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Clear Stade

UNIVERSITY OF NEBRASKA



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

Vol. 3.

AUGUST, 1899.

No. 1.

#### CONTENTS.

Uterine Hæmmorrhage, Ewing Brown, M. D 3 Case of Brain Cyst, B. B. Davis, M. D 5 The Omaha Medical College, W. F. Milroy,	Оп
M. D	Sui

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An Alu	mnus	Abroad,	A.	KOEF	BER.	M. 1	D		. 19
Jmana	Medi	cal Lab	orati	orv.					99
riumni	Depa	rtment.	GEC	<ol><li>H.</li></ol>	Віск	NELL	M	D	92
Summe	r Clin	ics,					,		94
ocals.									07

# Omaha Medical College,

Medical Department University of Omaha.

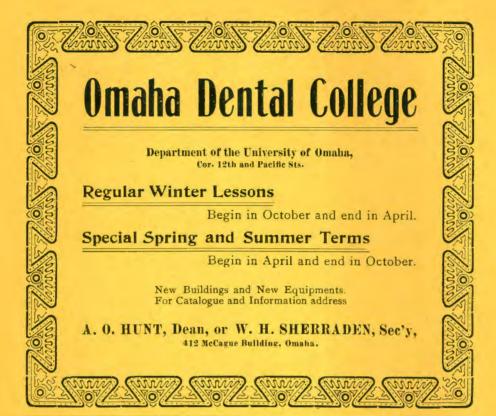
The Nineteenth Annual Course of Lectures will begin Oct. 1st, 1899, and continue seven months. The Nineteenth Annual Course of Lectures will begin Oct. 1st, 1899, and continue seven months. Instruction will be given in the following branches: Anatomy, Physiology, Chemistry, Histology, Biology and Embryology, Materia Medica and Therapeutics, Practice, Obstretrics, Surgery, Diseases of Children, Medical Jurisprudence, Neurology, Ophthalmology and Otology, Laryngology and Rhinology, Gynæcology, Venereal Diseases, Pathology and Bacteriology.

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The instruction is given by scholastic and clinical lectures, by recitations, and by practical manipulations by the student. The clinical advantages are in many respects unsurpassed. Four years' course is now required.

For further particulars, address the Secretary,

EWING BROWN, M. D., McCague Building, OffAHA.



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CHARGES—\$5.00 in ward and \$10.00 to \$25.00 in private room, per week prepaid. Resident physician always in attendance.

REV. E. A. FOGELSTROM, Manager.

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EWING BROWN, M. D.,
Professor of Gynaecology, and Secretary
Omaha Medical College

# The O. M. C. Pulse.

VOLUME III.

AUGUST, 1899.

NUMBER 1

#### UTERINE HÆMORRHAGE.

BY EWING BROWN, M. D.

From investigation regarding the uterine discharges, a study of the pain complained of, and a bimanual examination we derive the greater part of our information on which to base a diagnosis in the majority of uterine and pelvic diseases of women. The first of these, leucorrhoea and haemorrhage from the uterus, should be considered as symptoms only rather than diseases of themselves, and are often among the first and therefore the more important indications for investigation. Perhaps too much stress has been laid upon the difference between metrorrhagia and menorrhagia as though they were distinct conditions, whereas they blend the one into the other. Neither one persists long and is severe as a rule without the other being added and the etiology of them is nearly the same in cases which are markedly severe and protracted.

Perhaps a better division of uterine haemorrhage is into two classes. The one where there is sufficient loss of blood to produce anaemia and the other where there is only slight haemorrhage. The first is found most often as a result of pregnancy, with fibroids (interstitial or submucus fibroids being the varieties most often producing marked haemorrhage, and this on account of the accompanying metritis and endometrits), or in advanced cancer in the lower half of the uterus. The latter or minor haemorrhages are most often associated with retrodisplacements of the uterus, laceration of the cervix, subinvolution of the uterus, abnormal conditions of the blood vessels, endometritis (with which is always associated also more or less metritis) and diseases of the adnexia.

