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University of Nebraska College of Medicine

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

VOL. VI.

DECEMBER, 1902.

NO. 4.

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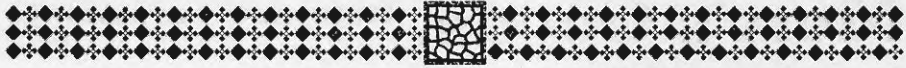
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THE PULSE.

VOLUME VI

DECEMBER, 1902

NUMBER 4

THE SUMMER DIARRHOEAS OF CHILDREN.

F. E. BEAL, M. D., Springfield, Neb.

Perhaps the most difficult part of the task of complying with the request to prepare a paper for this meeting, which our secretary honored me by making, was in selecting a subject that would be of interest to at least a part of my hearers, and at the same time to contain something more than a mere rehash of some text-book or journal article—not meaning of course that I have presumed to offer anything new or original, but only to make a few suggestions in a disease with which we have all frequently met—the summer diarrhoea of children.

The chief etiological factors of this disease are unquestionably temperature, dirt and diet. And as such authority as Holt tells us that in 2,000 fatal cases he found only 3 per cent exclusively breast fed, we must also reckon on the nursing bottle as our enemy. However, it is our opinion that the breast-fed child is not exempt from the simpler diarrhoeas—which may become rapidly serious—as we are taught to believe.

The bacteriologist has failed to find any micro-organisms that can be regarded as specific or pathogenic, yet while this is true, it does not disprove their existence; for the very fact that heat and improper feeding produces the best culture media, would tend us to the belief that there is a germ, not yet isolated, that is the real cause of the disease.

Clinically we wish to speak of them under two heads: (1) Acute dyspeptic diarrhoea, and (2) cholera infantum.

The symptoms of acute dyspeptic diarrhoea are perhaps a little misleading, in that they often are not of such severity as to alarm the parents, and the consequent neglect produces the more serious and fatal cholera infantum of which we will speak later. There may be merely an increase in the number of stools to perhaps 10 or 12 in 24 hours; a slight rise in the temperature; some swelling and tenderness of the abdomen. The stools are watery, offensive, and are greyish or more often greenish-yellow in color, and contain undigested milk, and too frequently bits of meat, vegetable or fruit which the fond mother, and in our ex-

perience more often the fonder father, proudly tells you the baby has eaten daily since he was 8 or 10 months old. In this form of diarrhoea there is fretfulness and more or less thirst from the frequent watery evacuations. Vomiting is not usually persistent, and if present is rather easily controlled. In fine, as the child is not apparently very sick, the parents, and perhaps the physician, may feel secure in the belief that the child is only teething.

The symptoms of cholera infantum are much more pronounced and unless the case develops from dyspeptic diarrhoea, the oncoming is very sudden. Here we find large copious stools, so colorless that they frequently scarcely stain the napkin, and they nearly always contain masses of mucus, and are almost entirely odorless. The number of stools varies from 10 to 40 or even more per day, and are evacuated with audible force. Vomiting is more persistent and unquenchable thirst tortures the little sufferer. The temperature runs very high and the pulse is rapid, thin and wiry. The tongue is brown, dry and leathery. Convulsions frequently intervene, and if so the end is usually more rapid. The child even in a few hours will lose flesh noticeably, the skin is wrinkled, the eyes sunken and staring, the eyelids never closed, the lips and nails pale and the skin covered with a cold, clammy sweat. The stools at first odorless, now small like decomposed flesh; the abdomen at first flat and flabby, now becomes distended. Urination is checked or entirely ceases. The child sinks into unconsciousness, the breath becomes shallow, irregular and sighing, and collapse and death follow in rapid succession.

Before we mention any treatment, let us see if there is not something in the prevention of these diarrhoeas worthy your attention. If heat, dirt and improper feeding are the chief etiological factors, it surely follows that to these we must look for rational prophylaxis. Keep the child cool. How cruel to wrap an infant in three or four layers of heavy flannel—a large cotton flannel napkin, and perhaps a blanket over all—when those about it are as nearly nude as law and custom will allow. Keep the child clean. Keep the breast of the mother clean if it nurse naturally, and if it be a bottle-fed baby keep the bottle and everything about it clean. Use only a simple rubber nipple over the mouth of the bottle that can be boiled, and not one of those glass tubes that are too complicated and frail to be properly cleaned.

In extreme hot weather with diarrhoeas all about you, come down on the quantity offered to an infant and hold it there until all danger is passed. I firmly believe that a great proportion of

summer diarrhoeas are caused by the thoughtless mother nursing or bottle-feeding her baby every few minutes to keep the child from crying, when he is only hot and thirsty, when a cool bath and a drink of cold sterile water would have satisfied the child and perhaps saved its life.

A reasonable treatment of acute dyspeptic diarrhoea in my opinion offers every hope for the life of the child. Cool the child off, bathe it both for cleanliness and to reduce its temperature. Give it plenty of air, and absolutely stop all milk until convalescence is certain. Thirst may be met by cold sterile water, with or without a little good blackberry brandy or ice. After the vomiting is controlled and the stools are lessened, nourishment may be started cautiously, by rice or barley water, or albumin water, but not until the baby is assuredly better.

