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## OMC Pulse, Volume 02, No. 7, 1899

Omaha Medical College

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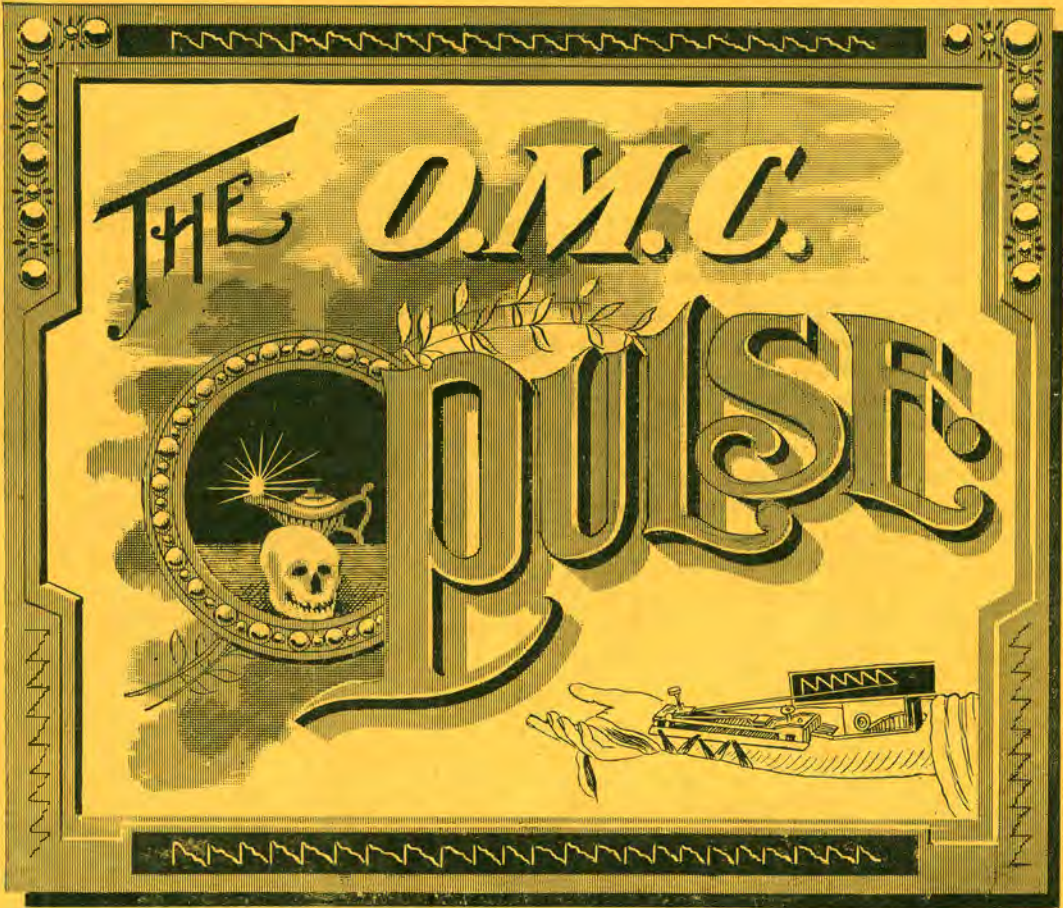
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Official Journal of the Omaha Medical College, Medical Department University of Omaha,  
OMAHA, NEB.

Vol. 2.

MAY, 1899.

No. 7

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Medical Department University of Omaha.

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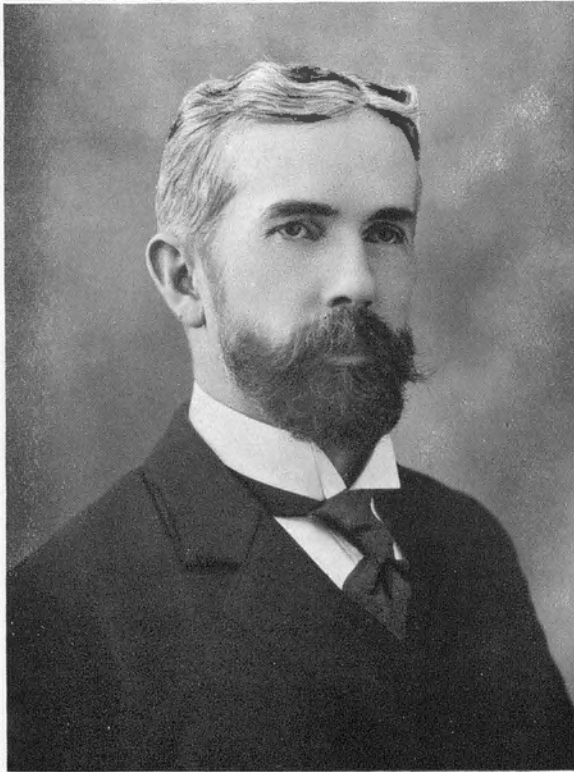
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W. F. MILROY, M. D.  
Professor of Internal Medicine and Hygiene,  
Omaha Medical College.

# The O. M. C. Pulse.

VOLUME II.

MAY, 1899.

NUMBER 7

## THE OMAHA MEDICAL COLLEGE.

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

The founders of the Omaha Medical College did not undertake their enterprise for fun. They saw in Omaha a center of population developing which in their judgment promised to increase to great proportions. They believed that a community of such magnitude, so remote from other centers, must be looked to as a metropolis by an immense territory and that this metropolis must stand not only as a center of commerce, but as an educational center. Inspired with the enthusiasm that creates cities in the midst of a wilderness, and stimulated with a professional pride which could not view with complacency the profession, which they represented, remaining without name or place among their compeers, these men undertook the establishment of the Omaha Medical College.

Like most infants this one, at its birth, was small. The demands upon a medical school of that day were inconsiderable in comparison with what is expected of one of the present. The facilities which were offered by this institution would not make a favorable comparison with a thoroughly modern establishment. It was, however a beginning.

In the advancement in medical education in the United States during the last two decades of the 19th century we see one of the greatest marvels of this marvelous age. Born as this institution was just prior to the inception of this tremendous rush of progress, it has not only kept along in the procession, it has been in the van.

Not pausing to particularize, it is sufficient to say, that an examination of a file of the annual announcements of the Omaha Medical College affords conclusive evidence that from the organization in 1880 of the Nebraska School of Medicine, under which title the institution made its first appearance, to the present time, scarcely a year has passed without witnessing an advance of a very

material character. This growth has included changes in the buildings, in the equipment and in the teaching force; these changes being effected in every point at which the management could see opportunity for improvement.

It was the late Samuel Gross, if I mistake not, of whom a pupil of the great teacher once remarked: "Give me a seat on a rail fence beside him and it is as good a medical college as I want." While this incident may be inaccurate in detail it expresses a great truth in reference to medical education, as well as education in general; viz, that an imposing edifice furnished luxuriantly and equipped if you please, with the most approved appliances, does not in itself constitute the most effective institution of learning. The world's greatest Teacher had his school upon the hill-side, in the street, or where ever he found himself and one more person thrown together. The market place and the city gates of ancient Athens were the places of instruction from which shone the illumination of genius, with so brilliant a glow that we are to-day living in its brightness.

Instances might be multiplied but the matter is trite, and all concede that the fundament desideratum, in an educational institution, is not buildings but brains; not elegance of appointments but teachers whose subject inspires them with enthusiasm, who are in dead earnest in their effort to transmit this enthusiasm to their pupils; who are broad-minded thoroughly equipped and experienced men. In a word a school must be rated primarily by the character of its faculty.

