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## OMC Pulse, Volume 02, No. 5, 1899

Omaha Medical College

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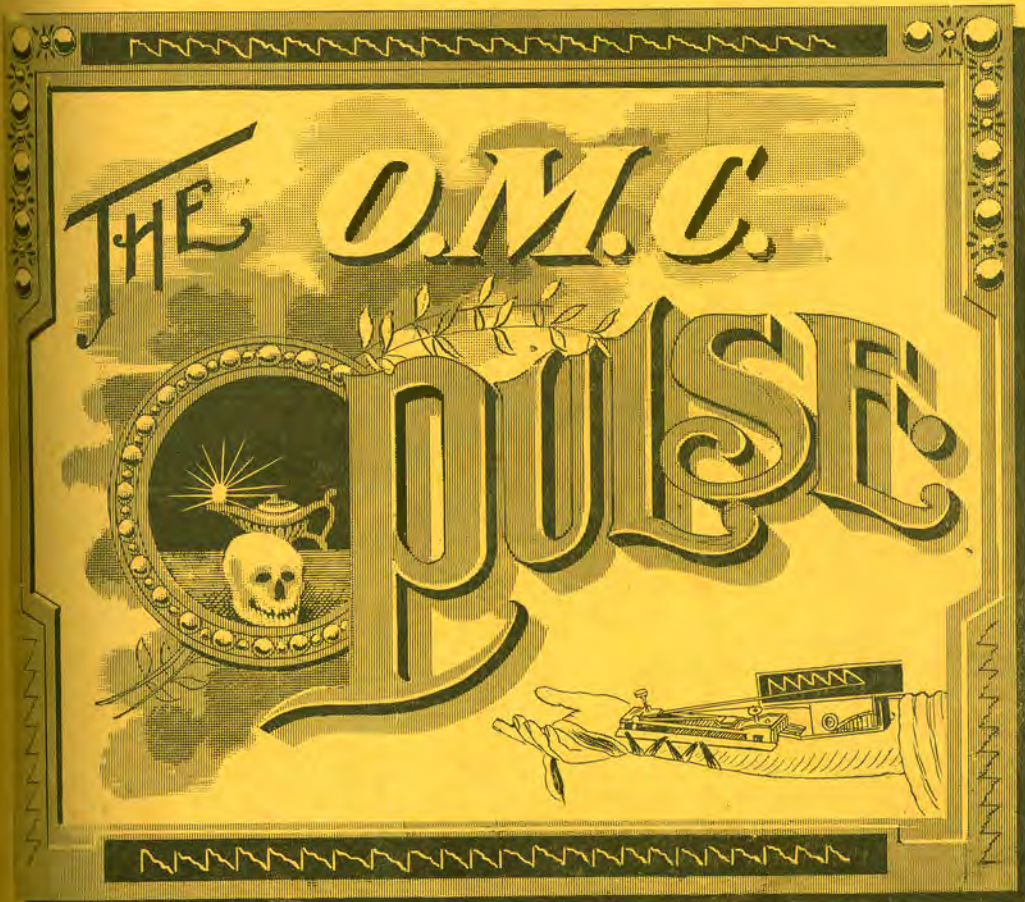
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Official Journal of the Omaha Medical College, Medical Department University of Omaha,  
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FEBRUARY, 1899.

No. 5

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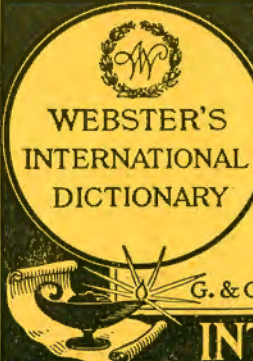

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WILLSON O. BRIDGES, M. D.,  
Professor of Principles and Practice of Medicine and Clinical Medicine,  
Omaha Medical College.

# The O. M. C. Pulse.

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FEBRUARY, 1899.

NUMBER 5.

## THE PHYSICIAN AND THE STATE.

WILLSON O. BRIDGES, M. D.

The relation of the practice of medicine and surgery to the state is of such paramount importance that a recognition of great good to be accomplished is manifest in the creation of a Board of Health and Board of Medical Examiners by all of the more advanced states in the union. It is but a few years since New York and Illinois were the only states having such boards, and it is within the recollection of the writer that the latter state was said to have the best medical law of the land. And yet today it is conceded by Illinois physicians that such progress in medical legislation has occurred in the various states, as to result in their medical law being considered as one of the poorest of any. It may be stated, without contradiction, that all legislation pertaining to the advancement of medical science, the prevention of disease and the limitation of human suffering, originates in the medical profession; and results from the urgent appeals of its members; and that all attempts to defeat such legislation arise from the laity and the hordes of quacks who have infested the country. When one considers that from a pecuniary standpoint the medical profession is the loser by the prevention and limitation of disease, and the state at large the gainer, it is surprising that there should be found opposition to almost any bill which may be brought before a legislative body upon the part of intelligent, honest-minded men. It is maintained by most competent authority that many diseases might be stamped out of the country by proper legislation and means to enforce it. This has been many times illustrated in part by the results of well directed efforts sustained by a scared community on occasions where especially widespread epidemics have occurred in different sections of the country. It seems essential that a well-

developed epidemic should already exist before a community is aroused to the absolute necessity of doing anything, and were it not for the efficiency of health officers, who are usually on guard, we would find great epidemics of typhoid fever, smallpox, diphtheria and other preventible diseases the rule rather than the exception. It is only a few years ago that Asiatic cholera was knocking forcibly for admission to New York city, but so efficient were the health authorities, with abundant means wherewith to do, that only a few isolated cases developed on shore, while the great ocean liners were required to lay outside quarantine for weeks, that the country might be spared thousands of its precious lives and untold millions of treasure. Almost every summer the efficacy of medical laws and the alertness of medical officers of health is demonstrated in the limitation of yellow fever to a few scattered centers in the southern states. Even the occurrence here will no doubt be prevented in the near future, with United States officers now supporting the sanitarians in their work in Havana and other pestilence breeding cities of Cuba. Still nearer home do we see the results of active officers of health in holding in check the present attempt of the smallpox to gain headway in our midst. It is fair to assume that with the same laxity in Omaha as was displayed by the people in Nebraska City when smallpox developed there, that we would have at present writing one thousand cases at least, at great loss to the city and the city's trade.