Regarding the period of life, excessive bleeding in virgins under twenty years of age or near this period of life is more often caused by simple congestion from cold, sexual excitement, shock or over exercise. In unmarried women over twenty years of age

polypi and myomata are frequent causes (polypus being more frequent between twenty and thirty years of age and fibroid between thirty and forty). In married women, pregnancy, including abortion and ectopic gestation, with the sequelae so often found are causes. In women over thirty-five who have borne children always suspect cancer. After the climacteric period haemorrhage is nearly always due to cancer. No woman who has had children should be treated for severe uterine haemorrhage unless the physician has first made a vaginal and bimanual examination because, (1) bleeding is often the first and only symptom of malignant disease of the uterus (2) such treatment will often reflect little credit upon the attending physician, not being based upon a proper diagnosis. In virgins a vaginal examination is seldom required, for we do not expect cervical troubles either benign or malignant and much more can be detected by a rectal bimanual examination under an anesthetic than by a vaginal examination, if any were advisable. Cancer of the cervix and os are less often found in married women, proportionately, than malignant disease of the fundus which is less rapid in growth and also in affecting adjacent parts, hence delayed recognition is less dangerous to the patient.

The first essential in the treatment of any bleeding from the nterus is absolute rest in bed. If a sedative is required bromide of soda should be used rather than opium or its derivities. No alcohol in any form should be given the patient. In the treatment of fibroids only two medicines appear to have any power whatever to control the bleeding. These are the fluid extract of hydrastis and ergot. For subinvolution accompanied with hemorrhage the use of chlorate of potash with ergot will often be found the best of treatment. At the climacteric period bleeding, at this time and for no other cause, is often well treated with tincture of digitalis sometimes with ergot.

No human eye ever encountered a prettier spectacle than that of the illumination of the Grand Court at the Greater America Exposition. Grand as were the electrical effects last year, they are far surpassed by the heauty of the spectacle this year. This feature alone is sufficient to repay one for the time and money spent in visiting the Exposition.

# CASE OF BRAIN CYST—OPERATION—RELIEF OF SYMPTOMS.

BY BYRON B. DAVIS, M. D.

The case here reported is not in any way unique and possesses value only with respect to diagnosis and the advisability of operation. Reports in cerebral surgery have been so variable and views held so diverse that every case, successful or unsuccessful, is valuable as a factor contributing to a more settled plan of action.

G. N——, a German farmer, aged 47, entered Immanuel hospital, Jan. 25th, 1899. Is married and has five children, the youngest being two years old; all healthy. Is reported to have been a healthy man until July, 1896, when he had what was supposed to be a sunstroke while working in the harvest field. He fell and had to be carried to the house but in a few hours was about again, no physician having been called. From this time he complained of almost constant headaches; his mental condition seemed to deteriorate, he was apathetic; every week or two he had a convulsive attack and would often fall, but the convulsive movements were not severe, never general, and it was thought he did not lose consciousness.

This state continued about the same for one year, or until July, 1897. He was again working in the field and fell, but was able to get up and walk to the house, though his right foot dragged, his right arm and right side of the face were paralyzed, and he was unable to pronounce words.

The above condition has continued to the present time without any great change except a gradual accentuation of the symptoms and the onset of other symptoms to be mentioned. He has been confined most of the time to the bed. His relatives think his mental state has been growing gradually weaker, but whether the aphasia does not give them this impression is a question. The convulsive attacks have continued but more frequently than before averaging three to five per week. The last few months there have been occasional attacks of vomiting not especially dependent upon what he has ingested. Sudden changes of position make him dizzy.

Two months ago his wife detected that he could not see objects in the right visual field. Six weeks ago he began to have incontinence of urine. The urine dribbling away almost constantly. Has been constipated all the time, but not obstinately so.