Granting that this is all true, it is never the less a self evident fact that an efficient faculty with the best facilities for work at their command will secure better results than the same faculty can produce with nothing better to offer than a seat upon a rail fence. That nothing might detract from the full measure of their success, the college erected, in the midst of the terrible financial panic from which we have but just emerged, a building which it was believed would afford all the room required for many years to come. Already this has become inadequate to the needs of the institution and as heretofore, the need having become apparent, is to be promptly met.

In this number of the Pulse the enterprising publishers present a half-tone picture of the college building as it will appear when the addition which is contemplated has been completed. The plans and specifications for the structure have been made and these are now in the hands of contractors who are figuring for the purpose of submitting bids for its construction. The building will be ready for occupancy at the opening of the next college year. Without entering into the matter in detail it may be of interest to refer to a few of the benefits to the college to be derived from this addition. The new structure will be the same in width as the present building, making a frontage of one hundred feet on Pacific street.

It will be one story higher than the present building, an additional story being added to the latter to make the whole uniform. The entire upper story, 100 feet in length, will be occupied by laboratories of histology, pathology and bacteriology. Considering the light which will be secured, and the arrangement of tables, lockers, water, gas, etc., which has been adopted for the convenient and effective utilization of it, we do not hesitate to say that these laboratories will be equal and we believe superior to any similar structures in the West, not excepting Chicago. On the floor next below will be found the chemical laboratory situated in the new building, fully equipped and affording an abundance of room.

The present microscopic laboratory will be devoted to the subject of biology. By vacating the present chemical laboratory we secure a delightful library and reading room and in the adjoining room, now occupied by the museum a convenient and commodious coat room.

It is said that everything of value in this world has cost somebody all that it is worth. The institution which this journal represents aspires to be one of the best of its kind. As has been pointed out, it came into being and has had its growth to twentieth century maturity, by no chance, by no governmental or private munificence, but at a large cost in earnest thought and honest toil, of men who have loved and sought to honor their profession. Nearly all of those who took part in its founding have ceased to have any connection with it; some of them have completed their



record on earth and are gone. They all have had faith in the growth and stability of the institution; believing, as we who remain in active connection with it today believe, that when none of us are left the Omaha Medical College by its intrinsic worth will remain, standing for medical education of the highest order, an honor to every man or woman whose name has ever been associated with it. For this the faculty has labored for twenty years and continues to strive. The college profoundly appreciates its indebtedness to the alumni and students for their enthusiastic support and feels assured of their continued co-operation.

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## THE DIFFERENTIAL DIAGNOSIS OF SOME CARDIAC DISEASES.

WILLSON O. BRIDGES, M. D.

Pain in the precordium is suggestive to the laity of heart disease, and most frequently gives rise to apprehension and alarm on this account. Pericarditis, angina pectoris, aortic obstruction and acute endocarditis are the most common cause of cardiac pain. Pleurodynia, acute pleurisy, intercostal neuralgia may all produce pain simulating one or more of the above. Pericarditic pain is attended by accelerated heart action, elevation of temperature and a to and fro friction sound, synchronous with the ventricular systole and diastole. Angina pectoris occasions precordial pain extending to the left shoulder and arm, with great distress, a feeling of impending suffocation and a pale countenance. Aortic obstruction gives rise to pain when there is marked dilatation of the ventricles or on active exercise; the murmur with the systole, at the base, conveyed into the vessels of the neck will, in the absence of anemia, serve to diagnose this lesion. Other valvular lesions may too occasion pain, and will be differentiated by their murmurs. Acute endocarditis develops in the course of rheumatism and some of the infectious diseases, and is characterized by pain frequently, with increased cardiac action and a soft blowing ventricular murmur. The pain of pleurodynia is increased on pressure, is suspended by cessation of respiration or compression of the chest, and is stitch like in character. Acute pleurisy may be confounded with

pericarditis, and the pain referable to the same location. The former pain is relieved by cessation of breathing, and the friction murmur is synchronous with the respiratory movements. Inter-costal neuralgia follows the course of the nerves around the side, and is unaffected by breathing.

Affections of the pericardium occasionally simulate those of the heart itself. Acute pericarditis or acute endocarditis may develop in the course of many diseases. The former produces a to and fro friction sound accompanied by greater pain, and as a rule followed by effusion, whereas the latter is indicated by a soft blowing systolic murmur.

Pericardial effusion and cardiac dilatation have some physical signs in common, but the area of dullness in the former has a greater transverse diameter at the apex line, while the latter corresponds more to the normal shape of the heart; the former too will have been preceded as a rule by a history of pericarditis. Extreme degrees of both these conditions may simulate a left pleural effusion, but this is attended by physical signs referable to the back of the chest, and if the cavity is not filled, the signs will vary with the position of the patient.

Hypertrophy of the heart with or without dilatation, arises not uncommonly from causes outside the heart, the principal of which are chronic Bright's disease, chronic pulmonary affection and arterio sclerosis. The differentiation between any of these and the valvular lesions which are the common etiological factors, is important, as prognosis and treatment are largely guided by this diagnosis. It may be assumed as a rule with few exceptions that hypertrophy dependent upon a valvular lesion will be indicated by the existence of a cardiac murmur, and the absence of the symptoms or signs of the diseases before mentioned; and that hypertrophy without a valvular murmur should lead one to examine most thoroughly the condition of the kidneys, the blood vessels and the lungs. It is to be remembered that a valvular defect leading to a murmur may result from dilatation following hypertrophy dependent upon outside causes. In such a case seen for the first time, it might be impossible to determine the original cause of the condition. I have several times observed such a murmur develop in the later stages of cirrhotic kidney. Displace-

ments of the heart apex are occasionally confounded with hypertrophy—for in left side pleural effusion, the apex is moved to the right and downwards, giving rise to epigastric pulsation, such as is seen in right ventricular enlargement. The physical signs of effusion with a dull area of percussion continuous with that of the heart will serve to differentiate. A right sided effusion displaces the apex upwards and to the left, but hypertrophy of the left ventricle moves the apex downward and to the left. It is important to know when dilatation is associated with hypertrophy, whether due to temporary or permanent failure of compensation. Simple hypertrophy gives rise to increased area of cardiac dullness with displacement of the apex as dilatation, but in the former, there is a heaving impulse with increased intensity of the systolic sound, and a strong pulse; while with dilatation the cardiac impulse is diffused and not clearly defined; the cardiac sounds are enfeebled especially the first, and the pulse is feeble, frequent and often irregular. Dilatation might be mistaken for fatty heart, but the latter is unattended by the same increased area of percussion dullness, and displacement of the apex.

The diagnosis of valvular lesions of the heart, and their differentiation by auscultating abnormal murmurs to which they give rise, is exceedingly interesting and important. The practitioner is generally too well satisfied with simply the knowledge of the existence of an abnormal sound, upon which he can diagnosticate heart disease. The location of the lesion, its physical effects upon the plumoniac and systemic circulation, and a due appreciation of the cavity primarily involved with the lesion, should invariably be known to promptly render a prognosis, and carry out intelligent treatment. All cardiac murmurs are not necessarily indicative of valvular disease, nor is the absence of a murmur proof that such does not exist. Anemia frequently gives rise to a heart murmur which may simulate that of aortic obstruction: I have seen this mistake made a number of times where the patient had been very much worried by a diagnosis of valvular disease. In chlorosis one of the loudest murmurs is heard. These murmurs are hemic in origin, are heard loudest near the base and propagated into the vessels of the neck. They may be differentiated from valvular murmurs by their soft blowing quality, the absence of cardiac hypertrophy and

the presence of the symptoms of anemia. They will usually disappear rapidly under the administration of iron. Examinations of the heart for valvular defects should be made in the recumbent as well as the erect position. I have detected a murmur indicative of mitral regurgitation, with hypertrophy, with the patient on the back which could not be heard in the sitting posture.