The medicinal treatment should be first wholly directed toward ridding the intestinal tract of the offending putrefaction that is going on. If the child is vomiting, give it plenty of cold sterile water and you will assist Nature in washing out its stomach, then immediately give calomel in 1-10 gr. doses, frequently repeated, and the vomiting will stop. For the frequent stools we prefer the subgalate of bismuth in large doses, although we have used the subnitrate of bismuth and even the salicylate of soda with success. Opium we fear, and only use it if the stools are becoming rapidly more frequent, and then in the form of the camphorated tincture. High rectal injections of a normal salt solution are very important, using an ordinary soft-rubber catheter, and we are convinced this helps us greatly in getting rid of offending material while at the same time it reduces the temperature. If there is much tenesmus, starch water injections with or without a few drops of laudanum, according to severity of the symptom are valuable. If convulsions intervene, we use the bromides, and if severe, chloral hydrate, with cold to the head and heat to the feet. We enjoin absolute quietness both to child and those around it.

For the treatment of cholera infantum we have little to offer that is hopeful. Here we are evidently dealing with toxins of the most malignant nature. As in the former disease give the child large drinks of cold sterile water to wash out the stomach, and use high colonic flushings of the normal salt solution. In these cases we use in addition to the calomel and bismuth, salt, opium, though with caution, to control the immense watery waste that is occurring. Also starch water enemas with laudanum.

An injection into the cellular tissues of normal salt solution to supply fluid to the exhausted tissues will sometimes turn

collapse into convalescence. I also think we are justified in using subcutaneous injections of minute doses of morphine and atropine with strychnine. Ice to the head for the convulsions with the bromides, and warmth and friction if collapse threatens.

We must never give up the patient until all efforts to support life are fruitless, for it is surely surprising how the little fellows will sometimes hover over the dark chasm and then live to laugh at and worry us in the future.

DISCUSSION.

Dr. Stokes—There is unquestionably some specific infection to account for all the different forms of this disease. You can take perfectly well children in the summer and in an incredibly short time they are very likely to die, having pallor, distention of the abdomen and formation of gas. And it won't be two days until all the children in the same ward will show the same symptoms. In New York, where the children are picked up anywhere, whose parentage is little or none, it is practically impossible to keep these children well while in the wards. One of the best ways of caring for them is to send them out in boats where they can get the cool breeze of the ocean. This is frequently done at the expense of the city, the children being segregated and kept so until well.

I have used dilute nitric acid for several years in the treatment of these diseases and with great success.

Dr. Cummings—I believe in what Dr. Stokes has just said in regard to the specific nature of these diarrhoeas. This is particularly true in the city where the children are so closely associated.

I have found nothing equal to cold in reducing temperature and in regard to internal treatment, I am very fond of sulphocarbolate of zinc.

The paper was a very good one and the subject was made very clear by Dr. Beal.

Dr. Van Camp—I think the paper was a very interesting one. I have used a fountain syringe in these troubles very frequently and have found it very satisfactory. It should be used as often as necessary and of course sterilized every time before using.

Dr. Beal—I agree with Dr. Stokes that this is a specific disease, but I believe the children can be treated just as well without isolation. I also agree with Dr. Cummings in the use of internal antiseptics and also in syringing as suggested by Dr. Van Camp.



Faculty Department

Dr. W. F. Milroy, M. D., Editor.



Whether with good reason or not, the impression has prevailed more or less widely among friends of the University that the good-will of Omaha has been none too generously extended to that institution. Be this as it may, the presence of one of the colleges in Omaha should contribute something to the quickening in this community of sympathy toward the entire University. But how shall they believe in that of which they have not heard? The consolidation of the Omaha Medical College with the University of Nebraska has been announced and several times referred to in the newspapers; and recently the fact was brought in a very conspicuous manner before the public eye. On the evening of December 5 a magnificent reception was given to Chancellor and Mrs. Andrews, and Dean and Mrs. Ward at the Millard Hotel, some three hundred ladies and gentlemen of the most influential people in the city and vicinity being their guests. By the invitations the guests were invited to meet the faculty of the College of Medicine of the University of Nebraska, and the wives of several members of the faculty assisted at the reception. The function was notable for the absence of that chilly atmosphere which is so likely to characterize affairs, necessarily somewhat formal, such as this. It was evidently an occasion most enjoyable to all. Refreshments were served and the music was rendered by the Misses Hagonew and Huber, of Lincoln. A numerous representation from Lincoln, Council Bluffs and South Omaha appeared among the guests.

Chancellor Andrews is not a man to do things by halves. From the time that he first became thoroughly acquainted with the project to construct a College of Medicine of the University of Nebraska out of the Omaha Medical College, he has believed in it and that which he believes in he believes in enthusiastically. He says we are going to have here one of the strongest medical schools in the country and he intends to let the world know it. His recent appearance with Dean Ward

in Omaha in the capacity of host has opened the eyes of this city to the real situation. Since this event was announced we have heard numerous expressions of surprise, from persons who are supposed to be familiar with current events, that the University campus has been so extended as to include Omaha. This graceful act of the Chancellor and the Dean must go far to secure in Omaha a recognition of the union of the institutions; and such a public acknowledgement that the chief executive of the University and the Board of Regents stand committed to it can not fail to inspire confidence and command the support of this community.

