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Omaha Medical College

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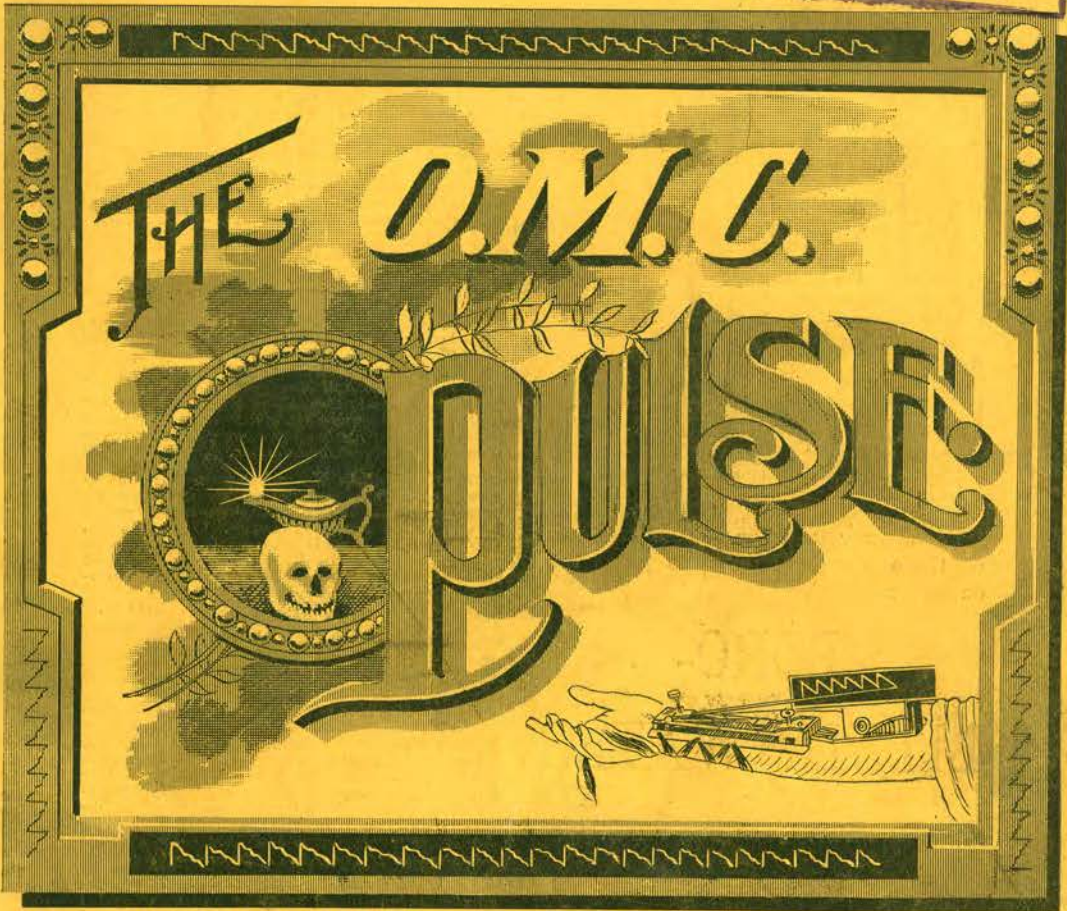
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*Class Stacks*



Official Journal of the Omaha Medical College, Medical Department University of Omaha,  
OMAHA, NEB.

Vol. 2.

NOVEMBER, 1898.

No. 2

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I. N. DANFORTH.





W. R. LAVENDER, L. M., M. D.  
Professor of Histology, Pathology and Bacteriology,  
Omaha Medical College.

# The O. M. C. Pulse.

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VOLUME II.

NOVEMBER, 1898.

NUMBER 2

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## MICROSCOPY IN MEDICINE.

W. R. LAVENDER, L. M., M. D., Prof. Histology, Pathology and Bacterology.

From the small percentage of practitioners using the microscope in their practice, its importance as an adjuvant in clinical diagnosis is evidently overlooked or underrated. When it is considered that Pathology covers everything pertaining to disease, except its treatment, how much more importance does microscopy assume? Older practitioners in our profession, who in their college courses had no advantages in microscopical technique, now freely avail themselves of the services of microscopists in the solution of many doubtful points in differential diagnosis, thus proving the correctness of public opinion "That with age and experience comes wisdom." Undergraduates in medicine should be impressed with a due sense of the important assistance so often rendered by this instrument, especially in the earlier years of practice in cases or situations where counsel with older and more experienced practitioners is not always available. They should undoubtedly own a microscope which is not only in use for three terms in college laboratory work, but will be of essential and material benefit in home study, reviewing specimens prepared in laboratories, thus gaining a more practical knowledge of both normal and abnormal structures, in addition to which after graduation they are in possession of a scientific aid in their future career. Experience has proven the advantage of a combination of home with regular schedule study in microscopy, many of the medical departments of our universities having adopted the plan of renting out instruments to their students for which they charge a sessional fee; this plan whilst a good one, only partially removes one of the great objections to a thorough teaching of microscopy viz: The neglect of revision and continuous study required during the summer months' recess, between the regular sessions of college work, and during which a large proportion of previous teachings

are forgotten. Many students returning to their Alma Mater, members of the Sophomore class, in due course enter upon the study of General Pathology, with to say the least, a somewhat confused and not at all reliable knowledge of normal histological structure, thus causing extra labor and difficulty in the requirement of the requisite diagnostic ability. This could be largely avoided by one hour's study each day, during recess, of specimens prepared the previous session.