In order to differentiate heart murmurs, the seat of their greatest intensity, and the period of their occurrence in the cardiac cycle must be ascertained. The systolic murmurs, or those heard during the occurrence of the first sound of the heart are on the left side, that with which we have mostly to deal—mitral regurgitation and aortic obstruction. The former has its seat of greatest intensity in the apex area, and if conducted, is heard in the axilla and under the scapula, while the aortic murmur is heard loudest over the base and is conducted into the vessels of the neck. The diastolic murmurs or those occurring during the production of the second sound, of the heart and following, are aortic regurgitation and mitral obstruction—while both are truly diastolic, they differ in their time of commencing and ending. The aortic murmur occurs during or immediately following the second sound, ending an appreciable time before the first sound, is heard loudest at the base and conducted toward the apex; while the murmur of mitral stenosis is heard only during the latter part of the diastole continuing up to and ending with the commencement of the systole, and is confined to the apex area without transmission. The latter is accompanied by the purring thrill which is felt by the hand over the apex. In several cases of mitral obstruction under my observation the murmur was heard two inches below the cardiac area. Tricuspid regurgitation is a resultant of hypertrophy and dilatation of the right ventricle following disease of the left side of the heart. It might be confounded with mitral regurgitation, with which it is not uncommonly associated. Its chief diagnostic signs are diffusion of the murmur over the sternum and its conduction into the veins of the neck, giving rise to the jugular pulsation. Occasionally the action of the heart is so frequent, that it is difficult to fix the time of the occurrence of a murmur with reference to the cardiac sounds; then the special diagnostic signs of certain of the murmurs will aid materially, such as the water-hammer pulse of

aortic regurgitation, the purring thrill of mitral obstruction, the murmur heard in the carotids in aortic obstruction, the murmur conveyed under the angle of the scapula in mitral regurgitation and the venous pulsation of tricuspid regurgitation.

Rest and a few full doses of digitalis with opium will reduce the frequency of the heart beats so that a clearer conception of the cardiac cycle will help out. Combination murmurs are not infrequent, the most difficult to determine being mitral stenosis and regurgitation, which frequently results from the button-hole like opening at the mitral orifice. In these cases there will be a single murmur commencing in the latter part of the diastole and continuing through systole, a proof of which will be manifest to the ear by the persistence of the murmur to the apex impulse against the chest wall. A double murmur at the base, one in systole propagated upwards, and one in diastole propagated downwards, may mean either obstruction or regurgitation at the aortic orifice or anemia and regurgitation only. In the latter case symptoms of anemia will be present and the systolic murmur will disappear under the use of iron.

Mitral stenosis and mitral regurgitation produce their first physical effect upon the left auricle, resulting in dilatation of this cavity with pulmonary engorgement and hypertrophy of the right ventricle. The first symptoms then of temporary or permanent failure of compensation, will be referable to the pulmonary circulation, and consist of dyspnoea, cough with possibly bloody expectorations, and edema of the lungs. In aortic obstruction and aortic regurgitation the first symptoms of failure of compensation will be referable to the systemic circulation and will consist of faintness, and paleness of the skin and mucus membranes from diminished supply of blood in the peripheral circulation. It is to be remembered that in aortic regurgitation, the left ventricle undergoes enormous hypertrophy and dilatation, giving rise to what is called the bovine heart on account of its size, and that in these cases sudden death is more apt to occur from overdistension, than from any other of the valvular lesions.





## A LAYMAN ON THE RIGHT TRAIL.

Some time ago the Editor received from a friend a letter, a part of which we cannot refrain from publishing. The cause of a large share of humanity's ills is certainly described in a decidedly picturesque style.

"It would be a pertinent question, my friend, to inquire, how's your pulse? but somehow I prefer that old phrase—how's your bowels? It seems to me, to touch better, the vital question. From what I can learn of the ills of society, these organs of transportation are responsible for much more than their share. If some son of Esculapius will change his vocation long enough to steer old Colon and the rest of that ancient fleet into port strictly on scheduled time he will relieve his profession of half its labor and prove a greater benefactor to mankind than any old worthy of whom I can think. Where hundreds have fallen by war ten thousands have been despoiled and slain by this odd aggregation of convoluted and misshapen vessels—this invincible armada, so to speak, against which all fusilades of medicine have so far fallen harmless. I think the old craft is out of date, and not adequate for carrying on the vast trade of modern civilization. In my opinion it needs a thorough overhauling—some of the abrupt turns, connections, and tortuous passage ways to be relieved of their intricate windings and reconstructed somewhat on the principle of straight line. Better provision might also be made for flooding the decks—but I must not suggest further. I have already expanded beyond first thought."

### *The Editors of The Pulse:*

GENTLEMEN:—From the answers given by the Seniors in the examination on ophthalmology, it is evident that I failed to impress upon them one or two points with regard to the treatment of trachoma and corneal ulcers; and if you will give me a little space, I will explain them for the benefit of the recent graduates and their future patients.

The first was, that in the treatment of trachoma the application should, as a rule, be made every day until the disease is well along toward a cure, and when the applications must be continued long, the best thing to use is the sulphate of copper crystal.

The other point is that in treating corneal ulcers the collyrium to be used every two hours is not the zinc chloride collyrium, which nearly all of the men recommended, but a saturated solution of boracic acid without the zinc. The zinc chloride is used more particularly in acute catarrhal conjunctivitis.

H. GIFFORD.



# The O. M. C. Pulse.

Volume 2.

Number 7.

## EDITORS.

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Publishers

OMAHA MEDICAL COLLEGE.

*SUBSCRIPTIONS.*—\$1.00 per Annum in Advance. Single Copies, 15c. Published monthly during the regular College session.

*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.

Send all remittances as to subscriptions and advertising to *THE PULSE*, 1202 Pacific Street, Omaha, Neb.

Entered at Omaha Post Office as Second Class Matter.

## Editorial.

We are pleased to announce to our readers and patrons that Mr. A. B. Lindquest of the Senior class and Mr. H. A. Reichenbach of the Junior class will after this issue succeed us as editors and managers of *THE PULSE*. It is with a high degree of satisfaction that we are enabled to endorse the names of these men. Both have had experience in journalism elsewhere and we feel assured that they are fully competent to maintain the standard of *THE PULSE* and make such improvements as are from time to time indicated for a progressive paper. We wish to say to the faculty, alumni, students and advertisers that we are duely grateful for the liberal patronage accorded us in the past and name our successors as worthy of its continuance; especially we wish to urge the necessity

of a liberal financial support from the under graduates and members of the alumni. Every alumnus of the Omaha Medical College should subscribe for THE PULSE and do all in his power toward its advancement. They should send in communications and accounts of interesting cases, inform the editors of any honors gained through their endeavors, also let them know of the changes in address, marriages, births, deaths, etc. In this way if every one tries to let nothing pass him we will soon have a paper that will not only be extremely interesting, but will be a source of valuable information to all concerned.

\*  
\* \*

With this issue of THE PULSE our connection with it as editors and managers comes to an end. We have finished our course at the O. M. C. and with our classmates are now students in the broader field of professional life. In turning over to our successors the work incident to the publication and management of THE PULSE, we are conscious of feelings of both regret and pleasure. The success of THE PULSE has been a source of great satisfaction to us. It has made itself a college necessity, and today after nearly two years of existence, we feel assured that we leave to our alma mater a college Journal, that is no longer an experiment but is as much a part of the college life as is the student body itself. To our Editorial staff we owe a debt of gratitude, for the endeavors they have put forth at all times. Each has given to his department the closest attention, and to this fact more than any other, we believe is due the success of our paper. We heartily thank them, as we do also the Faculty and Trustees whose support we have had at all times. To faculty, alumni and students we leave the future destiny of THE PULSE. We trust that it shall grow in strength and usefulness until it shall become a recognized power in the field of college journalism.