* * *

Upon the recommendation of the University Senate, the Board of Regents at their meeting on December 9 elected from the faculty of the College of Medicine, to membership in the Senate, the following persons: Ewing Brown, B. B. Davis, H. Gifford, A. F. Jonas and W. F. Milroy.



The clinics held at the college thus far this year have been excellent, especially in the departments of gynecology and diseases of children. In addition to this, both medical and surgical clinics at the various hospitals have been unusually well supplied with material. The department of obstetrics has also drawn its share, so that up to date out of a class of thirty-nine seniors, all but four have seen one or more cases. For this good fortune the class is indebted to the energy and vigilance of Dr. Somers and his associates, Drs. Park and Hostetter.

A case of pleurisy seen at the Douglas County Hospital December 6, was a good example of this very common malady. The patient, a man forty-six years of age—was by occupation a laborer, whose work exposed him constantly to all

kinds of weather. Three weeks before, he was taken sick with a chill followed by a severe pain in the left side, and a week later was admitted to the hospital. At the time of admission he was suffering from a severe pain in the side and had some temperature. Upon aspiration a small amount of serous fluid was drawn from the affected side. When seen by the class the temperature was normal, there was but little pain, the heart was displaced to the right slightly beyond the right border of the sternum and there was a flatness over the entire area of the left lung except near the apex. This flatness did not change with a change of position. One of the most interesting features of the case was the obliteration of Lytton's sign on the affected side showing the presence of adhesions of the pleura.

The case of carcinoma of the liver clinically presented by Dr. Milroy at the Immanuel Hospital on November 22, and again on November 29, and followed on December 2 by an autopsy of the case conducted by Drs. Waite and Milroy, was not only interesting but more than ordinarily profitable from the student's standpoint, inasmuch as ultimate recovery of a post-mortem is a very useful adjunct to our clinical knowledge of any given case.

Clinical history: The patient, Mr. A—, was forty-nine years old, a German by birth and a quarry worker by occupation. As a boy, he had some trouble in chest. At the age of 20 he had brain fever. Fifteen years ago he had several characteristic malarial attacks. Similar attacks have occurred at varying intervals since.

The patient's habits of life were fairly good. He drank whiskey or beer occasionally, but not to intoxication.

The family history was practically negative. However, it may be noted that the patient's father succumbed to some liver complaint.

Last spring the patient suffered from indigestion and lost weight, but apparently recovered and regained in weight and was able to resume work for several weeks. About five weeks before entering the hospital he was taken with a chill and fever associated with indigestion. Jaundice appeared after two or three days. The attack subsided in about a week, but he began to have pain over the liver area, the jaundice continued and there was a loss of 25 pounds in weight during a month, notwithstanding a rapidly enlarging liver. In this con-

dition the patient entered the hospital November 19, and was presented at the clinic November 22.

The following physical signs were discovered: Inspection revealed moderate general jaundice—well marked in the conjunctiva, and extreme distension over enlarged liver. On percussion, there was dullness on the right from the nipple to the navel, and dullness over entire left hypochondrium. Palpation discovered no nodules in the liver, except perhaps one which was indefinitely made out. There was marked tenderness on pressure. The stomach was displaced downward and dilated, but no tumor could be felt, even when distended with gas.

The patient complained of dyspnoea, pain and a sense of weight and fullness in the abdomen. The diet given was liquid and the digestion was reasonably good. Vomiting occurred only once during first week in hospital.

On November 29 the case was again clinically observed. Jaundice was pronounced, the skin approaching a bright yellow color. During the intervening week there had been a severe unaccountable epistaxis from the anterior nares which required gauze packing to control it. Emaciation and dyspnoea had increased and there was slight edema of the extremities.

The diagnosis made on November 22 was carcinoma of the liver, and possibly the very rare primary form, since there were no distinct nodules in the tumor itself, and search for a primary focus in other viscera was negative.

Prognosis: Very grave.

On the morning of December 1 the patient had a sudden severe hemorrhage from the bowels and died a few hours later.

The following are the gross findings in the case at autopsy. On the right side the liver extended upward into third intercostal space. There were no adhesions to diaphragm, but the organ was adherent posteriorly to omentum and bowel. The enlarged left lobe displaced heart and lung upward and stomach downward. Superficially the liver was studied with small light colored nodules which were umbilicated in many cases. On section the cut surfaces showed evidence of chronic congestion and metastasis particularly pronounced in portions adjacent to the gall bladder, which was found in the condition of a small firm tumor with its cavity entirely obliterated by

new growth. The liver weighed fourteen and one-half pounds.