A phase of legislation equally of importance with prevention of disease is that bearing on the care and proper treatment of it when it does arise. That incompetent and dishonest physicians and Christian Scientists (so-called) and osteopaths should be allowed full sway, is to invite the very evils which we are bound in our relations to the state to prevent. What interest has the Christian Scientist in diagnosing disease, in ascertaining the true source of its origin and its isolation that others may be spared. What does the osteopath man do when he seeks for a bone displacement as the cause of typhoid fever or arterio sclerosis, and aim at its cure by manipulation at \$25 monthly. What does he know when he attempts a diagnosis of serious stomach trouble in a case of pernicious anemia, and promises a cure in three months at a given stipend? Is there not need for the enforcement of legislation when riot runs

mad in a community? Is any riot worse than a horde of ignorant, incompetent, dishonest, irreligious cappers preying upon the susceptibility of the enfeebled and the afflicted? With such a state of affairs rife in our midst, is there not need for activity upon the part of some element to stay its progress and to exterminate it? Our state law, in common with many others, provides that a practitioner of medicine shall be qualified in certain and specified ways in order that he may practice his profession. A board of health passes upon these qualifications and gives or withholds its sanction. It is assumed, in the creation of such law and board, that the evils which might result from the practice of the incompetent and ignorant will be done away with, and such they should, but the want of enforcement of the law allows full sway to this class. The law makers are not the law enforcers and the non-medical officers of the state are indifferent to the needs of the public in more than this particular too frequently. If the law is to be enforced, and enforced it should be, it must be by the medical profession which stands guard over the public health, and by its very efforts at securing the enactment of the law, practically stands sponsor for its enforcement. By the medical profession is meant collectively every legally qualified practitioner in the state. This body of men, organized and combined, could enforce the law and annihilate every species of quackery in Nebraska at a trifling expense to the individual member. The medical league, recently organized chiefly through the efforts of Dr. George H. Simmons of the *Western Medical Review*, is a long step in this direction. Every legalized physician in the state should be a member and contribute his name and his mite to the cause. Every recent graduate should join the league at the time he selects his location and during the many leisure hours of his early practice, he might with profit to himself in futurity, be a solicitor for membership among his colleagues. Every medical student might, with advantage to himself, enlist the interests of his preceptor and his preceptors' colleagues in the same direction, in that by the time he found himself qualified to join the ranks, he could be a member of a live, active working organization, which had at heart first, the preservation of human life and the intelligent care of the afflicted, and secondly, the elevation and reputation of the medical profession.



# The O. M. C. Pulse.

Volume 2.

Number 5.

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## Editorial.

“The Physician and the State” is an article by Dr. W. O. Bridges which we are sure will be appreciated by our readers. Dr. Bridges calls attention to some of the faults of our medical laws, and the conclusions he draws should be carefully studied, not only by members of the medical profession, but by the laity.

\*  
\* \*

There is a senegambian in the wood pile somewhere and those in authority should look him up. If it is not right for a student to smash up a few dollars' worth of college property semi-occasionally, it is equally wrong to throw a student's personal property into the street, as was done recently. If certain personal property of a stu-

dent is in the building against orders, it is his unquestioned right to be notified by someone whose authority he can conscientiously respect, and that would do away with all cause for suspicion and ill feeling. The students of the college are not children and the sooner this fact is appreciated the better it will be for all concerned.

\* \* \*

In this issue we are able to publish a letter from our former class-mate, R. V. Witter, through the kindness of E. J. Updegraff, to whom the letter was written. As has been stated in a former number of THE PULSE, Mr. Witter is a member of the hospital corps of the Fifty-first Iowa, and the only member of the senior class to join the army. The PULSE sends him greeting and best wishes for his safety and health.

\* \* \*

Washington's birthday was observed with a reception in the parlors of the First Presbyterian church to the faculty and students of the University of Omaha by the Junior classes, assisted by the ladies of the church. The occasion will be remembered as a very enjoyable feature of our college session and we hope to see it become an annual affair. The students of the Academic, Dental and Medical departments can then work more for the University as a whole as well as for the individual department with which they may be connected.

\* \* \*

We note with much pleasure and satisfaction the aggressive work going on in the hospitals of our city, accessories to our medical education, and in this connection we are glad to mention the graduating exercises of the Presbyterian Hospital's Nurses' Training class, which took place Thursday evening, February 16, in the Westminster Presbyterian church. Five young ladies, well known to a number of our O. M. C. students, had completed the required course and were awarded diplomas in recognition. An interesting feature was the report given by Dr. Stone of the work done in this hospital for the past year. The figures were truly surprising. The nurses graduating were the Misses Mollie Beeler, Carrie Kinkead, Sophia Sellner, Blanche Benton and Eva Kerr.

## FORMS OF TYPHOID IN SOUTHERN MILITARY CAMPS.

DR. A. P. FITZSIMMON, Lieutenant and Assistant Surgeon, Third Nebraska Regiment

I trust the readers of *THE PULSE* will remember the disadvantages under which one is placed with a limited library for reference and the not brilliant light of the old-time tallow candle, when writing in the field.

This old and time-worn subject, Typhoid Fever, has been before the medical fraternity so long, I feel afraid that I shall be able to say very little that will be of interest. Yet there is much to be learned by watching several hundred cases, as we have had opportunity to do.

Since the mobilization of troops in the southern states began, we have had in our field hospitals all forms of typhoid, from the mildest to the most malignant, and some few cases known here as the "ten-day typhoid."

To preface my remarks, I may say that all authorities agree that we may have very mild forms of those infectious diseases, scarlet fever, measles, smallpox, etc., arising from the same source of infection, in which originate the most malignant forms. The above observation is also true of typhoid. At present the consensus of opinion is, that typhoid is not contagious, though Anders thinks it is slightly so.

All agree that it is largely infectious and that one attack ordinarily renders immunity to other attacks.