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\* \*

Now that we are about to have a new building THE PULSE wishes to suggest that a room be set aside that may be used as an office for those associated with this paper. So far, owing to the lack of room in the college the editors have been very

much unsettled, and since the reading room, formerly THE PULSE office, has been established they have had no place to regulate their affairs etc., except any old place. This may seem to those who do not understand the amount of work required in connection with a paper of this kind an unnecessary waste of space, but allow us to insist that it is a chief factor in the success of the paper and that THE PULSE must have a home office.

\* \* \*

As the Editors were fortunate enough to be members of the class of '99, and as we do not wish to be placed in the position of throwing bouquets at ourselves, we give on another page an account of the commencement and banquet, as it appeared in the Omaha Bee of April 21.

\* \* \*

As the last of the series of half-tones this year we present the photo of Dr. Milroy who has had charge of The Faculty Department during the year. We assure you that the doctors department this month contains information of more than usual interest.

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“Clinical and Pathological Notes on Sympathetic Ophthalmia” is the title of a paper to be read by Dr. H. Gifford at the meeting of the American Medical Association at Columbus. Dr. Harry McClanahan is also on the program with a paper on “Constipation in Infants.”

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*To The Editor of the Pulse:*

From an editorial paragraph in the last issue of THE PULSE I judge that my article on the diphtheria bacillus may convey a wrong impression. I should be sorry to have it thought, that I believe that the possession of a microscope and the ability to use it does not give any physician a decided advantage over a competitor not thus equipped. Nor did I mean to convey the idea that a bacteriological diagnosis is not greatly to be desired. My point was that, that, at present, the uncertainties attending the identification of the bacillus are such that it is a waste of time for the great majority of practitioners to attempt it, either with the microscope or the culture-tube.

H. GIFFORD.

## OMAHA MEDICAL COLLEGE COMMENCEMENT.

**Close of the Year Sees a Baker's Dozen of Doctors Sent Out  
Into the World—Banquet and Diplomas.**

The laity may augur ill for themselves from the fact, but the thirteen newly-fledged medical practitioners upon whom the Omaha Medical College last night conferred the degree of "doctor of medicine" hardly considered themselves unlucky. Neither did the undergraduates, who wished themselves in the places of the thirteen, or the alumni, who regretted that they could not again taste the pleasure of hearing themselves addressed rightfully and properly as "Dr." As a consequence, the reputed unlucky symbol absolutely failed to cast any shadow over the enjoyment of the hundred and more physicians or physicians-to-be who attended the graduating exercises of the class of '99 of the Omaha Medical College at the Iler Grand Hotel.

The exercises themselves were not calculated to depress the spirits of those present. Instead of being conducted upon the old formal lines, they were spiced with wine and music, viands and toastmaking. In fact, the affair was a very pleasant and agreeable meeting about the banqueting board—graduates, students and alumni together—and the new "doctors" were shoved out into the world to scramble for their bread and butter with full stomachs and kindly words of encouragement that came from the heart.

At the conclusion of the several courses of the menu the graduates were lined up before the head of the table where the officers of the faculty of the college sat. Dr. A. F. Jonas, the dean, pleasantly opened the exercises proper, and then Dr. J. E. Summers, Jr., president of the Board of Trustees, presented each of the graduates with his diploma and congratulated them on the successful conclusion of their course of study. The young men who became physicians were:

John G. W. Westerhoff, Alexandria, Neb.; Elmer J. Updegraff, Omaha; George L. Strader, Tamora, Neb.; Arthur C. Stokes, Omaha; Alfred O. Peterson, Omaha; John J. Kelly, Omaha; Charles S. James, Nebraska City; Harry S. Finney, Waterloo; Harry E. Burdick, Storm Lake, Ia.; John R. Beaty, Omaha; Neal W. Spencer, Walnut, Ia.; Harry Bauguess, Omaha.

Dean Jonas again took the class in hand and announced that Harry E. Burdick had secured the highest average in his work and to him, therefore, was awarded a prize of a surgical instrument case. Dr. Alfred O. Peterson and Dr. Harry S. Finney secured first and second honorable mention, respectively.

When the exercises were concluded Judge W. W. Keysor assumed charge of the remainder of the evening's program, as toastmaster. After a few introductory remarks he called upon Chancellor David R. Kerr of the University of Omaha to respond to the first toast, "The University." He dwelt upon the efforts that the officers of the University are making to give the students in all the departments scholarship of the broadest and most thorough kind. He insisted that the saying that "knowledge is power" is no longer true; that it must be amended to "Knowledge, together with the strongest and noblest character, is power." This was the guiding principle of the University and the speaker pointed out to the graduates that it must be their motto if they wished to make the success they hoped for.

The other toasts of the evening were: "The class of 1899," Dr. John J. Kelly; "The Alumni," Dr. Mary L. Tinley; "The Faculty," Dr. W. R. Lavender; "Medicine and Law," W. F. Gurley.

Before the banquet an informal reception was held in the parlors of the hotel. The attendance at both affairs numbered over 100, among those present were a half dozen women undergraduates or alumni of the college.—Omaha Bee.

## Clinical Department.

J. F. KELLY, 99, Editor.

### A YEAR IN CLINICS AT THE O. M. C.

To exceptionally few practicing physicians and surgeons is given the opportunity to see as much clinical material in seven months time as is given the O. M. C. seniors, though we must confess that the truth of this statement lies in the word "opportunity," rather than in the actual seeing or understanding, as will appear from the following brief resume.