The heart was of normal size, but fatty. The left ventricle was hypertrophied and its cavity very small. The right ventricle was thinned and greatly dilated. The lungs were much compressed, dark colored and black in spots, the left showing evidence of metastasis. The kidneys were passively congested, otherwise normal with the exception of a small cyst underneath the capsule of the left. The fatty capsule was thickened—supposedly new growth. The spleen was passively congested, otherwise normal. The head of the pancreas was firmly adherent to the duodenum.

On examination of intestines for location of the origin of the hemorrhage, parts of the small intestines were very much congested and a few minute clots were found. The injection of the vessels was even noticeable in some areas externally. The hemorrhage was found to have come from the caecum and colon, as large clots still remained in these locations.

The conclusion reached by the post-mortem was that the case was one of carcinoma of the liver, probably secondary to carcinoma of the gall bladder—hemorrhage from the bowel being the immediate cause of death.

* * *

AN AWFUL FATE.

A Freshman once sailed o'er the sea,
And was caught on a cannibal isle;
The cannibals, all in their glee,
Soon served that poor freshie in style.

But the cannibal king, alas!
Had cholera morbus, e'er an hour did pass.

Moral:

Why had he before never seen,
That that Freshman was so terribly green?

—D. C. YAJ.

The Fremont, Elkhorn and Missouri Valley Railroad is completed to Bonesteel, So. Dak., a point on the border of Rosebud Reservation. Watch the papers for announcement of the opening to settlement, this reservation.

THE PULSE.

VOLUME 6

NUMBER 4

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WE WISH YOU A MERRY CHRISTMAS AND A HAPPY NEW YEAR.

* * *

OUR FRONTISPIECE this month is a very good likeness of
Dr. Richard C. Moore, who, at the first of the year, will begin
his course of lectures on Mental Diseases. It will be remem-
bered that not long since the Doctor gave an address at the
Medical Society Meeting in Sioux City, which was well re-
ceived by the profession and highly complimented by the press
all over the country.

IT MAY SEEM somewhat out of order to have, at this time, of year, the leading article on—"Summer Diarrhoeas of Children." Still the facts brought out in Dr. Beall's most excellent paper must become a part of us as medical men if we would successfully cope with these disorders. The article should command your thoughtful attention.

* * *

THE HOLIDAYS are here. We recall the excellent advice given by a number of our instructors about this time last year when confronted by the question of "How to spend vacation." After weeks of application in which the student has given the work in hand his intense attention and incessantly practiced the art of husbanding his time, a holiday presents itself. For some, it will mean (not through necessity) a continuation of the routine—others will prey heavily upon the family larder or be given to sheer idleness, but in this way the Holidays' mission is lost. That was capital advice when one of the students' best friends said:

"First, I would return home and forget as far as possible my college work. The mind like the body tires of continuous work and requires rest. This requires 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 daily papers to keep in touch with the movements of the world, and do some other light reading by way of recreation. I would then expect to return to my work rested in body, renewed in mind, with a real appetite for my studies, and could feel that my work in the later part of the term would be much better than if I had continued it without interruption."



Class Notes



SENIOR NOTES.

OLIVER CHAMBERS, '03, Editor.

As the hush before a mighty battle, the seniors have said and done but little in the way of excitement as the semi-annual fight with examinations approaches. The quiet, thoughtful man in this battle is the soldier that wins. The man that realizes his responsibilities and aims his fountain pen in the right direction, with rapid fire, is sure to make an impression. The campaign has seemed shorter than ever before and as we look back we all respond with one accord in praising leaders and comrades alike for their fellowship and help.

But there are always some things that cause regret, and we, as fair-minded men, look at our faults as well as our empirical qualities. Now: There's "Sleepy Row," where on one occasion the quiet, thoughtful ticket holders of the conspicuous crowd were so hushed that every man from "Wheel Horse" Gage to our president, who goes "out by the county," neither heard nor saw this scrimmage. They were there, but still we must say they were not there until "Pa" Lyman dropped his note book, which sounded like a bugle call, and "Sleepy Row" once more flanked its men.

On the right flank of our company in the front line there has been a man fighting a hard, fierce battle. He has fought well. Time and again he has routed the enemy and held the field. But the odds have been too great and temporary defeat has caused him to retire to the rear. A brave soldier always holds the admiration of his comrades.

Just before the Thanksgiving recess Miss Job received a letter from her father stating that he had sent a barrel of

apples for "herself and the rest of the boys." The apples came—we were all there—you know the rest.

Where I will spend Christmas:

Miss Job—"I am going home to see "pa."

Wherry—"Just think—one week from tonight I will be in Ohio.

Isaacs—"Going home."

Lyman—"With Baby."

Mrs. Rice—"Stay with the Doctor."

Agee—"I guess I go out by Waterloo."

Black—"Don't ask me."

Morrison—"In Omaha, but you won't see me."

Root—"Just one place—Kansas City."

Truelsen—"I am sorry, but I can't tell."

Platt—"At Immanuel Hospital."

Gage—"Home, Sweet Home."

Osborn—"I hate to miss it, but I must go home."

Graham—"Will fight it out at Manilla."

McClymonds—"Down home with—(?)"