#### PRESENT CONDITION.

A small, dark complexioned man, fairly well nourished, with prominent rather wild looking eyes; conjunctivae injected. Seems to understand what is said to him but cannot find words to answer; motor aphasia. Right side of face expressionless, cannot whistle. Right arm and forearm almost completely paralyzed, the fingers being flexed; claw hand. Right leg not so completely paralyzed as the arm, but is unable to walk. Some atrophy of muscles of arm and leg, but not excessive. Has right homonymous hemianopsia; no ptosis. Pupils normal; double optic neuritis. Urine dribbles from bladder, but there are only three or four ounces of residual urine. No bed sores.

Although no trace of syphilis could be found and his healthy children spoke strongly against it, it was decided to obey the so often repeated dictum and give iodide of potassium while watching the case. The doses were rapidly increased for ten days, but as the symptoms were growing progressively worse the treatment was stopped.

Feb. 8th, 1899. He has been carefully watched during the past two weeks. Has been seen several times by the nurse to have covulsive movements of the right side of the face, right arm and right leg, but never has the seizure been general, and in no instance could the nurse be positive that consciousness had been lost. The conjunctivae become deeply injected at such times and so remain for several hours when they gradually resume the natural color. The convulsive attacks are followed by heavy sleep.

Often complains of severe pains in left side of head, worst in temporal region. Beseeches me daily by signs to perform an operation upon his head. Vertigo on sudden change of position is very marked. Since entering the hospital there has been an increasing degree of somnolence, it being at times impossible to arouse him from the deep stupor into which he falls. The progressive character of the disease makes it imperative that if there is to be any operative intervention it must not be delayed.

The location of the lesion does not seem to be in much doubt. With the hemiparesis, the motor aphasia, the hemianopsia, a lesion in the region of the Rolandic fissure extending into the frontal lobe, especially into the third left frontal convolution and downward enough to involve the optic tract back of the point of decussation in the chiasm was plainly indicated.

The nature of the lesion was not so clearly made out. The present symptoms suggested strongly the existence of a neoplasm, but the early symptoms were apparently so antagonistic to this view that I had great difficulty in fitting together the apparently contradictory set of phenomena. The abrupt onset, the falling while exposed to extreme heat, the sudden supervention of paralytic symptoms did not seem to point at all towards a neoplasm; while the severe pain, vertigo, optic neuritis, and progressive symptoms were not what one would expect from a hemorrhage.

The erroneous conclusion was finally reached that a true sunstroke had occurred in the first instance followed by a chronic pachymeningitis interna. Later, at the time of the second fall, with supervention of paralysis a hemorrhage from the thickened and inflamed dura seemed probable—pachymeningitis hemorrhagica. In the course of time a cyst might have developed from the blood-clot whose slow growth would explain the progressiveness of the symptoms. The pain was attributed to the meningitis. This theory seemed to fit the entirety of the symptoms more perfectly than any other.

The next question demanding an answer was: "Is an operation advisable?" Generally speaking operations in the presence of meningitis have been disastrous and are not countenanced by our best authorities. But in this instance there was apparently a different condition from that which usually obtains in an ordinary meningitis. The favorable experience of Dennis in those cases in which blood-clots or cysts are found beneath the membranes was uppermost in my mind when deciding upon operative intervention.

Roswell Park ("Surgery by American Authors," Vol. II, p. 581), says of pachymeningitis interna: "It is frequently the occasion of a firm membranous exudate upon the internal surface of the dura, which forms in time a new membrane rich in small and extremely friable vessels, from which hemorrhages easily occur, thus

giving rise to the condition of pachymeningitis hemorrhagica. Trifling hemorrhages will produce little or no disturbance; when of greater extent they may give rise to localizing brain symptoms. These extravasations may absorb or undergo fluidification; i. e., produce localized or cystic collections of fluid."