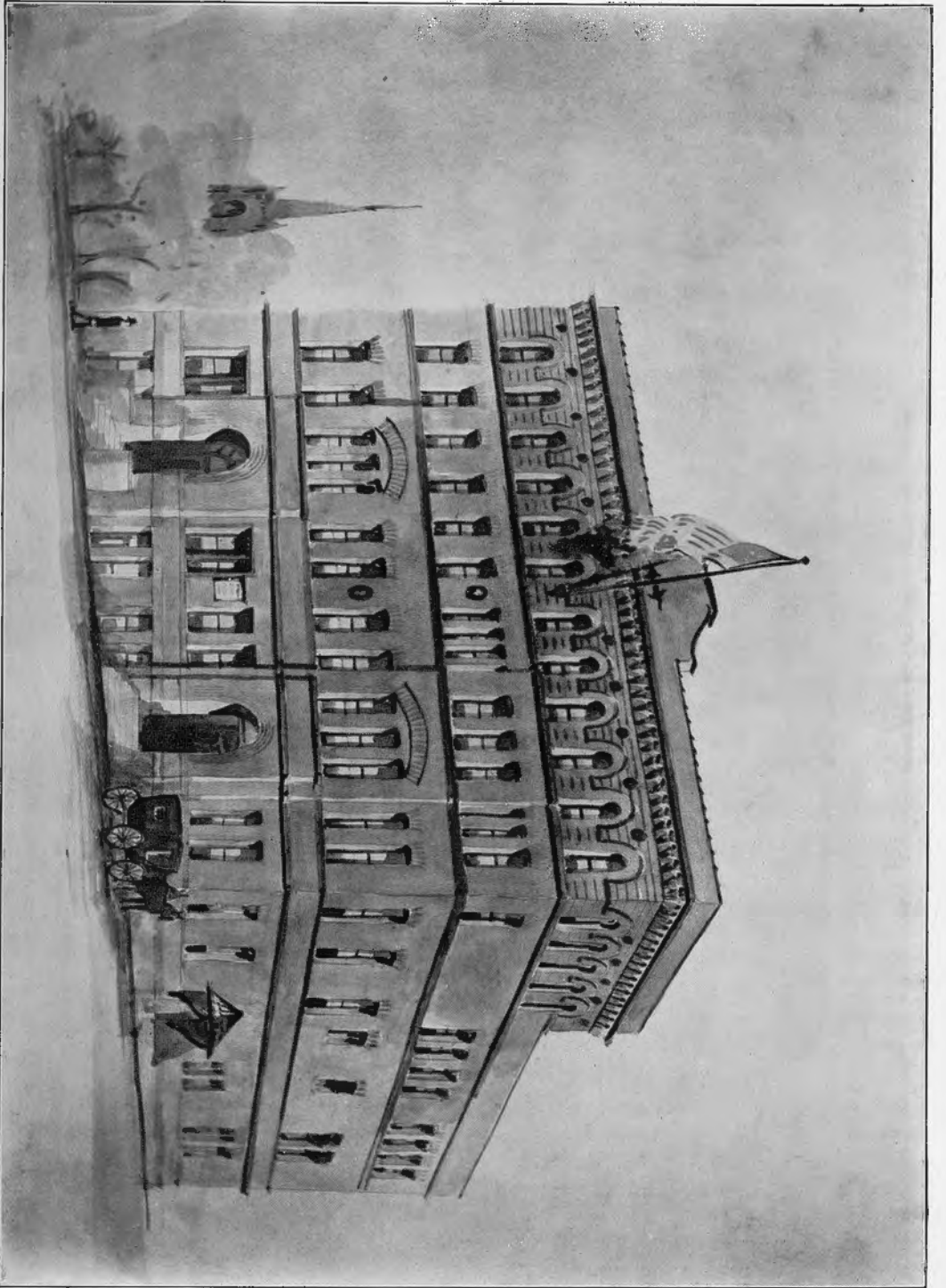
Dr. Jonas's clinics at the college 1-2 P. M, Mondays. In these clinics Dr. Jonas has illustrated the leading points in his special branch, which involves both the principles and practice of bone surgery. Thus, for example, he early brought before us a young girl with a depression on the dorsum of the ulna where the skin or cicatrix was adherent to the bone. Above, beneath the elbow joint was an irregular ulcer of chronic history, originating from bone lesion, trauma,—a plain case of osteomyelitis, with lingering constitutional disturbance. To illustrate the difference between this and periostitis, he brought in about Christmas time a clear case of the latter, involving the lower end of the femur, uniform in outline, acute in history and with little constitutional disturbance. Dr. Jonas has performed operations before the class for both of these affections, particularly the former—quite repeatedly. In the line of spinal curvatures, pseudo and fixed kyphosis, lordosis and scoliosis, backwards, forwards, lateral, rotary and complicated, Dr. Jonas has found plenty material for illustration. When the student has been unable to make complete diagnosis the doctor has been obliged to pick the patient up by the head, thus allowing the curve to straighten out. When the curve was fixed the distinction would be clearly made between the single, mechanical, one-sided, compression of cartilage and bone and those affections primarily involving the bone itself. Different varieties of club foot, bone tumors, injuries of bone, granulating wounds, involving bone, etc., have also been brought before the class in this clinic, but the greater part of the hour would be given to quizzing and lecture, the clinical work being reserved for the hospitals.

Dr. Owen, having but one hour per week for lectures and clinics on the nose and throat, has been limited to such work before the class as removing hypertrophies, adenoids, tonsils and spurs. He has shown us syphilitic ulcers in the fauces and cases of tonsillitis. Dr. Hoffman has been limited as Dr. Owen, but has shown us very fine cases of eczema and psoriasis. Dr. McClanahan's cases, being young children, cannot get over to the college when very sick, so he has been limited to cases of grippe, acute colds, bronchitis, measles, skin diseases, adenoid vegetations, tonsillitis, tuberculosis, hereditary syphilis, intestinal disturbances and vaccinia. One very interesting case on his hands for nearly a

year was a 2-year-old child with facial paralysis, following catarrhal pneumonia and congestion of the liver. Under Dr. McClanahan's treatment the paralysis has disappeared, the child first regaining use of the muscles of the face, next the lids and finally the eye balls—just the inverse order in which it developed. An interesting case of cerebro-spinal meningitis at the Clarkson Hospital was shown the class by Dr. McClanahan recently, in which the irregularity of temperature, dry tongue, delirium, opisthotonus and sluggish capillary circulation, were very prominent symptoms.

Dr. Allison's clinics, 2—3 P. M. Tuesdays, have been supplied the past year on a special line of ulcers over tibia, the importance of which Dr. Allison duly appreciates, and has shown the student how to make his bread and butter. Varicose veins have been often associated with these and some of the ulcers have been specific. Stricture of the urethra and method of treatment for chronic urethritis has been well illustrated. Syphilitics have frequently come before the class in these clinics. Hernia and truss fitting has been demonstrated before the class on living subjects. A complete course in genito-urinary, perineal and rectal surgery, has been given in lecture during these hours and well illustrated.

Wednesday morning the class would go to the M. E. Hospital and watch Dr. Jonas operate from 8:30 to 11:30 and 12 M. There is scarcely a thing in surgery left to demonstrate after this wholesale slaughter of tumors, epitheliomata, sarcomata, fibromata, chondromata, osteomata and all kinds of cysts. He has been stretching nerves, chiseling, hammering, spooning, sawing and wiring bones, curetting mucous membranes, stripping spinal vertebrae, cutting away cicatrices, sewing, skin-grafting, repairing perineal tears, cervical lacerations, doing hysterectomies, operating for appendicitis, draining all manner of abscesses, attacking all the elective points and areas of inflammation, cutting into joints and aspirating, taking out loose bodies in joints, loose cartilages in the scrotum and loose stones in the bladder or bladders, and taking them out when not loose, doing tenotomy, straightening club feet, and Dupuytren's contraction of thumb and fingers. The editor of this department came in late one morning and found the whole side of a man's face and neck missing, lacerated, jaw gone and only the tongue left for a landmark. In a very few minutes everything was



Medical and Dental Departments, University of Omaha, Omaha, Neb.





restored and then this man looked comparatively decent. At another time it appeared that a young lad was to be *completely* lacerated from head to foot for his multiple osteomyelitis, but he was put up again in good shape,—better than ever.

At from 2 to 3:30 P. M. Dr. Gifford has shown the class from 8 to 12 eye cases every Wednesday and operated on several of them. These have included inflammatory affections of the conjunctiva, sclerotic coat, cornea, lachrymal glands and ducts, whole uveal tract, iris, ciliary body and choroid, the retina, optic nerve, lens and humors of anterior, middle and posterior chambers; all manner of deformities of congenital deficiencies, and traumas from simple gun-powder peppering to rifle bullets or projectiles. Nothing has been left untouched and to read a standard work on the eye after such a course is an easy thing to do. On Thursday 3—4 P. M., Dr. Gifford has supplemented his hospital work and lectures with both eye and ear clinics, teaching the student the use of instruments and methods for diagnosis and treatment. Nearly every member of the class has thus examined the oculus profundus, made out the optic nerve and retinal vessels and diagnosed inflammatory and atrophic conditions therein.

Thursdays, Dr. Gibbs has a happy faculty of getting the students interested in the patient, which is very much appreciated in clinical work. These cases have been the dyspeptic, constipated, bilious, malarious, "grippy," consumptive, diabetic, nephritic—those suffering from nervous, pulmonic, cardiac, intestinal and mental disturbances. Dr. Gibbs keeps a record of every case that comes into his clinic, which, if every clinician would do, and do it systematically, scientifically, thoroughly, it would contribute an immense fund of reliable, scientific data to the profession and to this department of THE PULSE. Only about one half the data is discoverable in the records on the strychnia treatment of a quite important case of tuberculosis, and that with such important omissions of dates and doses, and prescriptions, as to be unintelligible. But it must be said that this treatment has been quite successful in the hands of both Dr. Gibbs and Dr. Milroy.

On Fridays, Dr. Milroy's clinics are the same as Dr. Gibbs—pertaining to general practice.