The point I wish to call attention to is, that the young practitioner often makes the mistake of looking for the classical symptoms as described in the books, or by O. M. C. lecturers, in each individual case. On the contrary a case may run two weeks before he is able to make a correct diagnosis. The evening rise of temperature, with the morning temperature higher than in the evening before, is not always found until several days or a week or two have passed; but in all forms the temperature is from one-half to three degrees higher in the evening. In the south are found other difficulties with which we do not have to contend in the north, such as malaria. In the north a running fever, with rapid emaciation, nervous phenomena, severe headache, anorexia, diarrhoea or consti-

pation, with coated tongue, could be, nine times out of ten, correctly diagnosed as typhoid. In the tropical regions we have to exclude all forms of malaria (the remittent form of which may closely resemble typhoid in the early stages), dengue, yellow fever, etc. Numerous cases were sent to the hospital with a diagnosis of remittent fever, which were proved to be typhoid by applying microscopic and other tests.

The so-called "mild form" should be watched with the greatest of care, as the patient feels comparatively well and is likely to insist on eating everything in sight. Several of our fatal cases were made such by the patient eating fruit, etc., surreptitiously supplied by well-meaning friends during the time of convalescence. One case of fatal termination was that of a man who felt so well that he insisted, contrary to the doctor's orders, in walking to the end of the ward. This he succeeded in doing while the nurse's attention was directed elsewhere, and died twenty-four hours afterward from perforation. His was a mild form of the disease, with no nervous symptoms, not much bowel trouble, temperature 101 to 103 degrees, but there was rapid emaciation. These are the cases demanding most attention, and for my part I am like Dr. John Guiteras of the U. S. marine service. I would rather have an ignorant nurse who would do as I directed than to have the trained nurse who is always offering suggestions and giving opinions.

In the form known here as "ten-day typhoid" there are present all the usual premonitory symptoms, such as anorexia, fever, coated tongue, diarrhœa or constipation—usually constipation followed by diarrhœa—and in most cases the rose-colored spots are present. The disease starts with a rise of temperature seldom above 103 degrees, the fever reaching its height about the seventh or eighth day. There is always rapid emaciation. The fever declines by lysis, and by the fifteenth day has usually entirely subsided. Many of these cases are subject to relapses caused by irregularities in diet, which goes to form the correctness of the diagnosis. In a large number of cases both the Widal and the Diazo tests were made, the typhoid reaction being found in 90 per cent. of the cases examined.

In nearly all cases the convalescence is slow. It is usually two months before the soldier is fit for duty after an attack of this so-

## A LETTER FROM MANILA.

MANILA, P. I., Dec. 18, 1898.

Dr. Updegraff, Omaha, Neb.

MY DEAR FRIEND:—It has been a long time since I have heard from you. I expected a letter from you or James before I left San Francisco. On November 3 the entire regiment left San Francisco on the transport *Pennsylvania* for Manila. For a few days but a small number escaped being seasick. I was seasick the morning after leaving the Golden Gate, vomiting a few times, and haven't been sick since. For a few days out, the sea was a little rough, and then on to Honolulu it was quite calm. The name Pacific ocean is quite appropriate. November 11, in the evening, we sighted land, and next morning entered the harbor of Honolulu. All the way it was quite warm and we soon exchanged the blue for the gray duck uniform. Honolulu, a most beautiful city, is situated on Oahu Island, surrounded by mountains, with the old ocean washing its shores. The population is about 125,000, made up of native Kanakas, Chinese, Japanese and whites. The Chinese and Japs live and dress as in their native land. The natives are honest, industrious and respected and are becoming very much civilized. The business portion of the city is not very extensive, as far as whites are considered, but the Chinese especially have extensive retail trade. To visit their shops is very interesting. Only three drug stores in the city, but saloons are very common. A little horse-car street railway takes one to the most interesting places. Going out King's street in one direction I passed through the business portion and then into the country for a few miles. Saw cocoanut trees, banana plantations, rice-fields, natives plowing with oxen and then the university for the education of the natives. I visited Bishop museum, containing relics and curios of the Hawaiian Islands. Then I took the motor line in the other direction. After passing business houses I saw beautiful residences surrounded by palms, cocoanuts, dates, mangoes and other tropical trees such as bungalow, bundera, etc., and tropical flowers—a very pretty sight to a northerner in November. Soon passed again into the country of growing tropical fruit to Waikiki and Sauscici, bathing resorts at the foot of Diamond Head, a mountain formed during a volcanic

eruption. Had a good sea bath and then attended foot-ball at a park quite near, between our Iowa team and Punahou, the native team. We beat them only 21 to 0. Came back and had supper at Woman's Exchange. Then for two days was on duty in our hospital and disinfecting the transport. Next visited Pali, a precipice eight miles from Honolulu, 400 feet high, over which a native king once drove his enemies in a battle. From it could see the country for miles and the ocean on the other side of the island. Visited the government building or the queen's palace; heard the famous Hawaiian band. Saw Nance O'Neill play "Ingomar" at the native theater and there saw ex-President Dole.

On November 16 we steamed from this beautiful place on our way to Manila. The voyage on the ocean is uninteresting, just eat, sleep, read, talk, take your turn at duty every sixth relief, look at the water, then at the sky, etc., etc.; very monotonous. Dropped out November 22 when we passed 180th meridian and had our Thanksgiving day one day ahead of you. Had ordinary army rations for our dinner. That evening attended a regimental concert; strictly home talent; also that evening City of Pueblo passed us, the only vessel we had seen for days. She was a fifteen-knot steamer; we only ten-knot. She carried a portion of the First Tennessee and some regulars. November 29 we passed Ladrone Islands; one is a "live" volcano. The captain of the cruiser Charleston raised the United States flag over them in the first expedition. December 5 sighted land again, this time Pacific Islands; that night passed the northern extremity of Luzon and changed our course to the south. Next day land was always in sight, and on the morning of the 7th approached the entrance to Manila bay. Saw the cove in which Dewey hid his fleet April 30. The entrance is like the neck of a bottle, and a fine and natural position for a strong defense. About 8 o'clock a. m. we entered the bay and soon approached Cavite. Saw a portion of Dewey's fleet and sunken Spanish war vessels, and at about noon we anchored about two miles from Manila among about a dozen transports, we being the last of the Phillipine expedition to arrive, the first having arrived about June 15.