Warner—"You don't catch me leaving town."

Miss Nielson—"Why! I live in Omaha."

Bartlett—"That's my business."

Vance—"Why! I tell you about me—it's hard to tell."

Miss Erickson—"I will stay at home, hang up my stocking and watch for Santa Claus."

Our classman, "Sharkie," states he will charge his patients by the hour. His last case kept him in attendance from eleven o'clock in the evening until four-thirty the next afternoon.

Dr. Somers has stated satisfaction with the work of the seniors this year in obstetrics—especially in the clinical work. Thirty-two out of thirty-nine members have reported seeing cases.

If we can depend upon the "pipe dreams" of some of our seniors as regards their future locations, the Medical Department of Nebraska University will be represented in every state west of the Mississippi. Just think of it! "Dad" is located in

Wyoming already. In that state where it never stops snowing and people don't have time to pay their bills.

The senior class was honored by a visit from the little five-year-old daughter of our secretary, Mrs. Mathews. The beautiful little lady has caused considerable strife among some of the class.

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* * *

JUNIOR NOTES.

ISADOR S. TROSTLER, '04, Editor.

The faculty of our college is hereby tendered the thanks of the Junior class for the extension of the holiday vacation. In college work as confining as ours, students become "fagged out" and stale in four months of close application to lectures and study. With a vacation of two weeks, we have time to visit our homes, and the change of scene along with the relaxation from study will prepare us to begin work next year with renewed vigor.

It appears that our football team was not the only medical college team that failed to cross their opponent's goal line this year. The Chicago "P. and S." team did not score.

Our "Little-man-from-the-land-of-giant-foot-ballists" has recently embarked in the banking business—at least several students are carrying their money to him as soon as they receive it. "Dickey" grins and says, "Come again, boys."

Our "Old-Man-Perplexity" received a photo of a beautiful young lady a short time ago, and when asked who she was said, "*I don't know*, I DON'T KNOW, I DON'T KNOW." Too bad he should be so emphatic, but he may have reasons for being so.

"When the heart ceases to contract they will die."—
Dod M.

Professor, quizzing: "Can the trouble be arrested?"

Rubicund Robert: "Cancer. Yes, sir."

Professor, continuing: "What would you use in that condition?"

Felapton Fritz: "I'd use some protozoon."

One of our classmen had a Bedy-shaped chest during one of Dr. Edmiston's recent bandage demonstrations.

Dr. Gibbs: "What saline would you administer after the mild chloride?"

Jejune Joseph: "I'd give two grains of tincture of camphor."

I found the following upon a front seat in Lecture Room No. 2 recently. Owner can have same by proving property:

If Dr. S. ever has to seek another occupation he ought to join Uncle Sam's diplomatic staff. The way he handled that "cullud gemman" on the 11th inst. would entitle him to a place, without even a civil service examination.

Dr. Mac's efforts to make his work of practical interest by exhibiting specimens is appreciated by the Junior class.

<p>I.</p> <p>John Yearns, Be----- Turns. Eyes Meet, Love Love Sweet.</p> <p>II.</p> <p>B----- Stops, John Pops. They Wed, Enough said.</p>	<p>III.</p> <p>John Mad, Wife Sad. Both Fight, Sad Sight.</p> <p>IV.</p> <p>Whole Week, Don't Speak. Re- Course, Di- Vorce.</p>
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Moral:
Beaver
Crossing,
Mary
Bossing.

The Junior class wishes the professors of the C. of M., U. of N. and their fellow students a very Merry Christmas and Happy New Year.

SOPHOMORE NOTES.

HARRY A. WIGTON, '05, Editor.

Some days are placed in the background, thus making more noticeable certain others by the contrast. Of the more prominent days should be mentioned the one when Dr. Waite demonstrated in class an abnormally large liver. Other of the internal organs were diseased, but the liver in this case received most attention. Its weight was over fourteen and a half pounds. Diagnosis: Secondary carcinoma of the liver following primary growth in the gall bladder.

At a meeting of the class December 12, the resignation of the class editor, Harry Wigton, was accepted and Barton A. Adams was selected to take his place for the rest of the school year.

Anderson has deserted Omaha and now lives across the river.

Lane returned thanks at Denver for the blessings of the past year, the main one, of course, being the privilege of belonging to the class of '05. While in Denver, he was shown through St. Joseph's Hospital of that place.

Some kind friend brought a phonograph and a new cylinder to lectures last week. Naturally the cylinder was much impressed by what it heard. We have obtained a few of the remarks which were caught unawares and we take the liberty of presenting them. The phonograph is irresponsible:

Lyman—Again, what is the normal color of the urine?

Stokes—That's correct, in the sense of nit. But this is exactly right, bank upon it. And there you are.

Waite—Yes. And what else?

Towne—Now, as to this nuisance.

Treynor—Ah-h, er—Where is your column of Goll, Mr. Er-Junior?

Christie, quoting—Morphine is good for pain. Quinine for ague. Mercury for syphilis. So what the h— are you going to do about it?

Koerber—Next lady may answer.