Dr. Aikin has supplied Dr. Milroy's clinic a few times with a neurological clinic, and since the first of February has been conducting regular neurological clinic's on Wednesday, 1—2 p. m. The class of '99 owes him much for inviting them out to a special case of cerebral hemorrhage, and for his post mortem on the same, showing up the capillary or miliary aneurysms in the cortex.

On Friday mornings the class was generally called to surgical clinics at the Clarkson, M. E. and Presbyterian hospitals. Dr. Allison has had difficulty in finding odd hours for the class in which to demonstrate the more important things in abdominal, perineal and rectal surgery; yet we have seen him remove several peritoneal cysts, both of the tubercular and the non-infected variety. We have watched him operate in all the major areas of inflammation, do curettements, perineal repairs, amputate an elongated cervix, clean out perineal abscesses, and fistulae, remove piles, reduce hernias, varicoceles and take out a hydrocele. His removal of a large system of varicose superficial veins beginning in the foot and leg and extending far up the thigh, deserves mention also in this connection.

Saturdays are the great days for clinics. All the hospitals of the city have been visited on these days—St. Joseph's included. The regular work is conducted at the County and Immanuel hospitals. At the County, surgical pathology has received forcible illustration. Syphilis has been a specialty there, its complications and sequellae being carried out on an extended scale:—apoplexy, insanity, arterio sclerosis, hemorrhage, nephritis, strictures of urethra, bowels and of the very stomach itself; prolapse of the bowels, prolapse of the entire abdominal viscera, (presenting simultaneously at both anal and vaginal orifices in diameters greater than a foetal head!) ulcers, abscesses, fistulae, chancres and chancroids, etc., etc. Angiomata, fibrous and cystic tumors have been removed before the students by Drs. Jonas and Summers. Vesicocele and rectocele have been treated by Tait's operation by Dr. Summers. Bassini's operation has been performed before the students once here, twice at the Presbyterian, twice at the Clarkson and three times at the Immanuel. Fractures of various kinds have been shown the students here and at Clarkson by Dr. Summers. Patients frequently come to the County infected with granulating

wounds following amputations and traumas. The medical clinics here conducted by Drs. Bridges and Milroy give us everything acute and chronic, particularly the latter, in the line of general medicine.

At the Immanuel Dr. Davis has operated before the class for hernias, joint affections, torn perineum, (Emmet's) piles, appendicitis (two), two amputations of thigh, and on Thursday, the day of commencement, the 21st, he demonstrated the use of the Devilbus trephine and craniotome on a case in his charge at the Immanuel.

The gynæcological clinics at the college under Dr. Brown have specially illustrated mal-positions of the uterus, in nearly every case connected with a laceration. Drs. Brown, Davis and Allison have each demonstrated very clearly the involvement of the levator ani muscle in these tears, and the advantages of the Emmet operation for restoring the muscle. Various inflammatory affections, simple and specific, enlargements of the uterus and ovaries, tumors, cysts fibromota etc., have also been demonstrated in this clinic.

The obstetrical clinics have been conducted by the members of the senior class, —two at a time. Eighty six cases have been waited upon thus, about 7 for each member, leaving out Dr. Spencer who received sufficient experience in that line under a Des Moines doctor. This is certainly an exceptional record as most colleges can afford their students so little experience in this line some must go out into practice without having seen a case.

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## Alumni Department.

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DR. GEO. H. BICKNELL, '95.

Dr. H. E. Burdick, the editor of senior notes, won first place in the final examinations this year. After visiting friends and relatives in Storm Lake, Iowa, he begins a two years term as interne and House Surgeon in the Wyoming General Hospital at Rock Springs, Wyo. This Hospital is under the supervision of the able surgeon, Dr. Harvey Reed, and affords a large amount of valuable experience to those fortunate enough to secure interne-

ships therein. Dr. Burdick's great modesty perhaps prevented the mention of these facts in his department and we take great pleasure in doing it for him.

It is evident that the O. M. C. Alumni Association as at present organized is moribund if indeed rigor mortis has not set in. This being our last appearance as Editor of this department we feel privileged to rise for a brief period from the safety valve of our indignation upon which we have for some time past been sitting. This year the Association held no meeting for the purpose of initiating the graduates of '99 and in fact only one officer of the Association was present at the Banquet and Commencement exercises. Next year we should reorganize upon a new and entirely different basis; there are now over twenty graduates of the Omaha Medical College practicing medicine in Omaha and it should be an easy matter to form an association which would be permanent.

The editor of this department has made earnest effort each month to obtain items of interest regarding the Alumni, their whereabouts and doings, and in his endeavors he has had the constant support of the faculty and the Editor in Chief. Considering the above facts many are probably mildly astonished to see so little in these columns in regard to their old friends and classmates. The difficulty experienced in eliciting replies from those who should assist in making THE PULSE of special interest to Alumni is well illustrated by the following. Sometime ago the Editor conceived the idea of writing to each member of the class of '98 asking him to write us a few lines for publication, giving his address and anything concerning his work and prospects which he might deem proper to send. Three men only, in a class of twenty-eight responded to the personal letters sent them containing this urgent request. Below will be found the letters of the faithful three.

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WYOMING, IOWA, April 5, 1899.

*Dear Pulse:*

Replying to yours of March 28th will say I am located in Wyoming, Jones Co., Iowa, a wide-awake town having a population of a little over 1000. I located here the first of last December. There are counting myself three physicians here but there is a good

territory surrounding the town and I am getting my share of business. As I am some distance from any of the O. M. C. graduates, THE PULSE is a very welcome visitor. Long may it and the O. M. C. prosper.

Yours Very Respectfully,

R. E. WRIGHT, M. D., Class of '98.

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NEW YORK, April 5, 1899.

*To the Editors of the Pulse:*

My Dear Doctor:—I greatly appreciate the opportunity you so kindly offer to greet the class of '98. It was my good luck to choose the O. M. C. as my Alma Mater and I think my good fortune has not deserted me in my present appointment. My work is confined entirely to the eye. The clinic here is very rich, annually 25000 cases. My term is 18 months commencing January 1899. There are five doctors on the house staff. My heartiest greeting to the O. M. C. which shall ever lay claim to my love and loyalty.

Very sincerely,

H. B. LEMERE.

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SARGENT, NEB., April 3, 1899.

*Ed. Pulse, O. M. C.*

My Dear Pulse:—Per request will say that my experience so far in the practice of medicine, has been very satisfactory to my self if not to my patients. But must say that I still have a few things to learn, relative to practice. I have discovered the fact, that all cases we come in contact with are not as typical as the Text Books describe, and one must be able to grasp the situation and use his best judgment, if he would be successful. Recently I have changed my location, not because the other fellow ran me out, but because I thought to better my condition. Have not yet taken a partner as my friend Murdock did, but am meditating about incompatibles. Trusting the O. M. C. boys will still keep THE PULSE beating, I am yours per order.

R. B. MULLINS.

# Class Talks.

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## SENIOR NOTES.

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H. E. BURDICK, '99, Editor.

Stokes will enter the Methodist Hospital as interne, on May 1.

Updegraff will remain in the city for the present and will act as assistant to Dr. Brown in the gynæcological clinics at the college.

Beatty contemplates locating in Omaha and will no doubt be very successful in building up a large practice in the near future.

Mercer intends to remain in Omaha for the present and will act as assistant in the medical clinic at the college during the summer.

Westerhoff will locate at Fairbury, Neb. He started for his home on Tuesday, where he will visit for a few days before beginning his practice.

Spencer and wife moved to Des Moines, Iowa, recently where he will enter upon the practice of his profession. We wish him success in his work.

Peterson has secured the interne-ship at the Swedish Immanuel Hospital for the coming year and entered upon his duties at that institution recently.