We are still at anchor now awaiting orders either to go to Iloilo to suppress the insurgents or ashore. Forty thousand insur-

gents surround Manila and we expect soon to have a great deal of excitement with them. An insurgent is shot or made prisoner quite often. All the regiments are either guarding the city or doing outpost duty. I have been ashore twice and expect to go again tomorrow. By paying *uno major peso*, or twenty-five cents American, we are taken over in a native canoe. I am "getting onto" Spanish talk and money, but there is so much dialect and lingo talk among the natives and Chinese that it is hard to understand them. The new city is made up principally of Chinese, natives and the combination of the native with Chinese and Spanish. Oh, so much to say of them and so hard to describe, that I can't do justice to any. The old city is walled. It and the guns are hundreds of years old. The city is made up of old Spanish buildings and residences. Catholicism is the only religion, and the cathedrals are 300 and 400 years old. Gates have drawbridges and the walls contain dungeons and are surrounded by moats, reminding one of feudalism. The United States troops in the city are quartered in the old government buildings and Spanish barracks. There are hundreds of prisoners. I visited an old cathedral containing 1000 Spanish prisoners. It is now the coolest part of the year, 85 to 90 degrees daily. We boys generally wear duck pants, shirt (or not) and hat while on board, but white duck uniform when ashore. Natives at work wear only hat and girdle; others bright linen or cotton trousers, gauze shirt, or cotton, with the funny-shaped sombreros. When fancy dressed they wear a silk gauze shirt over the other, and out of the pants around the waist, and their slippers with single or double cord to hold them on—indeed a peculiar sight. Women wear a loose shirt, or what seems just a piece of cloth girdled or tied, I don't know how, at the waist, and a loose cloth over their shoulders. Over this they sometimes wear a gauze like a handkerchief to exclude the sight of the breasts. A horse-car line runs through the business streets, but the principal conveyance is by carts drawn by the water oxen; everything else not too heavy is carried on a pole or on the shoulders, and sometimes 200 or 300 pounds, or else in a basket on their heads, and then especially by women. Rice and fish are the common food. Bananas, oranges, cocoanuts and other tropical fruits are quite plentiful.

The Nebraska regiment is doing outpost duty about five miles

from the city. Minnesota and North Dakota are also out as guards. There are several hospitals here, but the division hospital is the principal one, with 300 to 400 patients all the time. Patients generally are sick with typhoid fever or dysentery. Some complication generally exists, such as typho-malaria. There are forty cases of small pox. Syphilis is very common among the natives, and generally cases of a severe type of the disease is found in our hospitals. I haven't had the opportunity of visiting the hospitals. I saw a Chinese drug store and, indeed, it was interesting. Spaniards and Chinese control the business. Very few Americans or English have any business places. Pasig river flows through the city, and is the source of transportation, habitation, drinking, washing and everything else for the natives. We, indeed, captured a wonderful city and island, which with our control and American capital will be a source of much industry, commerce and wealth to us.

I have often wished I was in the old O. M. C. with the boys, but now this practical knowledge will not be detrimental to me in the future. Hoping to hear from my friend and friends of O. M. C., to whom I send each my regards (also to Mrs. U.), I will close.

Yours,

R. V. WITTER,

51st Ia., Hospital Corps, Manila, P. I.

### THE VILLAGE HEROES OF THE BLACK DEATH.

The deplorable laboratory incident at Vienna has again called to mind England's last and most pathetic experience with the plague. This was the outbreak in 1656 in the little village of Eyam, in Derbyshire, which has passed into both medical and heroic literature, from the deadliness of the disease and the noble spirit displayed by its victims. The contagion was introduced by a box of cast-off clothing sent to the village tailor and afterward discovered to contain garments of those who had died in the epidemic of three years before. The tailor, his apprentice, and two members of his family were the first victims, and as the disease appears to have been of the pneumonic type, which it assumed in the cases of Dr. Mueller and Nurse Pecha, it was not recognized until a number of deaths had occurred and the little community



was fairly saturated with the contagion. The first thought of the villagers was to find safety in flight, but this was checked by the rector of the parish, the Rev. Charles Mompesson, a man of remarkable intelligence and noblest courage. He called the terrified people together in the churchyard and begged them to recall their duty to others and, if need be, to die like martyrs. He pointed out that as nearly every family had been exposed to the contagion, flight would not probably save them from attack, but would certainly result in spreading the disease all over the adjacent counties, and ultimately the whole north of England. He therefore urged them to sacrifice themselves for the good of their country and to stay quietly in their own homes and little fields until the disease should have spent its force and died out. It was heroic counsel, but to the everlasting honor of the English peasantry, it was accepted upon one condition, that he stay with them to bury their dead. He replied that he had no other thought or intention, whatever the mass of them might do, and the little assembly dispersed quietly to their homes to await the will of God. A line was agreed to along the crests of the little valley in which the hamlet lay, and across its trough above and below, beyond which none were to go, and Mompesson sent word to influential friends of his that if the authorities would supply them with food the villagers would stay quietly at home. For no less than thirteen long months, from Sept. 6, 1665, till Oct. 11, 1666, the pestilence raged among those noble mountaineers. They fell one after another, till when in the second autumn it died out for lack of fuel, out of 350 souls only 89 survivors stared in each other's haggard faces and wondered whether after all the dead were not more fortunate than they. But their courage never faltered; every day they went to an appointed place on the boundary line, to bring back the food which had been left there, but not one of them crossed it to escape from the charnel-house. And their fearful sacrifice was not in vain, for not a single case of the disease occurred outside the stricken valley. Mompesson himself survived, but his devoted wife, whom he had vainly urged to leave him before infection had been brought into their home, was among the dead. Remembering the 60,000 deaths in London alone in one epidemic, it was almost certainly a sacrifice of a few hundred lives to save thousands, but those few hundred lives were

their own and those of their dearest. It is one of the noblest instances of self-imposed quarantine and martyrdom for the good of others upon the pages of history, and a memory of pride to the entire Anglo-Saxon race. A faint regretful odor clings about the memory for us as a profession, which finds expression in the half wondering question, "where was the doctor?" There was, of course, no local physician or any one so obligatory, even in the sense of *noblesse oblige*, upon him, to consider that village as his post of duty, and yet, our brotherhood has seldom needed an example in that sort of devotion, and here there were three hundred. True, he could not have hoped to save many lives, for medicine at that day was utterly helpless in the face of the "Black Death," but to think of those brave villagers and their devoted minister fighting the dread enemy alone is pitiful. Everything that the medicine of the day could suggest was carried out by the tireless rector. Houses and streets were cleaned of their filth, infected clothing and bedding were burned, and even some attempt made to save the water-supply from contamination. So alive was he to the danger of contagion that he abandoned his church and held all religious services in the open fields. Indeed, so thoroughly was the destruction of the bedding and clothing of those who had died carried out that when the plague finally died down at the beginning of the second winter, there were not enough blankets in the village to keep the handful of survivors from suffering severely during the first cold nights (vide Journal, Dec. 31, 1878, p. 1588.)—*Public Health*.