Feb. 11th, 1889, 2.30 p. m.: Operation. Dr. C. L. F. Swanson, the house surgeon, gave ether and I was ably assisted by Drs. Detwiler and Christie. The students of the Omaha Medical College were present. A horseshoe shaped osteo-plastic flap, base down and forward and with a diameter of three inches was raised so as to expose the left motor area and posterior part of the frontal convolution. No meningitis found, but the dura bulged prominently into the opening. A dural flap was now elevated corresponding in shape but somewhat smaller than the osteo-plastic window. Superficial fluctuation of the greatly bulging brain was at ouce apparent. An exploring needle reached the fluid which consisted of clear straw-colored serum at not more than one-quarter inch from the surface. A larger opening was at once made and an ounce or more of serum evacuated. The finger could now be inserted into the cavity which was as large as a good sized hen's egg. There was no true capsule capable of removal. It was therefore necessary to be content with packing the cavity full of sterile gauze, one end of which was allowed to protrude from the external wound. The osteo-plastic flap was now clapped back into place, sutured with silk-worm-gut, and a sterile dressing applied. There was very little shock and the patient was put to bed in good condition.

Feb. 12th, 1899. Temp. and pulse normal, but stupor is as

profound as before the operation.

Feb. 13th, 1899. Tempr 100 degrees, pulse 84, stupor about the same. Changed dressings. The gauze tampon was removed from the cyst cavity and only a narrow wick of gauze used to take its place.

Feb. 14th. Temp. 99 3-5 degres, pulse 84. Stupor has passed away and the patient takes a lively interest in what is going on about him. Asserts that the pain from which he has suffered so long and so persistently has entirely gone.

Feb. 15th. Continued improvement. At his own request was allowed to sit propped up in bed. States that the vertigo has passed away.

Feb. 16th. The facial and other paralyses seem slightly better. Can speak a few words.

Feb. 18th, one week from the day of the operation. With a little assistance he walked into the operating room, where he was able to tell the students that he felt very much better, that he had no headache and that he could use his arm and leg a little. At this time could raise his arm to the level of the shoulder, but no improvement of the hemianopsia could be noted. The dribbling of the urine has ceased.

Feb. 25th, two weeks after the operation. Walks about the hospital a great deal but with a very awkward gait. Continued improvement in all respects except in the hemianopsia.

March 4th, three weeks after operation. Can shake hands and give a hearty grip. Can whistle. His gait is improving. By a little persistence is able to express his thoughts correctly. Eats well and sleeps well. The optic neurities is subsiding.

March 16th. Was discharged from the hospital and took the trip home, requiring two chauges of cars, alone. The remnant of the facial paralysis at the time of discharge was scarcely discernible. Can use arm and leg freely but still somewhat awkwardly. Aphasia is almost gone, has absolute control over the bladder with no residual urine. No change in the hemianopsia.

A month ago a letter from the patient's brother-in-law stated that he was in much the same condition as when he left the hospital except that he had been recently complaining of a recurrence of the headache. There had been no more convulsive seizures.

#### SUMMARY.

Here we had a progressive disability characterized by severe head pain, vertigo, vomiting, optic neuritis, right hemianopsia, paralysis of right leg, right arm, and right side of face, aphasia, localized epilepsy, and constant dribbling of urine. A brain cyst was drained followed immediately by cessation of the head pain, vertigo, vomiting, epileptic seizures, and dribbling of urine, with slower but incomplete disappearance of the aphasia and the paralysis, improvement of the optic neuritis, but no relief of the hemianopsia.

After the operation he quickly emerged from a condition of abject and pathetic helplessness of nineteen months duration to a state of comparative independence, cheerfulness and freedom from suffering. Although I am doubtful of further improvement and fear that the improvement noted will not be permanent, this case is an argument for operative intervention in this class of patients.