In answer to personal inquiries recent graduates have given two excuses for not continuing the use of microscopy in their practice: first, "Want of time to carry out work involved in making microscopical examinations; second, "Cost of apparatus." In regard to first excuse I believe it to be a very exceptional occurrence for recent graduates in medicine to find at the outset of their career a practice where their services will be in such demand by the public (apart from epidemics) as to afford no leisure for the proper employment of up-to-date methods in diagnosis. The second excuse is disposed of by the fact that terms quoted by manufacturers place instruments within the reach of those with limited capital, in addition no investment in this direction (apart from the essential aid rendered professionally to the owner) will bring a quicker return from the investment.

My object in these remarks is not to help in the sale of microscopes but to draw attention to what I consider to be one of the greatest factors in preventing a due appreciation and acquirement of the necessary technique of microscopy for future and practical use in a profession in which its aid is becoming more prominent day by day. The exceptional opportunities provided by medical colleges during practical laboratory work result in the accumulation by the undergraduate of a series of typical specimens of tissues, etc., normal and pathological, which will prove valuable for future study and comparison with those obtained from private practice; care in preserving and preparing such specimens will amply repay the labor involved. Students should remember that ambitious thoughts agitating their minds and visions of future adoption of special lines of professional work are usually materially modified by the exigencies of the situation in which they may be placed, but the scientific aids and training obtained from a general practice is always an available and valuable basis for the future specialist.

In the practical courses in microscopy every care and effort of the student should be directed to the recognition of structure of elements, and their arrangement, in inflammatory conditions, a proper understanding of which is of the utmost importance to those who are desirous of becoming reliable and expert pathologists. Apart from original research, many opportunities will arise in which the recent graduate in medicine can utilize his microscopical attainments especially in clinical microscopy. In many cases where the objective and subjective symptoms apparently clearly show dyspeptic troubles, yet a microscopical examination of the urine may prove conditions present due to a lesion of the kidney, again recurrent attacks of bronchitis very rebellious to treatment, by the same diagnostic aid may be shown as a result of chronic Brights disease, although in both cases albumen is not demonstrable.

There is no longer a question of doubt as to the valuable aid rendered by microscopic examinations of blood, stomach contents, fæces, urine, etc., in fact in any and all secretions or excretions, the changes caused by disease in many cases being readily recognized. The differential diagnostic powers of this instrument is becoming more prominent in practice as investigations throw fresh light upon hitherto obscure conditions and symptoms, especially so in the different types and forms of anaemias, paludism, etc.

Osler, Thayer and others have proven that valuable and reliable information in regard to prognosis in some of the acute infectious diseases can be obtained by a close microscopical study of the leucocytic changes in the circulating blood in such disease.

The microscope affords the most important and reliable means at our command in differentiating benign from the malignant growths in tissues or organs. The enumeration of only a few of the conditions in which clinical microscopy will most decidedly aid the practitioner in medicine affords sufficient reason and encouragement to the undergraduate. To obtain a thorough and reliable knowledge in the manipulation of the microscope, he should not be misled by the erroneous idea that ignorance in this direction can be removed by a short special course. These special courses in microscopy are usually short in order to prevent too great a sacrifice of time from practice, and the greatest benefits in such are derived by those already possessing a knowledge of the subject or who are desirous of prosecuting original research.

Scientific knowledge always confers power on its possessor. In its attainment at first experiences may be disheartening, but this should prove a stimulus to better efforts which will eventually end in success. It is at no time a heavy load to carry, and conveniently available when required.



# The O. M. C. Pulse.

Volume 2.

Number 2.

## EDITORS.

N. S. MERCER, '99,

GEO. L. STRADER, '99.

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W. F. MILROY, M. D.

Alumni Department

Dr. GEO. BICKNELL, 1404 Farnam St

## CLASS EDITORS.

H. E. BURDICK, '99.

A. B. LINDQUEST, '00.

E. H. SMITH, '01.

J. A. PETERS, '02.

Publishers

OMAHA MEDICAL COLLEGE

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*ARTICLES* on subjects coming within the scope of the different departments of this journal are solicited from all our readers. Write on one side of the paper only; say what you mean to say, and be brief and plain.

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## Editorial.

Owing to an oversight in making up the announcement calendar, Thanksgiving vacation will extend from November 24th to 29th, one day more than usual.

\* \* \*

SUBSCRIBERS who did not receive the October issue will confer a favor on the editors by notifying us. We shall be glad to send another copy to any who did not receive the October number.

\* \* \*

CIRCUMSTANCES over which we had no control are responsible for the late appearance of the November issue. We trust that our readers will bear with us and in the future we shall endeavor to be more prompt.

\* \* \*

BEGINNING with this issue Dr. W. F. Milroy will edit the Faculty Department. His article this month is full of good thoughts and advice to the student. We anticipate for this department much appreciation.

