosing a case, indigestion. The doctor replied in a jovial way that it was due to a too heavy egg diet, as he had seen the shells in the woodbox. A short time

afterward the young fellow was given an opportunity to visit a similar case, which he diagnosed:—"Indigestion, too much mule, harness under the bed."

* * *

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* * *

LINCOLN NOTES.

E. D. Stanley, '03, Editor.

Dean Ward has just finished an article on "Nematoda" for the revised edition of Wood's "Reference Handbook of Medical Sciences."

A new consignment of physiological apparatus has been received. The physiological laboratory is now one of the best equipped of its kind in the West. Most of the apparatus was designed by Dr. Porter of Harvard, and is used by him in his classes there.

Dean C. E. McClung of the Kansas University College of Medicine, visited the department, when up to the gridiron contest between the two universities.

The anatomical quizzes, held before the Medical Society meeting have proven very successful. Sturdevant has made quite a hit as quiz-master.

The Medical Society held its first open meeting of the year on Thursday evening, November 13. The address of the evening was made by Dr. W. H. Orr of Lincoln, who was introduced by President Long after a song by a male quartet. Dr. Orr's subject was, "Culture of a Physician." His main thought was that a physician should be cultured in other lines than the mere science of curing and healing.

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disease and healing wounds. The art is the faculty of cultivating and treating the personality of the patient. The best and the most successful physicians will cultivate both. Quacks, who have no science, carry on their work by the use of the art alone. They succeed in "working" the personality of the patient to such an extent that the patient believes himself cured.

"Patients confide more in their physicians than in any one else. Should not the physician, then, be intellectual and broad-minded enough to give sympathy and advice? If a patient fails to find this sympathy, he is very apt to call in another physician, even though he be less skillful.

"Medical students, then, must acquire a vast amount of detailed information. To do this he must systematize his facts. He must have a pigeon hole in his brain, as it were, for every fact. He must place it with other facts of a like nature. He must develop inference and intuition."

In closing the speaker mentioned Dr. Pepper of Philadel-

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phia, as an example of a physician cultured along these lines. Dr. Pepper was noted for the immense amount of knowledge which he acquired and systematized for the use of the world.

After the meeting of the society, Dean Ward invited the members over to "Nebraska Hall," to witness the dedication of the new microtome. This valuable instrument has lately been received from Rheinhold-Giltay of Delf. It possesses all the latest improvements along this line, and is capable of cutting sections 1-25000 of an inch thick.

Dr. Wolcott presided at the first cutting. The specimens cut were some embryo fishes, imbedded by Dean Ward in 1890, at the zoological gardens in Naples. Later the society passed to the library, where Dean Ward had provided light refreshments. A few informal toasts were given by members of the faculty. It was the first social gathering of the society and was greatly enjoyed by all.

The medical society will hold open meeting once each month.

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If anyone doubts that the Medical Society is not a lot of "stiffs," they should hear them give the new yell:

Zu! Bah! Zu! Bah! Zu Bah Biff!

Kill' em! Cure 'em! What's the diff!

Cranium crack! Zip, boom, bah!

Uni Medics—Ne—bras—ka.

The society is wrestling with the pin question. It is the desire to select a suitable pin that will be a permanent fixture with the college.

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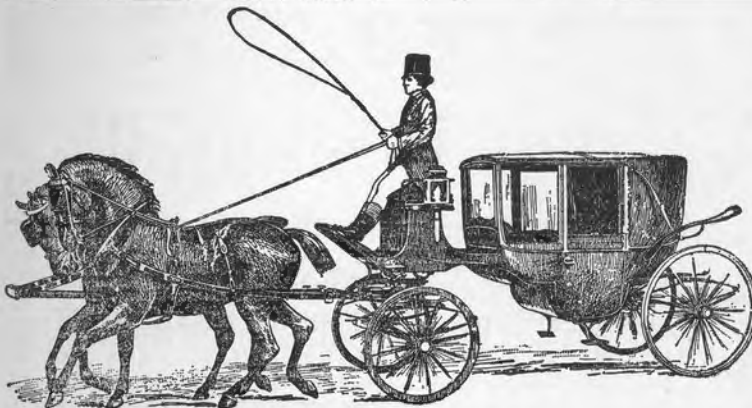
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HAROLD GIFFORD, M. D., Professor of Ophthalmology and Otology, 409 Karbach Blk. Tel. 739. College—Tuesday, 9 to 10.

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D. MACRAE, M. D., 252 Merriam Blk., Council Bluffs, Iowa. Professor of Railroad and Clinical Surgery. College—Friday, 4 to 5.