---

"GIVE ME THINE HEART."

---

He was only a common farmer,  
Who had read of the rules of love,  
And loving a lady doctor,  
For her healing hand he strove.  
Having gained her hand he halted,  
To prepare for the tender part;  
Then feeling self-exalted,  
He blushed and sought her heart.  
She critically scanned his features,  
Professionally searched his eye;

Then, fairest of all fair creatures  
 She seemed, as she paused to sigh,  
 Then asked, with a thrilling tremor:

“And the Pericardium, too,  
 With its outer, parietal layer,—  
 And the fluid, a real pale-blue,—  
 The inner, visceral layer,  
 With the great aortic trunk,  
 And the coronary arteries,  
 On which the students flunk?”

“Did you want the Pulmonary veins,  
 And the semi-lunar valves,  
 The superior vena cava,  
 And the blue and bright red halves?  
 The inferior vena cava,  
 With tri-cuspid valves thrown in,  
 The bi-cuspid or the mitral valves,  
 And great Eustachian?”

“The coronary sinus,—  
 With Lower’s tubercle,—  
 The auricular appendix,  
 And the foramen ovale?  
 The muscoli pectinate,  
 With the chordæ tendinæ,  
 The foramini thebesii,  
 And columnæ carnae?”

“Did you want the Pneumogastric,  
 Or the sympathetic knot?  
 The striated muscle fibers,  
 Or the fibers that are not?  
 Did you want it diastolic,  
 Or cystolic, either one?  
 Did you want,”—but he had fainted!

Something quickly must be done,—  
 She was equal to her duty,  
 He was instantly undressed,  
 Gasping, “Keep your heart, my beauty,  
 But, great heavens, give me rest!”

E.

## Alumni Department.

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

Dr. Yule, class of '97, is in Honolulu and has been appointed assistant surgeon in the U. S. army.

Dr. C. L. Mullins, class of '91, Lieutenant and Assistant surgeon, U. S. Army, arrived in San Francisco, January 16th, with a detachment of sick and convalescent soldiers from Manila.

Dr. Edwin M. Wilson, class of '95 has been post graduating in Chicago recently, as has also Dr. Willis Dean of same class. Dr. Wilson and wife stopped over in Omaha on their way to Twin Bridges, Montana, where the doctor is practicing.

No doubt some of our readers have heard that Dr. Stewart A. Campbell, class of '98, has been quarantined in New Hartford, New York, for about six weeks. He was on his way to New York City to do post graduate work when he was taken with a severe form of varioloid while visiting relatives in New Hartford.

CAMP COLUMBIA, HAVANA, Cuba, Jan. 24, 1899.

Dr. George Bicknell, Omaha, Neb.:

My Dear Doctor: I have written, in compliance with your request, a short paper for the PULSE, but I am ashamed of the same for there are no data given, but it paves the way to discussion. I could at this time have written a better paper on most any other subject; but as I had this old fever and came near passing in my checks as a result, and saw in all, perhaps, 1,500 cases last summer and fall, I have attempted to tell a few of the many things in connection with it. I can write you a good paper on the mode of disposing of the dead in Cuba at some future time, with photographs, if you so desire. I have written all of this hurriedly tonight, and you will have to do as you agreed and fix it in some kind of shape so they will not know an O. M. C. man wrote it. Cuba is fine. I would not have missed the trip here for a thousand dollars. The health of the regiment is good at present, nothing but measles in mild form.

Give my regards to the boys. Gritzka sends regards. Strough is a steward at the second division hospital; also my brother of the junior class. Yours,

A. P. FITZSIMMON,  
Lieutenant and Assistant Surgeon.



**GREATER AMERICA EXPOSITION, OMAHA, JULY-NOVEMBER, 1899.**

The buildings and grounds of the Greater America Exposition of 1899 at Omaha, represent a total expenditure of two millions of dollars.

# Clinical Department.

J. F. KELLY, 99, Editor.

Clinics attended by the Senior Class from January 3rd to February 3rd.

This record does not include: (A) obstetrical clinics, (B) gynecological clinics, (C) miscellaneous and special clinics going on every day in the college before and after clinic hours, (D) Dr. Owen's special work at his office once each week, (E) general experience with the sick and infirm in the students own family lodging place, and immediate neighborhood, (F) general hospital work such as is done by Dr. Beatty, (G) work performed with the doctors and under their direction. The report does include, with a few omissions, those clinics attended by the students in class at the college and at the several hospitals.

Jan. 3rd. Emmet's operation and curettement of the uterus at the Presbyterian Hospital; at the college, (1) specific ulcer, (2) eczema, (3) acase of hysteria.

Jan. 4th. At M. E. Hospital: Dr. Gifford's eye clinic: (1) infected eye, (2) lens extraction, (3) corneal ulcer, (4) evisceration of an eye, (5) glaucoma, (6) sub-conjunctival abcess, (7) blepharitis, and three others unrecorded. In the morning Dr. Jonas operated before the class for (1) fibroid breast, (2) cystocele, etc.

Jan. 5th. (1) grippe, (2) chronic gastritis, (3) neuraesthesia following trauma.

Jan. 6th. (1) myalgia, (2) grippe.

Jan. 7th. At Douglas County Hospital, 4 cases tuberculosis.

Jan. 8th. (Sunday.)

Jan. 10th. (1) syphillis, (2) specific papilloma, (Allison's clinic.) McClanahan's: (1) pertussis, (2) facial paralysis, (3) locomotor ataxia.

Jan. 11th. Operations at M. E. Hospital: (1) periostitis, (2) abcess from puerperal sepsis, (3) curettement of uterus. 2 p. m. Gifford's clinic, a dozen cases or more.

Jan. 12th. (1) incipient tuberculosis (pulmonary,) (2) simple acute bronchitis, (3) chronic ulcerative pulmonary tuberculosis, (4) mitral murmur.

Jan. 13th. Operations at Clarkson Hospital: (1) infiltrating tumor inside of neck, (2) finger enucleation of uterus, (3) fibroma.