THE PULSE is indebted to Dr. W. R. Lavender for a most excellent article on "Microscopy in Medicine." Let the student who has been grumbling about the uselessness of mounting and examining specimens—and technique if you please—read and study this paper well, and then go to work with renewed vigor. There is not in the whole paper an impracticable thought.

\* \* \*

A LARGE number of the Alumni are still delinquent. Is it not time that you were paying up? Keep in touch with your Alma Mater. Don't think that because we have sent the PULSE to you so long that we will continue to do so indefinitely. We can do so, so long as the printer can live on our promises to pay. We must pay him occasionally. To do so requires dollars. You have the dollars, we have the paper. Let's exchange.

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## DOUGLAS COUNTY HOSPITAL.

---

BYRON L. PAMPEL, '98.

I was asked by the editor of THE PULSE to write something about my work as interne at the Douglas County Hospital.

Patients under my charge are those unfortunate individuals who becoming ill are compelled to depend upon the county for care, and are sent to the County Hospital, which is situated at Pacific and 41st Streets, Omaha. With its north, south and west wings the hospital resembles, in general outline, the letter "T." The wings of the building are two-story throughout, so that male patients may be kept upon the first floor, and female patients upon the second floor. Insane patients are kept in the north wing, the south wing is reserved for the sick wards, and the west wing for a laundry and kitchen. The main portion of the building is three stories in height. Upon the first floor is an office, two reception rooms, a dispensary and two dining rooms; an operating room, a dressing room, the surgical wards, the nursery, and the superintendent's private apartments are just above. The Hospital is built of brick, is fire proof, and covers a scope of ground equal to six acres in extent. Accommodations can be had for three hundred patients, and it is needless to say that not infrequently the capacity of the house is tested.

A patient on entering the hospital must first present himself to the superintendent, at the office, where the admission papers

from the county commissioners are examined and recorded in the hospital day-book. The new arrival is next handed over to the doctor who takes the patient's history and assigns him to the ward in which he belongs. Before a bed is selected it is the duty of a nurse to see that the patient is bathed, and that his clothes are placed in safe keeping. After a due lapse of time the doctor visits the patient, makes a more thorough examination and institutes a course of treatment. The staff of the hospital has regular days for its calls. It is then that the interne must give an account of each patient in the hospital, frankly acknowledge his many mistakes, and see to it that the orders of his superiors are obeyed. Whenever an operation of any particular gravity is deemed necessary the surgeon of the staff is called upon to operate. The after care of the patient is left in the hands of the resident physician.

It is the duty of the house doctor to examine all patients and to prescribe for them, to keep a complete clinical record of all the cases, and to direct the nurses in their work.

During the session at the medical college the doctors of the staff hold regular Saturday morning clinics at the hospital. Whatever department of medicine or surgery is to be considered there is generally an abundance of clinical material present in the wards. For clinics in mental and nervous diseases the hospital is exceptionally rich in material.

In the future the house physician will doubtless be appointed from the members of the graduating class at the Omaha Medical College, as the members of the hospital staff are lecturers at the college. The graduate who is selected may consider himself particularly fortunate. The appointment is surely worth some exertion during one's last year in college.

---

Dr. Charles Harrington, of the Harvard School, after an analysis of all the diabetic food which claimed to be free from starch, that every one contained from 21 to 71 per cent. of starch, and that ordinary bread was much safer.

The Clarkson Hospital, was the fortunate purchaser of the Exposition ambulance, which was a familiar object to Exposition visitors. This, excepting the U. P. ambulance, is the only ambulance in the city. Dr. Summers gives the use of it, free of expense, in case of injury to members of the fire and police department, a courtesy much appreciated by those interested.

## Alumni Department.

---

DR. GEORGE H. BICKNELL, Class of '95, Editor.

Dr. Herbert A. Abbott, class of '96, has removed to Rawlins, Wyoming.

Dr. Geo. Björkman, class of '95, is branching out into special lines somewhat, and is doing some refraction as well as other eye work.

Dr. Mary A. Quincy, class of '96, made us a social call last month and entered her name upon the list of subscribers to THE PULSE.

Dr. C. F. Dietz, class of '97, of Carson Iowa, now rejoices in the title of papa. It is a boy and will go by the classical German name of Karl Isaac.

Dr. C. E. Stevenson, class of '95, who has been very ill with typhoid fever, is at this writing able to sit up and walk around the house a little.

Dr. Geo. W. Strough, class of '96, is among the O. M. C. graduates, who enlisted in Bryan's regiment, now in Florida, but soon to be sent to Havana.

Dr. E. M. Wilson, class of '95, located at Twin Bridges, Montana, is in the same predicament as Dr. Dietz. He says the boy is black, like his father, and a good color for a banana peddler or an eater of garlic.

To those who may have had occasion to criticize the errors in last month's Alumni Department we offer as an apology the fact that we had no opportunity to read the proof. There is no fault to find with the printers, they did well.

Married, at Valley, Neb., Nov. 8, Dr. Stewart A. Campbell and Miss Anna M. McKinnon. Dr. Campbell was a member of class '98 and stood high in class honors. Soon after graduating he assumed the responsible position of chief of the Emergency Hospital staff at the exposition. During the five months in which he had charge no complaint was ever entered against the management of the hospital. No better testimony could be given of Dr. C's ability. Mrs. Campbell is a most estimable and charming

lady with a host of friends. The Doctor will spend a month or two with Dr. Harry McClanahan, when he will go to New York for post graduate work, after which he will locate permanently in Omaha.