Tische to Dent—No! Sir! The heart is *not* in the pelvic cavity.

Anderson—The anterior belly of the digastric arises from the symphysis pubes.

Adams—Doomed to torment (others).

Empey—Hold on, Coppy, old man. Wait for me.

Bushnell—Oh, Mr. Morris.

Baker—(The phonograph got on one of its tantums, so we missed the best of all.)

Miller—Yes, sir. The corpora lutea of the eyes. That's it.

Kennedy—Well, I believe the one the book mentioned was either hyperkeratosis ichthiosis lichen piliaris or perhaps ecchymoses, antochthonous petechiae bordering on suggellations.

Johnson—I don't know.

Heine—It is the prostate gland.

Rumery—Passed up your part yet?

Lanzer—The ureters are nine inches long.

Jeffers, in horror at the mistake—The ureters are just four inches long.

Paterson, giving the ligaments of the liver—Broad ligament, Spiglian lobe, and Round ligament.

Wigton, on fatty degeneration of liver—What difference does it make if you *do* use the wrong specimen; if only you make the right diagnosis from it?

Morris—Would you not think this good for headaches?

Morrison-Mason, (in unison)—Amyloid degeneration is produced from amylopsin.

Swoboda—Just wait a minute and I'll tell you about it. You see, she—

Dolbear—I don't jist exactly see quite all what you are driving at.

Smith, to Tische's question, Do you know your own name—*No.*

Lane—Hold on, Doctor. What did you just say?

Walsh, in Path.—Not guilty. Search me. I haven't got it.

Arbogast—That 40 per cent. That's the question.

Potter, at telephone—Well, I guess yes. What's that? Well, not if I know myself.

McDonald—It—it—it's just twenty-eight feet long usually. I—I think you will find that the case.

Garland—*Ba-a-a-a.* For the love of Moike!

Wainwright—Why, that's the way I learned it.

Thompson—What's that used for, Doctor?

Holm, alias Tuffy, filling a prescription which called for 100 pilulae. (We regret that his sentiments were lost owing to the unfortunate fact that the phonograph doesn't speak French yet, with quite the proper accentuation.

Mac. is becoming alarmingly industrious. Leave the woodpile as a scare-crow for the tramps, and thus save dentists' bills.

Kennedy reports a good time when he was in Plattsmouth over Thanksgiving.

Potter was one of those who rooted for Nebraska at the Nebraska-Northwestern game.

Anderson reports a close, snappy game Thanksgiving day in Council Bluffs. The Dodge Light Guards' team was victor.

It is against all rules to discuss general topics in class notes. However, rules and resolves are made to be broken. We are just now, in thought, questioning what would December be without a Christmas—the day we send flowers and bon-bons and gloves. Moreover, New Year's day must succeed Christmas. How else could we send our little tokens of esteem and affection to those whom we forgot the week before, who, however, did not forget us. Happy New Year's Day, when we try to conciliate our never very exacting consciences, bribing them with honeyed promises, happy-go-lucky, well-meaning, sort of compromises.

A well-fed, healthy conscience would refuse to have anything to do with what is sometimes set before it. But a half-starved urchin thinks last year's gum drops and Christmas entertainment candy is better than Balduff's chocolates; he will attend S. S. for two months to get a blue or red gauze bag full of still gaudier colored candy. Our consciences are similar. One can palm off all kinds of stale promises, such as can be resurrected from the waste basket of time and if these be freshly sugar-coated to disguise their antiquity, they are seized upon with much eagerness by the poor, hungry or perhaps famishing conscience. Better than nothing, certainly. These annual resolutions, though they may be a re-hash of former ones disregarded, do amount to much. But when a man resolves to do more than he can fulfill, does it not produce a loathing or distaste, or at least for any further resolutions for a time? Let a man eat much more than he can digest and he is liable not to derive benefit from any of it. In making and carrying out New Year's resolutions are we not like one who starves himself through the week and plays the glutton on Sunday?

The Fremont, Elkhorn and Missouri Valley Railroad is completed to Bonesteel, So. Dak., a point on the border of Rosebud Reservation. Watch the papers for announcement of the opening to settlement, this reservation.

* * *

FRESHMAN NOTES.

BYRON B. BLOTZ, '06, Editor.

Scholting is trying to convince the demonstrators that it is better to pass up one group of muscles at a time.

A party of young ladies from Brownell Hall, representing the chemistry classes there, visited the college during a chemical laboratory period.

Valentine distinguished himself Thanksgiving, by getting a hair-cut and taking in the Nebraska-Northwestern game at Lincoln.

The football spirit has not made a marked invasion into the ranks of the class. Jack Morsman is our only enthusiast, and we rely upon him to earn sufficient glory for all.

Dr. Peterson (to class in biology): I want you to make a drawing of the circulation in the web of a frog's foot.

Fuller (very sincere): Well, doctor, shall we represent the corpuscles as moving?

Palmer enjoys the distinction of being a very accommodating fellow. However, the respect which he has for his home did not permit his complying with the request of a fellow-student, to take care of his old dissecting suit.