1 p. m. At college: Hypertrophy of heart with slight valvular lesion.

Jan. 14th. At M. E. Hospital: (1) multiple osteomyelitis (humerus, scapula and ulna involved,) (2) excision of head of humerus.

Douglas County Hospital: (1) chronic interstitial nephritis with mitral lesion and hypertrophy of heart, (2) cirrhosis of liver, (3) paracentesis for relief of abdominal ascites.

Jan. 16th. Spinal lateral curvature (Jonas) Hoffman's clinic: eczema in a Chinaman.

Jan. 17th. At Presbyterian Hospital: (1) adenoma of breast—Indian female, (2) specific adeno-lymphangitis. At College: McClanahan's clinic—case of measles, Allison's—specific sore on arm with general glandular enlargement.

Jan. 18th. At M. E. Hospital, 8:30 a. m. to 11:30 (1) odontoma of left ramus superior maxilla, (2) fistulous opening in jaw from infected sinus, (3) abscess in gluteal region, (4) simple serous synovitis of knee joint. 2 p. m. (Gifford) (1) tumor of lid removed, (2) infection of anterior chamber, (3) ankyloblepharou, (4) gun-powder pepperation, (5) cataract, (6) trachoma, other cases.

Jan. 19th. Single acute bronchitis, (2) syphillis, (3) grippe, (4) tuberculosis pulmonalis.

Jan. 20th. Case of over-worked student, dyspeptic and constipated. Eye clinic: (1) trachoma, (2) inflammatory adhesions in socket of eviscerated eye, (3) deafness, impairment of drum membrane.

Jan. 21st. At Co. Hospital: (1) direct incomplete inguinal hernia (operation by Dr. Jones,) (2) facial paralysis with gastric disturbance, vomiting and coma, (3) capillary bronchitis, (4) morphine boy with tuberculosis of lungs. At Clarkson Hospital, 2 p. m., operation by Dr. Summers for hemorrhoids and diagnosis of: (1) fractured rib, (2) sprained ankle, (3) fracture of tibia, (4) dislocation of hip joint.

Jan. 22nd. Day of rest.

Jan. 23rd. School adjourned to attend funeral service.

Jan. 24th. 1 p. m. (1) grippe, cervical adenitis, (3) facial

paralysis. 2 to 3 p. m. (1) inflammed sinus or remains of a sebacious cyst, (2) blennorrhagic sore, (3) inflammed inguinal hernia hard to reduce.

Jan. 25th. At Presbyterian Hospital: (1) sub-maxillary cyst removed, (2) neurectomy of branch of facial nerve and stretching of facial. At M. E. Hospital: (1) hysterectomy, (2) prolapsus ani with piles, (3) cervical abcess from puncture. At the college: (1) syphillis of severe neurotic type, with apoplexy. Two p. m. at M. E. again: (1) ulcer in anterior chamber of eye, (2) interstitial keratitis, (3) inflammation in anterior chamber of eye from trauma, (4) pseudo-glioma, (5) glioma, (6) old atrophic trachoma, (7) zonular cataract, (8) plastic operation to enlarge eye socket for artificial eye, (9) enucleation of eye.

Jan. 26th. (1) incipient pulmonary tuberculosis, (2) mitral disease (slight murmur) and others.

Jan. 27th. (1) Measels, (2) extreme "ten ten" constipation, (3) neuralgia in chest.

Jan. 28th. At Douglas County Hospital: (1) comatose patient, (2) chronic parenchymatous nephritis with excessive general dropsy, (3) erysipelas.

Jan. 29th. (Sunday.)

Jan. 30th. (1) furuncle, (2) spinal lateral curvature.

Jan. 31st. (1) vaccinia, (2) boy with incipient pulmonary tuberculosis, (3) measles.

Feb. 1st. Dr. Aikin: Boy with chorea, arsenical history, tobacco poisoning, beer imbiber, locomotor ataxia, peripheral neuritis of anterior branches of lumbar plexus and anterior crural nerve. Two p. m. Gifford's eye clinic.

Feb. 2nd. (1) grippe, (2) pulmonary tuberculosis, (3) syphillis, (4) rheumatism, etc.

## Class Talks.

### SENIOR NOTES.

H. E. BURDICK, '99, Editor.

Westerhoff is evidently a firm believer in the Darwinian theory, as he states the length of the spinal cord to be thirty-two inches.



thus giving a clew as to what became of the tail in the monkey's evolution into man.

Spencer is again to be seen in his accustomed place after having experienced a severe attack of tonsilitis.

The temperature of a Pacquelin cautery and the neck apparel recently worn by the Senior classmen would be practically similar.

Kelly's "shouting pain" seems to be contagious to judge from the sounds which sometimes float out of the lecture room between hours. Even the Freshmen are afflicted.

The reading room is not graced by the presence of Bauguess after 5 o'clock p. m. since his graceful retirement from the verbal conflict, of which he was an unwilling principal.

As the close of the term draws nigh, there appears on the physiognomy of the members of the Senior class an anxious and weary expression. Is it indicative of the consumption of large quantities of midnight oil?

An invitation was recently extended to the members of the Senior and Junior classes to attend the First Presbyterian Sunday School in a body. A number availed themselves of the opportunity offered and succeeded in being taken for theological students. Let the good work go on.

Updegraff "has treated a few;"  
 Strader "really don't know;"  
 Westerhoff "never heard of it;"  
 Bauguess "would use a pessary;"  
 Peterson "takes a peep;"  
 Stokes "just use a string;"  
 Finney "has been doing better;"  
 Kelly "hasn't read it;"

If you want any more just remember a "little more."

Members of the Senior class are pleased to learn that Prof. Peterson has now ready for publication an exhaustive treatise on the Phylogeny and Ontogeny of the two products of evolution most interesting to the Senior, namely: *Furra Ovis Aries*, in which they may be vested, provided their plumage be not plucked "when the flowers bloom in the spring," and *equinus parvovus*, with some practical pointers on its use and its relation to the former. He names as chief factors in their evolution: First, pressure of an in-vironment; second, use and disuse; third, survival of the fittest.

## JUNIOR NOTES.

A. B. LINDQUEST, Editor.

Overgaard recently went to Kennard to spend Sunday.

The second section has completed the laboratory course in bacteriology.

Thulin was called home twice in the last two weeks on account of sickness in the family.