On November 21st a meeting was held in the Commercial Club rooms in this city, for the purpose of organizing the physicians of Douglas county into a league to prevent hostile legislation and to fight quackery. It is proposed to combine the leagues similarly organized, in each county, into a state league and to proceed in a systematic manner to fight charlatanism in its various forms. The movement includes physicians of all schools, who are eligible to state registration in Nebraska. This is a step in the right direction and every O. M. C. graduate should put his shoulder to the wheel and do all in his power to contribute to the success of this most laudable undertaking. Two years ago the Osteopaths of Illinois passed a bill through both houses of the legislature which would have given them precedence over regular physicians and it was vetoed at the eleventh hour by Governor John R. Tanner. How do a few quacks, with no reputation, and less education, accomplish these results and get their odious bills through the legislature and past the governors? *Organization, push, boodle*, combined with business-like methods. The men who are sent to Lincoln to make our laws do not all understand medical ethics and fine sentiment generally, but they do understand energy and perserverance in trying to get what you want. The power which can be exercised by the medical profession of Nebraska, when organized into one compact body, will surprise even themselves, to say nothing of the human parasites, whose career it is proposed to check. Therefore, brother Alumni, while the profession is making this effort to emulate the medical men of Kentucky, who have succeeded in driving quackery from that state, let us contribute our mite, influence or cash as the case may be.

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Antitoxin for the treatment of diphtheria and "sore throat" is being appreciated by the laity at least, says the *Western Medical Review*. A Jersey City druggist recently received an order for some. The order being couched in the following language: "Please give barer five cents worth of Aunty Toxin to gargle babi's trote an obleage."

## Faculty Department,

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W. F. MILROY, M. D., Editor.

In an old book I have read the following proposition: "For which of you intending to build a tower, sitteth not down first and counteth the cost whether he have sufficient to finish it? Lest haply, after he hath laid the foundation and is not able to finish it all that behold it begin to mock him, saying: 'This man began to build and was not able to finish.'"

The man who has adopted a business or professional life for himself, to discover that he is on a wrong tack only after he has exhausted his resources and several of the best years of his life in an effort to succeed, and that he is only accentuating his failure by persisting, is in a condition truly deplorable. He is, in a nautical phrase, a derelict—a craft set adrift without pilot or port. He is severely handicapped in future efforts by loss of self-confidence, and if he shall succeed in redeeming his fortune it can only be by extraordinary effort.

Success in life is measured by so many standards and is dependent upon so many conditions that a large element of uncertainty must remain in spite of the most earnest and well-directed effort to calculate the outcome of a proposed plan; nevertheless, the wisdom of the tower builder in first counting the cost, no one will dispute. Many a fatal blunder has been avoided by careful forethought.

"Every man is the architect of his own fortune." Clearly no more important matter can claim a young person's attention than the drawing of plans for his future career. An occasional favorite of fortune can squander a few thousands of dollars in an abortive effort without feeling the loss, but from another standpoint all are alike. Each has but one fortune to construct, in this world and the next, and but one youth in which to draw his plans, and for this reason each has the same good cause in deploring a blunder. It would be an interesting history that would narrate the various claims of circumstances which led each member of the Omaha Medical College to adopt the profession of medicine. Space does not allow us to speculate just now upon what these may have been. The facts are we have carefully studied the cost of our proposed

tower; we have again and again reviewed the figures, and we have arrived at a settled conviction that we have the ability to carry the work to completion and erect a flag-staff above it into the bargain.

Having determined upon the study of the profession, the question now before us is how to make the most of our opportunities. The essentials, I apprehend, are two. The first of these is expressed in the well-worn admonition to set our mark high. It is easy to fall short of our ideal and still be none the worse for its existence; it is not easy to surpass it. The other essential is a willingness to work. I have never forgotten a conversation with my preceptor which occurred at the beginning of my second year of medical study. The subject under consideration was the scope of my work about to be undertaken under his guidance. Having expressed a doubt of my ability to carry through a scheme which he proposed, including the winning of a competitive examination at the end of a period of study, he replied: "There is but one question in the case, are you willing to do the work? If you are you certainly will win; if not, don't attempt it. There is no doubt that you can do it; the question is *will* you?" The same remarks may aptly be addressed to each member of this college. You have the ability and the opportunity to make a splendid success; *will you do it?* What most of us lack is a sufficient stimulus to work. We are satisfied with too little. Let us not be ordinary doctors; let us be leaders in the profession.

I have sometimes opened the course in Public Hygiene by an hour devoted to the subject of The Hygienic Study of Medicine. We must not forget that results are not of necessity in proportion to the effort expended. A small amount of well-directed energy is frequently more effective than enormous outlay of ill-directed. Great ambition of zeal cannot compensate for bad judgment in utilizing our force.