#### THE OMAHA MEDICAL COLLEGE.

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

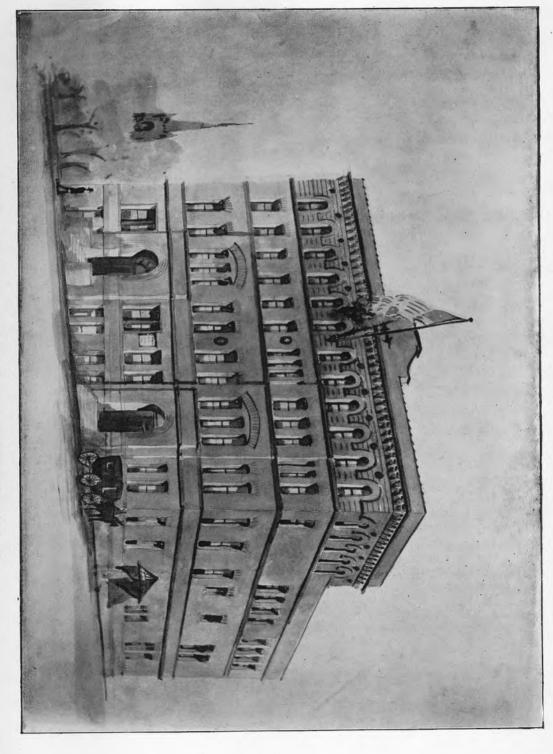
Such persons as are familiar with the Omaha Medical College and have perused the pages of the Annual Announcement, which has appeared since the last number of this journal was issued, will have noted certain changes in the faculty since the close of the last session. Thinking it may interest our friends we take this opportunity to offer a few remarks in reference to these.

First of all the fact must be ever kept before us that perpetual mutation is characteristic of the world in which we live. Let one revisit the home of his childhood from which he has been absent a score of years, as did the writer a few weeks ago, and the above remark will not appear to him only as a thread-bare formula. And this state of perpetual change is inevitable in educational as well as other institutions. Any medical college, which does not from time to time have accessions of new and younger blood to its teaching body, cannot hope long to maintain that degree of rugged virility which must characterize a faculty of the most efficient kind.

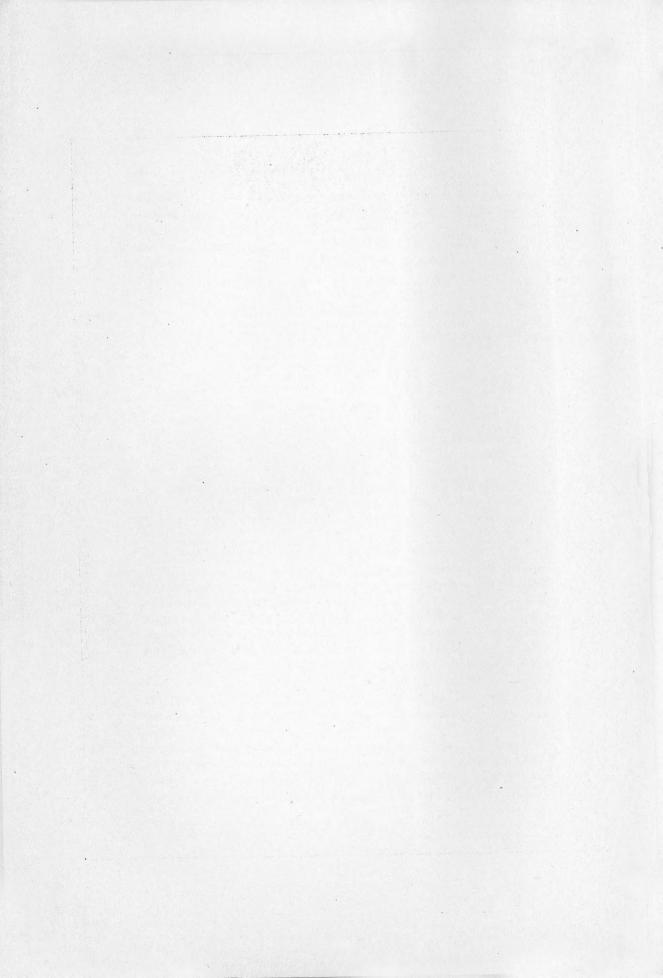
In our faculty the name of Dr. Summers will be missed from the department of surgery, though he retains his place in the board of trustees. Dr. Summers has for years had a leaning toward authorship in the field of medicine. His work upon surgical treatment, now in press, is a product of this tendency. It is his opinion that he may count for more in our profession by devoting his time, heretofore occupied by teaching, to literary work. Having, therefore, withdrawn from the faculty, we still have the benefit of his advice in the board of trustees, and we also have his promise to continue his clinics at the hospitals with which he is connected, for the benefit of the students of the Omaha Medical College.