Judge Keysor has completed a very instructive course of lectures on Medical Jurisprudence.

Dr. Lavender's chart on kidney diseases is in print and a limited number can be purchased from any Junior.

If you don't see a poem on spring it is not because the change in weather is not agreeable, but because we boast of being poetless.

Ask Nielsen how to stain for tubercle bacilli and do it right. Douglas can give you pointers on focusing. Betz can tell you in a few words about flagellæ.

Nielson and Shockey have shown considerable anxiety for a malaria patient under their care at the clinic. They congratulate each other that said patient has not returned.

Most of us missed the regular Saturday clinic because of the unexpected change from the Douglas County to Immanuel Hospital, the notice not having been posted till after lecture on Friday.

## SOPHOMORE SIFTINGS.

E. H. SMITH, '01, Editor.

Kalal and Thulin made a short visit to the latter's home.

Kalal, Robertson, Wilmoth and Dodge are prosectors on the lower.

We ought by this time to know at least a little about heart murmurs.

A good many students have had sieges either with the grippe or vaccination sore arms.

The class has been doing some work in urinary analysis in the chemical laboratory lately.

The reading-room is a much resorted-to place in the college. It gives the studiously inclined an opportunity to work in, an off hour.

The second year anatomy class has temporarily left the special consideration of the nervous system and has taken up the study of abdominal viscera.

Dr. Lavender has had before the class in General Pathology a chart on tumors, which gives condensed information upon the subject of these important neoplasms.

Hawthorne, Herron and Allen were the members from the Sophomore class of a committee which had under consideration the reception to be given the Seniors by the lower classes.

### FRESHMEN LOCALS.

J. A. PETERS, '02, Editor.

Mrs. Curtis, wife of Dr. Curtis, visited the anatomy class one day the first of the month.

What is this "Juniors' Banquet to the Seniors?" Can it properly be called anything else?

Charlie Haynes was called home the 8th instant by a telegram announcing the serious illness of his mother.

Each member of the class has finished dissecting one part and will as soon as possible take up another.

Mrs. Munger, who has been seriously ill at her home in Plattsmouth for some time, will not return this year.

Mrs. Henderson of Shenandoah, Ia., is spending most of the winter with her daughter, Miss Henderson, a member of our class.

The Freshman class may feel assured of the friendship of at least a part of the Sophomores as long as—well, ask B. W. Hall how long.

Among the victims of vaccination and other "contagious" diseases for the past few weeks are Mantor, Hooper, Yoder, Van Fleet, Cooper and Kerr.

Dr. Haynes, who is located at Bee, Neb., made his son a short visit the fore part of the month. He is one of the early graduates of the O. M. C.

We would advise the freshmen hereafter that when answering "sick" for some disabled member to be sure he isn't taking a nap on one of the higher seats.

In addition to the usual lecture and laboratory work in histology on Saturday we have one hour quiz on Friday from 4 to 5 p. m., alternating with the "Dents."

New ideas in anatomy are not an uncommon thing among Freshmen, but frequently one of exceptional merit presents itself. The latest is from McDowell, in naming the four smaller toes, respectively: Index, middle, ring-toe and little toe.

The class took its final examination in biology the last of January and, according to Prof. Peterson, did remarkably well, every member passing with good marks. Embryology has been substituted, and we are now working with the early stages of the development of chick embryo.

In accordance with a vote taken at a union meeting of the three lower classes, President Cooper has appointed the following committees to aid in making the senior banquet an enjoyable event: M. B. McDowell, program; H. E. Mantor, arrangement; E. A. Van Fleet, finance; C. L. Wills and C. W. Carlisle, reception. Mr. Van Fleet was also chosen at a recent meeting of the class to act as representative toastmaster on that occasion.

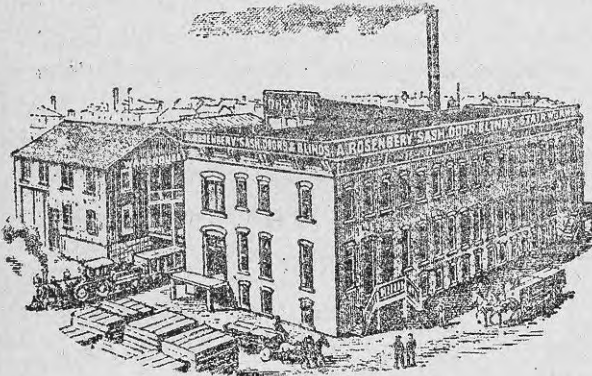
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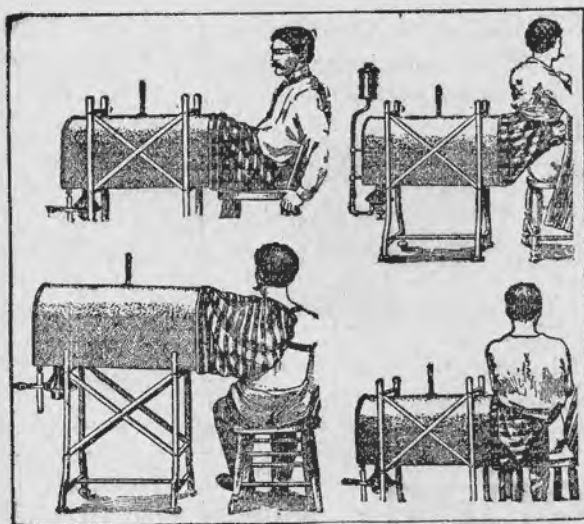
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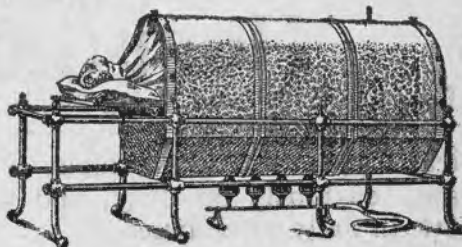
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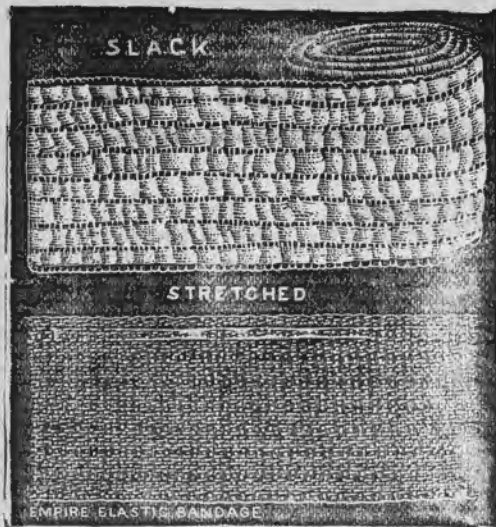
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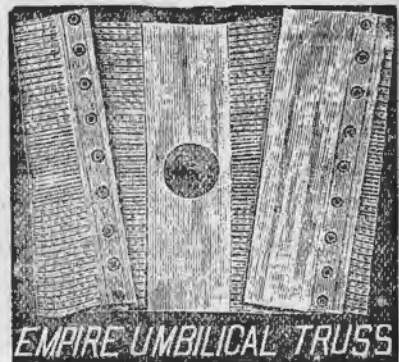
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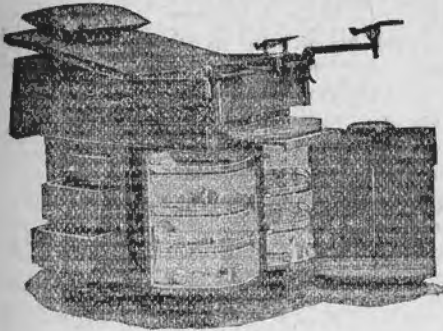
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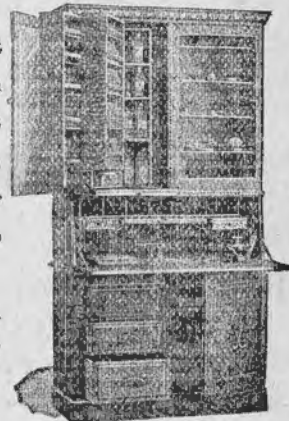
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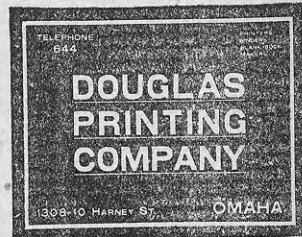
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DEAR SIR: Your Pill Anæmic (Pink) truly bears the right name. I have used them for a long time in my practice, and they always give better success than any other preparation I have ever tried. In fact, they fill a long-felt want, and I unhesitatingly recommend them to the profession.