Kelly intends doing some hospital work for a time, after which he will enter upon the work of a medical missionary for which he has been preparing himself.

Bauguess started for Hardy, Neb., on Monday, April 24, where he has secured an excellent position as assistant to one of the physicians of that place.

Strader will take a well earned vacation and visit relatives and friends in Nebraska and Illinois, after which he will enter upon his work as assistant to Dr. Gifford.

James is visiting his parents and relatives at Nebraska City at the present time. He contemplates taking a course at the college of Physicians and Surgeons of New York City during the coming year.

Finney departed for Saratoga, Wyoming, on April 22. He practiced at that place last summer and has the advantage of an extensive acquaintance with the country and people and his success is assured.

The senior class men are rejoicing over the fact that no member of the class was "plucked," and are now busily engaged in examining the maps for suitable locations. Some have already decided upon their future homes.

Examinations are now over and the session is ended. While some of the examinations were not easy, yet it is the unanimous opinion of the class that it was a fair test of the year's work and there is general satisfaction over the result.

It is with a feeling of mingled pleasure and regret that we slip out of college and turn over the privileges due a senior to our junior friends. Pleased that we have successfully completed our course, and regret, that we are to separate from our classmates and friends with whom we have been associated during the past few years. This feeling of regret is greatly modified however by the thought that we may be in constant communication with each other, if we so choose, either by personal letter or through the columns of THE PULSE.

The senior class was royally entertained by Dr. and Mrs. Allison, on Wednesday evening of last week. During the course of the evening's entertainment, the skill of the members of the class in parlor archery, was put to the test and a lively contest ensued, for the winner was to receive a handsome clinical thermometer and case. After a close and exciting contest, Kelly was declared the winner and received the prize. Refreshments were then served and the evening's entertainment brought to a close. It is the unanimous opinion of the class that the Dr. and Mrs. Allison are without a peer as entertainers.



The evening of April 18, witnessed the most successful banquet and social entertainment ever given to a graduating class by the undergraduates of the O. M. C. The departure from the old time custom of giving a reception was a great improvement and the graduates greatly appreciated the effort put forth in their behalf.

The students gathered at the Y. M. C. A. Building promptly at 8 o'clock and were soon followed by the faculty, who brought the welcome news that all members of the graduating class had succeeded in standing the test, thus putting every one in the best possible humor to enjoy the pleasures of the evening.

The company then assembled at the banquet board and for two hours feasted on the bounty of the land, while sweet music was dispersed by the orchestra and mirth, jest and pleasure reigned supreme. Toasts were then in order and the undergraduates were fortunate indeed in securing as toast master, Dr. Bridges, whose wit and satire kept the company in a constant convulsion of laughter.

The address of welcome was well delivered by W. H. Betts '00 and was responded to by H. S. Finney '99.

Dr. W. H. Christie then responded to the toast "Success in Medicine," and gave advice that all would do well to profit.

On "Reckoning Ahead" E. A. Van Fleet '02 did himself proud and acquitted his class with credit.

The response to "Self Reliance in Medicine" by Dr E. W. Chase, was the mirth provoker of the evening, and was in his own characteristic style, so familiar to us all.

In responding to "Our Class" E. L. Rohlf '00 dissected each member of his class in so satisfactory a manner as to leave no room for improvement.

The "Relation of Practitioner to Specialist" was responded to by Dr. H. M. McClanahan and the graduates would do well to remember and apply the rules laid down and advice given by Dr. McClanahan.

"Our Aim" was ably responded to by H. P. Reichenbach '01.

On "Advantages of Post-Graduate Abroad" Dr. A. F. Jonas spoke extensively and gave the students the benefits of his observation of schools abroad and at home and the information he gave is of great value to us all, especially to a young physician who intends taking post-graduate work.

"The Medical Student" was responded to by H. E. Burdick '99.

## JUNIOR NOTES.

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Brewster will mix drugs this summer at the college clinic.

Shockey has left the Presbyterian Hospital and gone to Hastings. He will probably be in Omaha later on in the summer.

Overgaard was seen on the county ambulance recently. He says his address will be the county hospital this summer.

As a class we take pleasure in extending to the Doctors of '99 our most sincere congratulations and our best wishes for their future success.

From the standpoint of the undergraduate the manner of conducting the commencement exercises was highly commendable and we hope to see it followed in the future.

The bachelors of "Dugan's Alley" have disbanded for the summer. Dietetics seems to be their hobby and we are looking for something new from them on this subject after the summer's research.

The victims of the squibs that have appeared from time to time in this department, were recently exonerated at the editor's expense. We intended to do this ourselves but of course in a different way. Instead of admitting infallibility we would say something like this; when you are at fault you don't need to go through a medical library for consolation, but read any of Mark Twain's stories. This is what we find: "The old saw says let a sleepy dog lie." Still when there is much at stake it is well to let a newspaper do it.

After three years of waiting and "work while you wait" we find ourselves entitled to begin the next college session as occupants of the line of seats sometimes referred to as the row for "high foreheads" or "long faces." Seniors have declared those seats

abominable, conducive to deformity, blasphemy and other undesirable states of body and mind, but as they graduate and become successful practitioners before the condition becomes chronic it seems to be an essential environment. If we inherit the virtuous half from three, years on the back seats we are willing to risk the half that environment is said to play in our career on the front seats.

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### SOPHOMORE SIFTINGS.

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E. H. SMITH, '01, Editor.

S. B. Hall contemplates staying in the city during the summer.

Dr. Lavender gave the class several special quizzes during the latter part of the term.

Benawa, a member of the class during the session of 1897-8, "is on the road" for the Omaha Surgical Supply Co.

Wainwright and Shook were "ailing" for a few days, but were not kept away from their school work very long.

Emerson was called home on account of the sickness of his father and could not respond on behalf of the class at the Banquet to the Seniors.

Rings left for Chicago after exams., where he is to further pursue the studies of a medical course at the P. and S. during the summer months.

Mr. and Mrs. Ames, the latter of whom for sometime held the position of matron of the Presbyterian Hospital, moved to quarters near the college a short time before the close of the session.

Hackabarney Hall held the position of steward of the Boarding Club for a while. Consult him on matters pertaining to domestic economy and prices current for "Mrs. Cudahy's Butter."

A petition was circulated among the students which obtained a number of signatures, requesting the setting apart a room for athletic purposes. Some attention paid to athletics might result in good to the college.

During your practice this summer, don't forget yourself and think of the dose of atropine sul. as 5-20 gr. or that of Olei Tigllii as  $\frac{1}{2}$ -12. If you can do no good be sure and do no harm. Remember Dr. Christie's last lecture and do not give cowhage to invite, hence the festive parasite "basking in the sunlight of the Solar Plexus."

The work of the session of 1898-9 is over and the students of the O. M. C. are scattered over the great Middle West. There has not been much change in the personal of our class since we came to the college in the fall of 1897 and were "tossed." We are no longer novices in the college ways. We can make a noise and sit with our feet upon the railing of the "bull pen," (But we are wise enough not to keep them there during Dr. Lavender's lectures.) Some are not with us who were of our number last year, and there are others who did not begin when the class of '98 uttered its first yell. So far as we know, Tinley, who is with the 51st Iowa Regiment in the Phillipines, has gotten farthest from the "lobby." Let us come back next fall with our sleeves rolled up and let us make our class a "giant cell" among the classes of the O. M. C.

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## FRESHMAN LOCALS.

J. A. PETERS, Editor.

Willis expects to spend his vacation in Salt Lake City.

Morsman recovered from a second attack of measles in time to take the final examinations.

McDowell will do hospital work in Gordon, Neb., this year. Cooper expects to be employed similarly in Kankakee, Ill.

Mantor, Yoder and Rundstrum went home election day to aid in electing the proper men to office in their Municipal government.