W. O. BRIDGES, M. D., Professor of Principles and Practice of Medicine and Clinical Medicine, 302 Bee Bldg. Tel. 1727. Office hours: 9 to 10 a. m.; 1:30 to 3:30 p. m. College—Tuesday, 4 to 5; Thursday 4 to 5.

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H. M. M'CLANAHAN M. D., Professor of Diseases of Children, 1312 N. Fortieth St. Tel. 1402.

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PAUL H. LUDINGTON, M. D., Assistant to the Chair of Principles of Surgery, 204 Bee Bldg. College Monday, 2 to 3; Thursday, 2 to 3.

E. J. UPDEGRAFF, M. D., Room 1 Continental Blk. Tel. 495. Assistant to Chair of Practice of Surgery College, Thursday, 2 to 3. O. M. C. 1899.

GEO. MOGRIDGE, M. D., Glenwood, Ia. Lecturer of Diseases of the Feeble Minded. O. M. C. 1894.

H. B. LOWRY, M. D., Professor of Diseases of the Nervous System, Lincoln, Neb. Tel. 185. College Alternate Fridays, 3 to 4.

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Professional Directory--Continued.

ALUMNI

W. S. REILEY, M. D., Red Oak, Ia. O. M. C. '95.

MARY A. QUINCEY, M. D., Ashland, Neb. O. M. C. '96.

F. A. GRAHAM, M. D., Lincoln, Neb., 15th and O., F. & M. Bk. O. M. C. 1889.

J. W. ARCHARD, M. D., Grafton, Neb. O. M. C. 1891.

E. L. ROHLF, M. D., Waterloo, Ia. O. M. C. '00.

J. H. JESSEN, M. D., Lexington, Neb. Chief Surgeon Lexington Hospital. O. M. C. 1897.

GEO. F. PUGH, M. D., Platte Center, Neb. Telephones: Office, J152; residence, 2152, Columbus circuit, Neb. Tel. Co. No. 6--local line. O. M. C. 1897.

H. J. LEISENRING, M. D., Wayne, Neb. O. M. C. 1883.

E. J. C. SWARD, M. D., A., Oakland, Neb. O. M. C. 1896.

J. M. CURTIS, M. D., Ft. Calhoun, Neb. O. M. C. 1894.

S. G. ALLEN, M. D., Clarkson, Neb. O. M. C. 1901.

GEO. P. CLEMENTS, M. D., Albion, Neb. O. M. C. 1896.

C. F. MORSEMAN, M. D., Strang, Neb. O. M. C. 1902.

F. W. KRUSE, Sutherland, Neb. O. M. C. 1902.

M. B. M'DOWELL, M. D., Merriman, Neb. O. M. C. 1902.

F. D. HALDEMAN, M. D., Ord, Neb. O. M. C. 1882.

C. F. DIETZ, M. D., Carson, Ia. O. M. C. 1897.

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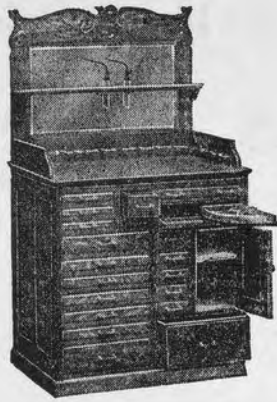
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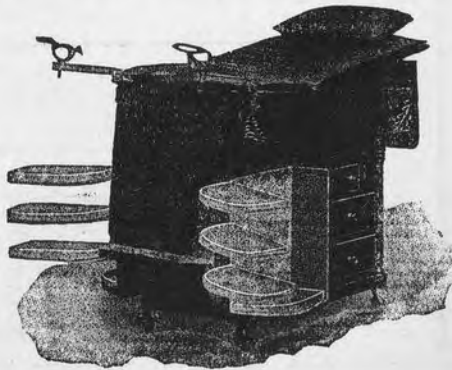
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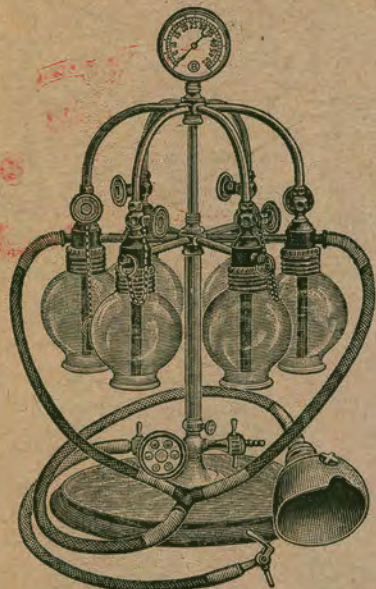
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