Each of you, as a physiologist, knows that the digestive system cannot do efficient work when it is over worked or when the entire body is greatly exhausted or when the muscular system is engaged in severe exercise. Identical principles govern brain activity. The exercise of the faculties of the mind involves metabolism of brain tissue and is the physiological functioning of parts of that organ. It is, therefore, no more reasonable to expect efficient work from the brain than from the digestive organs under the conditions cited.

If you will pardon a personal allusion I can illustrate this. Having spent an entire summer in pretty hard work under a preceptor, I was approaching the date on which I expected to engage in a competitive examination. This is a difficult thing to bet on, because the question is not simply how much I may know about the subject, but how much do the other fellows know. I was naturally somewhat apprehensive. As most persons would probably have done under the circumstances I had given myself up completely to cramming. The examination was to occur on a certain Monday evening. On the preceeding Friday morning I presented myself as usual for my recitation. The quiz began with some review questions with which I was perfectly familiar, but the answers came at random and quickly demonstrated the fact that my brain was completely befuddled. Dr. Holt, my preceptor, (whose matchless work on diseases of children you know) brought the recitation to an abrupt close. He ordered me to go home and stow away my books out of sight, and then to devote myself to the park, the street, the theatre, my friends, or any other thing that diverted my mind from all things pertaining to medicine from that hour until the examination was over. The proposition astonished me. It appeared suicidal, but I had sufficient confidence in the doctor's judgment to agree to his plan. I did not look at a medical book and did my level best to keep all thoughts of the subject out of my mind from that time until I appeared in the crowd before the examining board on the following Monday night. And, do you know, I was simply amazed at the things that I knew and the facility with which I could tell them. I shall never forget the curious sensation of astonishment with which I seemed to witness, as a mere spectator, the operations of my mind in resurrecting facts that I had not thought of for a long time or that I would have supposed to be entirely forgotten or that I was not conscious of ever having known or heard of. This experience is precisely that which would befall any student under like circumstances. It deeply impressed me with the folly of attempting to force one's mind to work beyond reasonable limits. It demonstrated to my complete satisfaction the superiority in effectiveness of a brain thoroughly rested over one that is jaded by efforts too prolonged.

Be systematic. Apportion your time and stand strictly by the apportionment. For work set aside not over ten hours in each twenty-four, and this includes all college exercises. But when



you work compel your mind to attend strictly to business. Be religiously honest with yourself in obtaining your exercise. Dumbbells and Indian clubs are all right in their place but their place is in the open air and not in an ill-ventilated room. A brisk, swinging walk is hard to beat.

You need plenty of sleep to study well. Few can do their best on less than seven hours. It will pay many to take eight. He who makes the classic boast of "Burning the midnight oil" but glories in his own folly and ignorance.

A fair allowance of time for recreation is no waste of time. Some recreations cost money, which the average medical student has yet to get; many cost nothing. These lift one's mind out of the rut and when he settles back into it again he notes the fact that the going is easier. Do not, under any circumstances, attempt to study more than six days out of seven. It will not pay.

You could get along on less money if you did not eat, but you could not study so well. A good digestion is a great contributor to a clear head. Good, plain food, well cooked, thoroughly masticated and seasoned with a hearty jest leaves little to be desired in this line.

Space does not permit me to elaborate this matter in greater detail, but if you will adopt a plan for the four years of your course, somewhat as here indicated, and not spasmodically, but habitually carry it through, I venture the prediction that when you approach commencement day you will be surprised, not only at the greatness of what you have accomplished, but also at the ease with which it was done.

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The secretary of St. Luke's Hospital for insane, in London, gives it as his opinion, based on experience gained from many years contact with lunatics, that the most frequent cause of insanity is overwork, and particularly any prolonged form of labor of a monotonous kind.

In Germany women medical practitioners, wherever graduated, are not officially recognized, and so their certificate has no legal status. The influence of prominent women, however, is being used to bring about an alteration, and it is probable that the end of the century will see in Germany, as well as in Austria, women legally allowed to practice medicine.

## Clinical Department.

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J. F. KELLY, 99, Editor.

Dr. Bridges' clinic at Douglas County Hospital Saturday morning, November 12:

For illustration of chronic forms of disease there is no better place than the Douglas County Hospital, and Dr. Bridges is always fortunate here in finding those cases which present most typically the diseases in question just at the time they come up in the lecture course at the college. Dr. Gibbs has just been lecturing on kidney diseases, and Dr. Bridges' presentation of the two following cases is most opportune.

CASE No. 1.—Dr. Bridges said to the class in substance: We have here a man 39 years of age, workman for the Union Pacific, of favorable history and well until ten years ago, when he suffered a siege of rheumatism, followed by an attack of pneumonia, characterized chiefly by such symptoms as headache, great delirium, profuse vomiting, high colored, bloody, scanty urine, and this condition was followed up by some bloating of the abdomen. From all we can gather he remained quite well since then until two months ago, when he received a strain in the back and had a peculiar sensation in the ears as from "something dropping down," and for two weeks he was deaf. He noticed also about this time that his urine was high colored, scanty, and he had to get up several times a night to urinate. As to his present condition we note that his face appears bloated, especially beneath the eyes, and also on the back of the hand. On palpation we find pitting over the tibia. The pulse is normal, firm, and the arteries are resistant. His skin is waxy, with paleness of mucous surfaces. The apex beat is out of place, to the left half an inch. The specific gravity of the urine we find to be 1.004, and we notice a considerable coagulum on boiling, indicating the presence of albumen.