It is always well to make an acquaintance with the members of the faculty in order to ascertain the limits of your sphere, also to prevent such blunders as the following, which occurred in the dissecting room recently:

Dr. Van Camp: How many ribs are there?

Robertson: Do *you* know?

Dr. Van Camp: You bet I know. Probably you do not know who I am.

Robertson: You might introduce yourself.

The members of the class have finished dissecting one part and have passed the examination. This is exceptionally early for the completion of that work, as parts are seldom assigned to the Freshmen before the Holiday vacation.

The first semester has almost drawn to a close and vacation will be welcomed as much as the return to college after that period. Our work so far has been very interesting and everyone has applied himself like a veteran. The quizzes of Dr. Waite and the roasts of Dr. Stokes fell heavily but profitably and when we consider the size of the class we are safe in saying that we received more of these benefits pro rata than any of our predecessors. Neither were the other professors lax in the introduction of the essentials of medicine, thereby making us doubly sure that we are entitled to spend our vacation royally.

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LINCOLN NOTES.

E. D. Stanley, '03, Editor.

The Medical Society meeting on December 4 was addressed by Dr. T. L. Boltan of the Department of Philosophy. His subject was "The Relationship of Psychology to Medicine." The excellent address and pleasing delivery made it one of the treats of the year.

His thoughts were, in brief, as follows:

"Medicine is, in origin, related to priestcraft, and their present separation is more apparent than real. In the five events of life; namely, birth, sickness, death, puberty and marriage, the doctor shared with the priest the first three. Every great religious teacher has practiced medicine.

"More is trusted to the doctor than to anyone else. He can more capably respond to this trust if he is acquainted with the heredity and personal traits and habits of his patient. The older a doctor gets the more he realizes this and treats each case, accordingly, by itself and not by specific medical rules.

"And here psychology enters. Peculiarities of people are mostly mental, therefore the practice of a good physician must rest somewhat on a knowledge of practical psychology. Be-

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lief and thought are realities, as well as action, and they function in sickness as in health.

"How shall we treat the mind? Suggestion is the normal method. We can dispel pain by suggestion or by drawing the attention to something else. The power of suggestion is strong, as exemplified in hypnotism. Everyone is, in some degree, a hypnotic subject, and no one can refuse suggestions.

"A good physician recognizes these things and relies upon them to help out in many an emergency. He can thus guard against mental excitement.

"Physicians are successful as they are attractive, and attractive as they use good sense and sound judgment in applying their medical principles. The latter qualities are greatly enhanced by a knowledge of psychology."

Dr. Baltan caused a ripple of laughter and applause by remarking that the old process of making love was nothing but an application of the principles of suggestion.

The meeting of November 27 was made especially interesting by the paper on "The Carnegie Institute," by Dr. Willard of the department.

The program committee are to be commended for their good work in securing such excellent speakers, as we have listened to this fall.

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On December 12 the society will be addressed by Dr. Clapp, the director of physical education. Dr. Clapp is a new-comer, but is making his influence felt in all medical affairs.

Considerable interest was manifest about the campus in the reception, recently given in Omaha to the faculty of the School of Medicine, by its Chancellor and Dean. All those present from Lincoln report a good time. More of these functions are in order, to bridge the fifty miles between the two schools.

In connection with invitations sent out for the reception, the School of Medicine has received many compliments and much encouragement. The Dean of a prominent eastern medical school writes as follows: "I wish for your college the success which any undertaking of your university so well deserves. You have a great field to cultivate and you have high ideals."

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The Medical Society will stick to the University colors and decorate themselves with scarlet and cream.

The class in Invertebrate Morphology have just finished the study of the tape-worm—that is, some of them have. Mr. Hargitt is thinking of adopting “Lewis’ Rules of Procedure with Slow Students.”

Lack of time accounts for the absence of the usual budget of personal and departmental notes. We will try and not let it happen again.

Get in the “push,” and subscribe for THE PULSE. See Stanley about the “big inducements.”

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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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ALUMNI

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

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F. A. GRAHAM, M. D., Lincoln, Neb., 15th and O., F. & M. Bldg. 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.

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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.

DORA M. JUDKINS, M. D., Fullerton, Neb. O. M. C. 1895.