Benson, Chapman, Keys, Van Fleet, Rathburn and James represented the Freshman class at the Alumni banquet, Thursday evening.

While visiting at home the latter part of the term, Keyes enjoyed the pleasurable excitement of a runaway. No injuries to himself or his—partner is reported.

The friends of D. G. Griffith may address him either at Verdin, Peru or Wymore. His home is at Verdin but his heart is at present in Peru, at least that's where he sent that magnificent bouquet last week.

The Freshmen present at the Junior banquet, as well as members of other classes, speak very highly of the oration delivered by Mr. Van Fleet on that occasion. His subject, "Looking Ahead," was well chosen and its preparation shows a large amount of careful study.

The record made by the present Freshman class is certainly an admirable one and one of which the class may well feel proud. While the markings of final examinations have not yet been received, it is safe to predict, judging from past records, that the entire class will next year, be entitled to the rank of Sophomores.

Cooper, not finding sufficient work in a first year's medical course to occupy all of his time, has been working as a side issue the subject of (De) Graff—ting. This, he says, has afforded him a great deal of enjoyment, as he found it a most delightful study. He feels confident that he has mastered the subject and says he hopes later on to take up "De" Graff—ting business as his permanent occupation.

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Nichols Estevez, formerly Minister of War of Spain, addresses the people of the United States through an article in the May number of the North American Review, showing them how in the administration of their new possessions they can gain wisdom by studying the errors and blunders in the colonizing methods of Spain.

In view of our recent acquisitions in the colonial line, a paper by Oscar P. Austin, Chief of the United States Bureau of Statistics, in the May Forum, on "The Colonies of the World and How they are Governed," is particularly apropos. Mr. Austin describes the methods of colonial government adopted by the principal colonizing countries of the world, and gives his reason for assuming that our new possessions will prove a good investment commercially. In the same number, under the title "War's Aftermath," W. Kinnaird Rose, who was Reuter's war correspondent in the late Soudan campaign, gives some really remarkable figures showing how small is the proportion of fatalities in actual battle compared to the losses by disease resulting from climate, indifferent food, and exposure.

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**MR. FELLOWS, 48 Vesey St., New York.**

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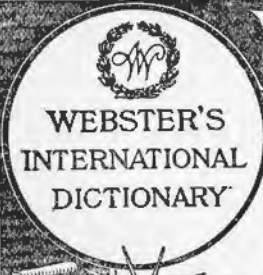
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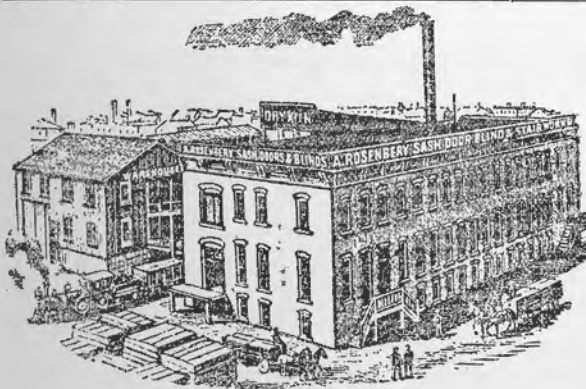
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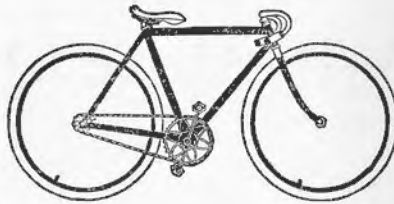
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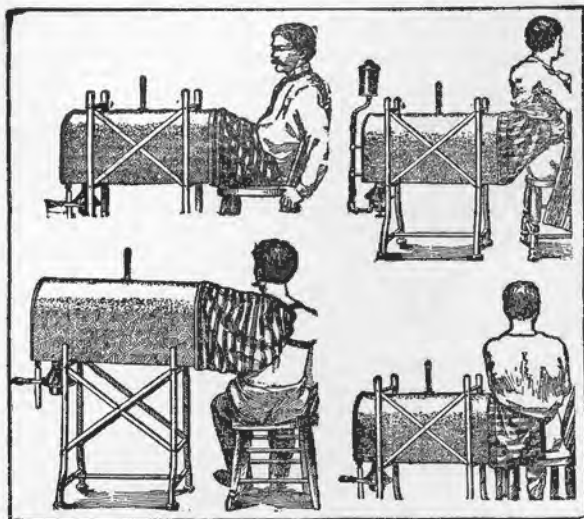
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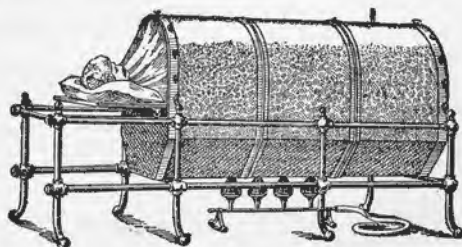
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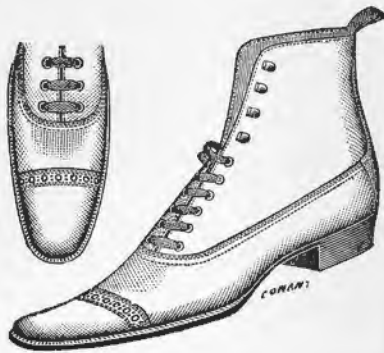
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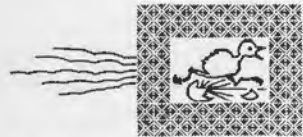
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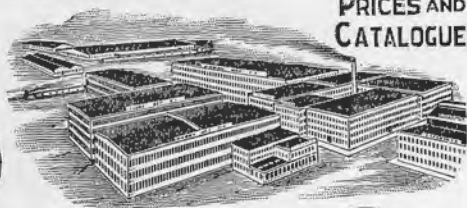
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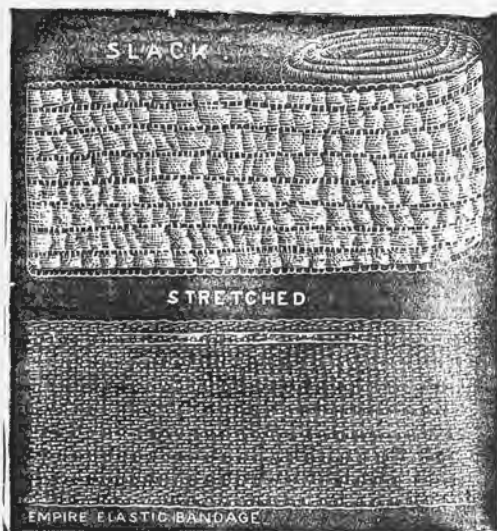
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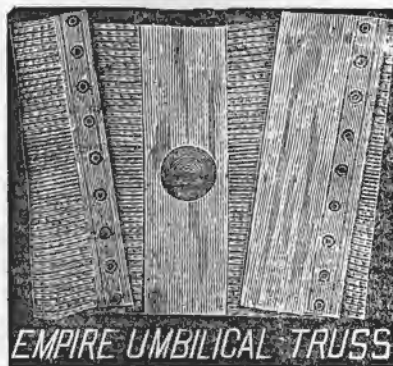
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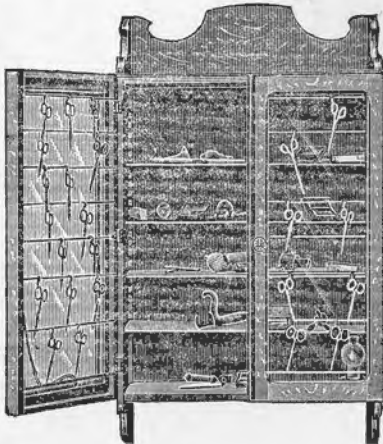
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