CASE No. 2.—After quizzing the students for their diagnoses, Case No. 2 was brought in, and after examination Dr. Bridges continued: Here we have a man with a complete history—a commercial traveler 60 years old, who was well till three years ago. He first noticed that he was passing a great amount of water, get-

ting up three or four times a night, and urinating frequently in the day time. This condition continued for six months before the severe onset of the disease occurred. He has lost noticeably in flesh, about twenty pounds, has poor appetite, headache, sleeplessness, and these symptoms have steadily increased in severity. With regard to the bloating of the skin we notice quite a difference from the younger man. He has no oedema under the eyes nor in the face and hands as Case No. 1, and the pitting over the tibia may be referable to his varicose veins. His urine is much greater in amount and until the present examination we have found it very light colored. Contrary to expectation it is now dark and somewhat bloody, while that of the young man, usually dark, is now light though cloudy. There is not so much albumen in the older man's urine and the specific gravity is higher than usual, 1012. The apex beat is far over to the left of the nipple and he has a mitral lesion. He first came under my care two years ago at the Methodist Hospital, with intense pain and distress in the left lumbar region, and Dr. Jonas made an exploratory incision, finding a small contracted kidney without any apparent lesion.

We have here, therefore, a plain case of chronic interstitial nephritis. The first case is one of chronic parenchymatous nephritis, bordering on the interstitial form. There has been much dispute between authorities on kidney diseases over these two forms of nephritis. These two cases illustrate pretty clearly the difference between these forms. The thing to notice chiefly is the greater hypertrophy of the left ventricle of the older man's heart associated with less bloating and the large amount of urine passed. The chronic interstitial kidney is commonly associated with arteriosclerosis, in which condition the hypertrophy of the heart is very marked, as we have it here. We have little dropsy or bloating in this condition, a large amount of urine and it is light colored, with few casts, and little albumen. In the parenchymatous form on the other hand we have a class of younger subjects, as a rule, in which arteriosclerosis and consequent hypertrophy of the heart is less common. We do not find it in the younger man, but we begin with the kidney. The urine is frequent, scanty, high colored as a rule, and full of blood and epithelial casts, and it is here we have to do with dropsy, which in this case is very marked.

The Doctor then laid out a general plan of symptoms arising from the arteriosclerotic kidney of chronic interstitial nephritis as the increased blood pressure and diseased arteries affect the digestive, the nervous and the circulatory systems, and cited a case of hemorrhage of the retina, leading to the diagnosis of general arteriosclerosis, in which there were cerebral symptoms, aphasia and convulsions. One-third of all cases of apoplexies, the Doctor said, are due to general arteriosclerosis, which may or may not complicate interstitial nephritis, and it was difficult to tell in this case whether the changes were due to nephritis or arteriosclerosis, but the convulsions pointed to arteriosclerosis and they also resulted in improved health.

Finally, with regard to the two cases at hand, the progress of the two forms of the disease were plainly marked, the young man's condition being very changeable and running a shorter, more paroxysmal course, while the older man gave us a history of slow, steady, progressive degeneration.

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#### NOTES.

It will be of interest to state that Case No. 1, detailed above, died in uraemic convulsions November 14.

Osteomyelitis is the fashion at the Methodist Hospital and the patients come in from all over the state to help Dr. Jonas illustrate his lectures on this subject. Such destruction of bone seems osteocidal.

Indolent ulcers situated on the front of the tibia about its middle and in communication with a varicose vein, seem to be quite a fad with patients that have visited the surgical clinic the past six months.

At the Douglas County Hospital we had the pleasure of witnessing Dr. Pampel, '98, operate for the removal of an encysted fibro-sarcoma from a woman's breast. Dr. Beatty anaesthetized the patient and Dr. Summers hypnotized and manipulated the operator.

Dr. Jonas exhibited to the senior class one morning a matted lock of light golden hair and a peculiar looking group of four teeth growing together, with sharp canine points, removed from a dermoid cyst in a woman's abdomen, strikingly illustrating the embryonic theory of the origin of tumors from strayed embryo

cells that lost their place during gestation and have been awakened from their dormant state in later life by the irritation and death of the inflamed tissues surrounding.

An osteo-sarcoma is another very interesting clinic Dr. Jonas gave us recently. It was about the surgical neck of the humerus, extending a little below; was periosteal, completely and uniformly encircling the bone; hard, immovable, free from pain, not affecting the movements of the shoulder joint, except by mechanical disturbance, occasioned by pressure on the soft parts and ligaments, thus inducing muscular atrophy from lack of exercise and interference with the circulation. The deltoid, coraco-brachialis and teres muscles were in this case most visibly affected by such atrophy.

The Omaha Medical College clinic has been abundantly supplied since the last session closed with some very interesting material, enough to fill a volume if detailed. We must mention one case, the diagnosis of which by Dr. Allison affords a fine example of what appears to be the evolution of surgical instinct. No sportsman has a finer instinct for game than Dr. Allison has for certain affections of a surgical nature. It was on a hot afternoon late in August when the tedium of dosing, carried on by the students largely, had become monotonous, when the Doctor suddenly put in his appearance, the first time for the summer, and within 30 seconds after he had alighted from his carriage demonstrated to us an annular cancer, three inches up the rectum, which felt like a lacerated cervix. How he found it so quickly puzzled us, for it was the last thing we would have thought of.