R. C. WRIGHT, M. D., Bern, Kas. O. M. C. 1898.

C. M. MacCONNELL, M. D., 121 Union Ave., Cranford, N. J. O. M. C. 1891.

A. M. TOWER, M. D., Lead, S. D. O. M. C. 1900.

A. JOHNSON, M. D., Supt. Nebraska Institute Feeble Minded Youth, Beatrice, Neb. O. M. C. 1890.

C. F. GRITZKA, M. D. Lorton, Nebraska. O. M. C. "'01."

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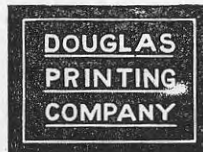
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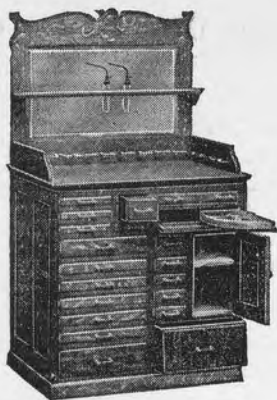
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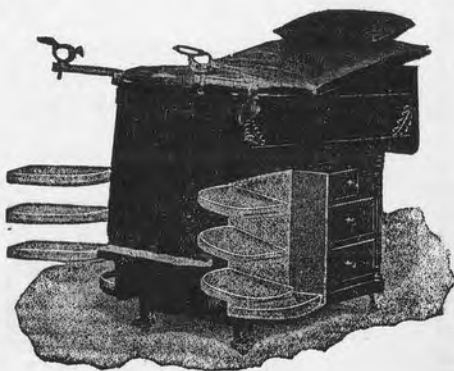
The **ALLISON** **Tables and Cabinets**

In the physician's office means a saving of much time and trouble, more comfort to the patients and an increase in practice. They meet every requirement of both general and special practice, and by their beauty add materially to the appearance of the office.

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Please mention the Pulse.

CEALGIC

(Name derived from *cea*, cures; and *algia*, pain.)

R Acetanilid.....	8 grains
Neurodin (Merck).....	½ grain
Caffeine Citrate.....	½ grain
Soda Bi-Carbonate.....	½ grain
Ammonium Chloride.....	½ grain
Digitalin (Merck).....	1-200 grain

(CEALGIC may be safely prescribed in cases where the action of the heart is too weak to allow the use of ordinary coal tar products.)

INDICATIONS.—As a sedative for pains attending nervous affections. Most efficacious in nervous headache, rheumatism, gout, erysipelas, migraine or neuralgic headache.

CEALGIC and its combinations are put up in five-grain tablets also in powder.

DOSE.—One or two tablets (or five to ten grains of the powder) every half hour for three doses (if necessary) then every two or three hours as indicated, according to the judgment of the physician.

CEALGIC COMBINATIONS.

CEALGIC AND CODEINE:

R Cealgic.....	4 grains
Codeine.....	1-12 grain

DOSE:—One or two tablets every hour for three doses, then one tablet every three hours as indicated.

CEALGIC AND HEROIN:

R Cealgic.....	4 ¾ grains
Heroin.....	1-16 grain

DOSE:—One or two tablets at intervals of thirty minutes for three hours or until sleep is produced.

CEALGIC AND QUININE:

R Cealgic.....	4 grains
Quinine.....	1 grain

DOSE:—One or two tablets every two to four hours.

CEALGIC AND SALOL:

R Cealgic.....	2½ grains
Salol.....	2½ grains

DOSE:—One or two tablets every two or three hours.

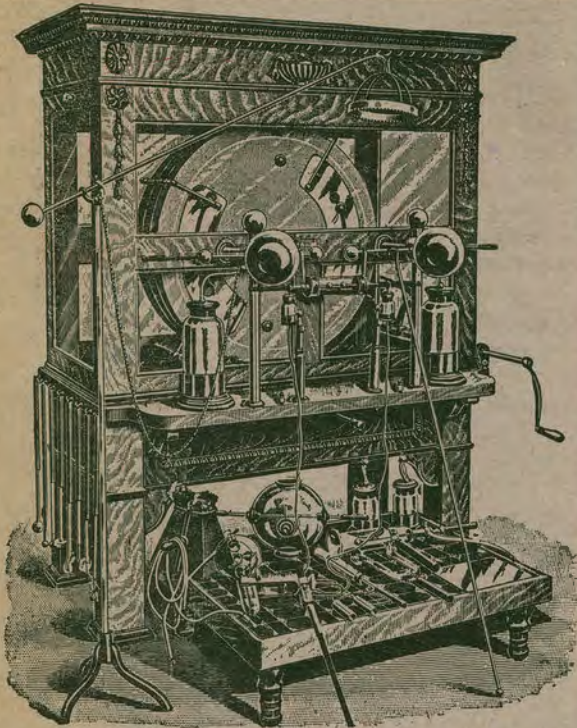
FROM THE LABORATORY OF

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"P. R. H." PHARMACEUTICALS
OMAHA, U. S. A.

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\$200.00 CASH.

Only \$200.00 for a first class Static Machine complete with X-Ray outfit.

Sixteen glass plates. The case is made of heavy quarter sawed oak.

We have the best Static Machine that was ever put on the market for double the price. It is guaranteed to be perfect in workmanship and finish. Is made with adjustable ball-bearing axle and is supplied with an automatic pole changer. The machine is guaranteed to work perfectly

every day in the year, damp or dry, cold or hot. This price includes everything complete. We supply 3 sets of Leyden jars, platform, chain, crown, breeze, 9 Static electrodes, cords, handles, stands and one imported Muller's Tube all for \$200.00. The Muller tube is conceded to be the very best tube made and is guaranteed to give a steady fluorescence and consequently the time of exposure is very much shortened. Just think of it. Only \$200.00 cash with order F. O. B. factory. The best offer ever made for a first class outfit. Everything guaranteed. Write us at once as this offer is only good for a limited time.

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