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Indicated in anæmic, chlorosis, hysteria, sciatica, neuralgia, locomotor ataxia, leucorrhœa, and general female weaknesses and nervous disorders.

## FORMULA.

Ferrous Carb.....	2 grs.
Hæmoglobin.....	1-2 gr.
Zinc Phosphide.....	1-30 gr.
Arsenous Acid.....	1-50 gr.
Strychnine Nitrate.....	1-100 gr.
Alcin.....	1-16 gr.

Dose: One pill after each meal.

One hundred Pill Anæmic (Pink) mailed to any address on receipt of \$1.00. Send postal note, draft, or express money-order.

## OBSTINATE CASES

CURED BY THE USE OF

# Mercer's Pill Vita, Blue.

THE MERCER CHEMICAL CO., Omaha, Neb.

I am very favorably impressed with all your formulæ, but especially with Pill Vita. I ordered them for a patient (a married lady) who seemed devoid of any sexual feeling whatever, having no desire for coitus and only submitting from a sense of duty. It gives me pleasure to inform you that two bottles of your Pill Vita have materially changed this condition, and the patient is rapidly gaining in sexual power. Previous to this treatment she had used almost every other aphrodisiac in the market with no effect. Please send one-half dozen bottles and oblige.

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Dear Sirs:—Mr. W —, aged 39, married over two years. Since having an attack of paralysis of the left side has suffered complete impotence—I say complete advisedly, as he has not experienced it all that time even a partial erection. But I must confess my great surprise and satisfaction after 24 days' treatment with your Pill Vita (Blue) to have the patient report himself entirely cured, and the verdict—guilty of using Mercer's Pill Vita (Blue)—has created happiness and reunited a happy couple. Respectfully,

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Pill Vita is one of the most powerful aphrodisiacs known to medicine and we also recommend it as a vitalizer for the ovaries, thereby producing regular menstruation.

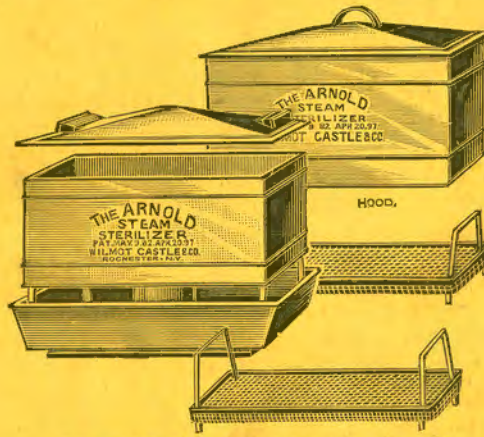
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# Arnold Sterilizer for Instruments and Dressings.



RECTANGULAR SHAPE. Fig. 61.

Water is poured into the pan or reservoir whence it passes as needed through four small apertures into a shallow copper vessel beneath to which heat is applied. As there is only a thin layer of water to boil at a time, it is converted into steam very rapidly and rises through the funnel in the centre to the sterilizing chamber above. Here it accumulates under moderate pressure at a temperature of 212 degrees F. The excess of steam escapes about the cover, becomes imprisoned under the hood and serves to form a steam jacket between the wall of the Sterilizing chamber and the hood. As the steam is forced down from above and meets the air, it condenses and drips back into the reservoir.

There are two wire cloth racks inside, one for instruments and the other for dressings, bandages, etc. If preferred a zinc tray is furnished in place of one of the racks for sterilizing instruments in a solution of carbonate of soda and water, which prevents their rusting.

Prices and sizes of sterilizing chambers.

No.	Length.	Width.	Height.		Price.
No. 64,	14 in.	6 in.	6 in.	Heavy tin, copper bottom	\$ 5.00
No. 66,	16 in.	6½ in.	7 in.	" " "	6.00
No. 68,	18 in.	7½ in.	8 in.	" " "	7.00
No. 74,	14 in.	6 in.	6 in.	All copper	12.50
No. 76,	16 in.	6½ in.	7 in.	" " "	15.00
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