Perhaps the most interesting medical clinic afforded us for years was a man with a musical heart, introduced to us Thursday, November 3rd, by Dr. Gibbs. The subject was a young Russian of about 30 years, who had seen a great many college clinics, carried a written history, and whose heart both in its physical and spiritual morbid anatomy had won him considerable fame and notoriety. He was booked as an aortic regurgitant or regurgitator, but his regurgitating proved to be something more than aortic. The first sound of the heart came blowing along gradually with booming intensity, prolonged into a loud metallic ringing murmur, heard most distinctly over the ensiform cartilage and also two inches below the left nipple with the apex bulge and at the second right costal cartilage. The second sound was thus pretty well

The Doctor then laid out a general plan of symptoms arising from the arteriosclerotic kidney of chronic interstitial nephritis as the increased blood pressure and diseased arteries affect the digestive, the nervous and the circulatory systems, and cited a case of hemorrhage of the retina, leading to the diagnosis of general arteriosclerosis, in which there were cerebral symptoms, aphasia and convulsions. One-third of all cases of apoplexies, the Doctor said, are due to general arteriosclerosis, which may or may not complicate interstitial nephritis, and it was difficult to tell in this case whether the changes were due to nephritis or arteriosclerosis, but the convulsions pointed to arteriosclerosis and they also resulted in improved health.

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concealed. But it was not until a collection was taken from among the students to fulfill the agreement to pay his expenses for a week that the actual regurgitation began in dead earnest. Our young Russian friend was evidently disappointed in a medical student's generosity, and it is hard to blame him.

One of the first treats to hospital clinics for this school year was enjoyed by a portion of the Senior class early in October at the Clarkson Hospital. Here Dr. J. E. Summers, Jr., makes himself quite at home with a large invalid family, many of whom are children, some grown people, together with the attendant nurses of the hospital, who are better looking than the average, according to the Doctor's tastes. An original method of Dr. Summers' for arresting the cry of an obstreperous child was first demonstrated to us by the Doctor himself. It consisted in packing the fauces with the tail end of the boy's gown. The operation that morning was out of the ordinary. It was for the removal of nearly three quarts of cerebro-spinal fluid gathered in a large tumorous sac of the dura in the lower dorsal and lumbar region of a little girl of about 5 years. The exceptional point of interest was the appearance of a small sac of fluid within the outer sac. This inner sac very closely resembled a portion of intestine, and the movements of the fluid within it stimulated the fluctuations of a gut partly distended with gas. The fluid was withdrawn very slowly to prevent shock and contrary to the Doctor's expectation the child lived through the ordeal and the operation was successful in every way.

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## Class Talks.

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### SENIOR NOTES.

E. H. BURDICK, Editor, '99.

Spencer is the only new member of the Senior class. He comes from Drake University, Des Moines, Iowa.

Baugess has recovered from his recent illness and is again engaged in holding down a portion of the front row.

Witter is the only man that failed to return this year. He is serving on the hospital corps of the 51st Iowa, and is at present enroute for Manilla.

Beatty is acting as nurse at the Douglas County Hospital. He, however, manages to make an informal call at the college buildings now and then.

The credit of the foundation of a society, limited to the Senior class, and known as the L. P. A. must be given to James. Constitution and by-laws may be had on application.

Stokes states that it is not proper to sterilize a thermometer by placing the bulb of the same in the boiling water. We presume this is correct as he claims to speak from experience.

Finney returned from Wyoming, recently, where he has been practicing during the summer. He reports the west to be "the only place," and states that it will be his objective point "When the flowers bloom in the spring."

At a recent class meeting the following men were elected as class officers for the ensuing year: President, E. J. Updegraff; Vice President, Westerhoff; Secretary, Kelley.

The flag of '99 was hoisted upon the staff recently, and although it has been somewhat tardy in appearing, it is "Better late than never." It is 5x15 and resembles the U. S. flag with the exception of the arrangement of the stars, there being a circle of thirteen stars, in the center of which appears the number '99.

The members of the Class of '99 will be the first to obtain the Degree of M. D. under the four year course in the O. M. C., and although the class is small from a numerical standpoint, let each man strive to maintain a high standard of both his individual work and the class work as a whole, in order that we may look back upon our record with some degree of pride, and that others may look upon it as having been, at least, a creditable one.

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## JUNIOR NOTES.

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A. B. LINQUEST, Editor.

Betz spent election day at Bellevue and saved his party.

Our weekly class meetings of last year have been abandoned but argument is none the less scarce.

Shockey says he didn't enlist because he thought the chances for seeing a fight were better at the O. M. C.

Gritzka, who is with the Third Nebraska, is reported convalescent from a mild attack of fever. We wonder if he is not longing for a Nebraska blizzard.

Morris Nielson, ex-'96, has entered the Junior class after an absence of three years, during which time he has traveled around the world, incidentally brushing up on regional anatomy.

We are satisfied that the Junior has about all he can take care of, and then some. A full time card and bacteriology lab. between times tends to make one infringe upon the ethical lie and to be critical rather than correct, but for the sake of suffering humanity, and for the satisfaction of his esteemed instructors, the Junior, we suppose, has to be a little more self-sacrificing than his underclassmen.



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## SOPHOMORE SIFTINGS.

E. H. SMITH, '01, Editor.

R. R. Kenney, Rush '95-'96, is a Sophomore at the O. M. C. Mrs. Ames is matron at the Presbyterian Hospital.

R. A. Hawthorne is a new member of our class. He attended the medical department of the State University of Iowa, session '96-7.

C. S. Ringgold of Spring View, Neb., formerly a student of the Normal College, Lincoln, is doing some Sophomore work.

A. J. Ames held the position of Sanitary Inspector at the Exposition grounds. J. R. Nielson was also employed on the grounds.

Tell all you know about chemotaxis; the Pancreatico Duodenalis Superior; the course relations, branches and distribution of the carotid arteries and branches.

Two former students of the O. M. C. are taking Sophomore work this year, viz: H. W. Heffelfinger of Red Oak, Ia., who was here in '96-7, and L. M. Leisenring, here in '95-6.

J. M. Whinnery, a Freshman last session, is taking a dental course at Indianapolis, and is vice president of the class.

At a class meeting held October 7th, the following officers were elected: President, W. L. Wilmoth; Vice President, G. M. French; Secretary, W. F. Shook; Class Editor, E. H. Smith.

M. A. Tinley, a member of our class last year, is Second Lieutenant in the 51st Iowa regiment. The regiment sailed last week for Manilla. A letter from him to the class was received by Reichenbach and read at a class meeting.

### FRESHMEN LOCALS.

J. A. PETERS, Editor, '02.

At a meeting of the Freshmen class, held last Tuesday, the following members were chosen to represent the class in the columns of the PULSE: J. A. Peters, editor; D. J. Griffith, McDowell, Carlisle, Van Fleet, assistants.

Mr. Lemar, a former member of our class, has dropped his work here and returned to his home in Valparaso on account of poor health. 'Tis with regrets that we drop Mr. Lemar's name from our list, and we hope for his speedy recovery.

Most of the Freshmen class took advantage of the Thanksgiving vacation and spent the time visiting friends and "loved ones" at home.

On account of the severe weather Dr. Curtis was unable to meet with the class in osteology, Monday and Tuesday. The absence of the demonstrator in anatomy always causes a feeling of disappointment among the Freshmen.

A doctor in England had occasion lately (says *The Lancet*) to order for his patient an enema with an ounce of turpentine in it. He was assured by a female good Samaritan who was in the house that she knew quite well how to administer an enema, and as the apparatus was produced the medical man left without any misgivings. "Well," he said, on his next visit, "did you have the enema?" "Yes," said the patient, "but it was a business, and it did taste nasty." The enema had been given with the apparatus, but by way of the patient's throat.—*Med. Age.*

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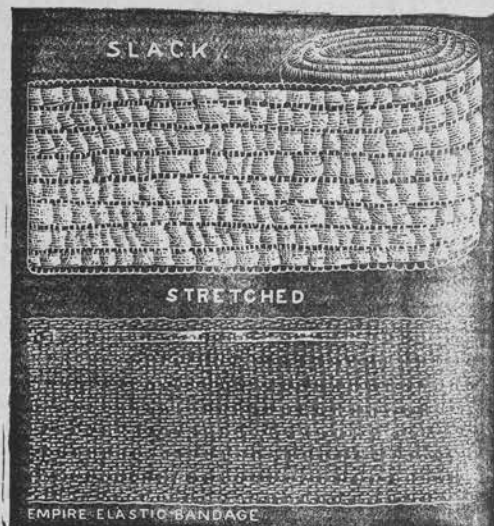
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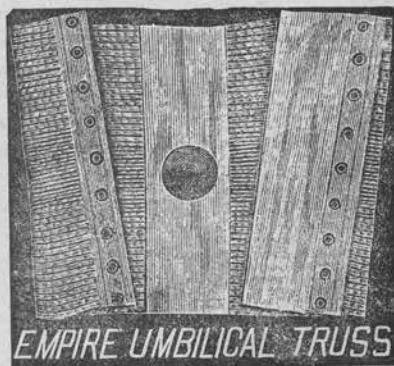
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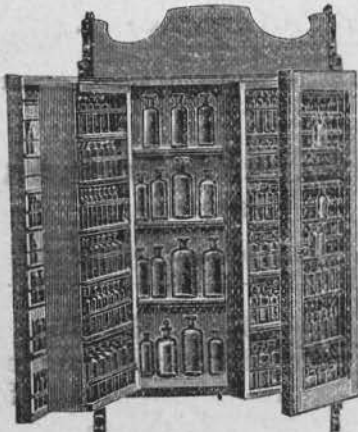
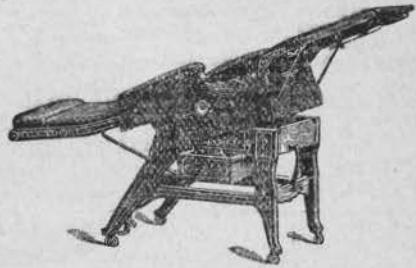
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