All men are more or less in bondage to the influences of early education and social environment. To such forces may we attribute the fact that we are called upon to mention the resignation of Dr. Allison from the faculty of the college. This resignation has occurred since the Announcement was issued.

The question, now, that will occur to all is: "What are you going to do about it?" First let it be observed that there has been



Omaha Medical College, Medical Department University of Omaha.



an impression in the minds of some that, of late years, the college has been somewhat top-heavy in the direction of the surgical department. Macrae, Summers, Jonas, Allison, Davis—five strong men. The withdrawal of one and the partial withdrawal of another does not leave us altogether stranded, does it? Dr. Jonas remains, a bulwark of strength, of whom nothing need be said here. Dr. Davis, less fully, but not less favorably known to our student body and alumni, is a gentleman abundantly gifted in the graces of heart and speech as well as an accomplished surgeon. We feel that he is amply qualified to assume, with Dr. Jonas, the heavy end of this department. The teaching of Dr. Macrae impresses his students with the feeling that they are sitting at the feet of a master, as they are.

We have the pleasure of announcing that since our annual circular was published the college has been able to add to its staff of instructors the name of Dr. J. C. Anderson. The doctor has enjoyed exceptional educational advantages in this country and in Europe and has also had experience as a teacher in medicine. He has consented to undertake the work which was assigned to Dr. Allison, and we are confident that it will be carried through in so systematic and thorough a manner that no room will be left for regret at the change.

The withdrawal of Dr. Lavender from the department of pathology marks another important change. The doctor is an alumnus of the Omaha Medical College, and has worked with great ability and untiring zeal and self sacrifice for the upbuilding of his alma mater. His labor is fully appreciated by the college. Owing to his success, and that of others, in promoting the growth of the institution, the time has come when it seems to be essential that some one give his time exclusively to this department. Dr. Lavender being unwilling to abandon the practice of medicine, vacated the chair. The trustees have secured the services of Dr. W. K. Yeakel for the position. He will have charge of all of the microscopic laboratories, with the exception of the laboratory of biology. Dr. Yeakel comes to us from Chicago, where he has had a large experience in this line of teaching. He is most highly endorsed by the Chicago men and we have every reason to believe that he will maintain his department at the highest degree of efficiency. A

valuable part of his instruction will be a course for advanced students, in medical diagnosis. In this course will be contained the practical application of all that has been learned in the entire field of microscopic study during the four years of the course.

Just here we might also refer to a course in physiological chemistry by Dr. Stokes. This course is exceedingly interesting and valuable, showing the practical application of chemical science to the diagnosis of disease, as employed at the present day.

Dr. Donald Macrae, Jr., whose absence in the Philippines in military service deprived the college of his help during the last session, will be with us again next fall. In addition to his work in the department of anatomy, we may expect from him some interesting talks on modern military surgery. The department of anatomy has been further reinforced by a number of capable men and is prepared to turn out thoroughly trained anatomists. The college is under obligations to Dr. Curtis for stepping into the breach last year, during the unexpected absence of Dr. Macrae from the anatomical department. The doctor has advanced a step, and those who know him will entertain no doubt that his work will be entirely satisfactory in his new position as lecturer on surgical anatomy.

In this connection we are able to announce another important improvement. The laws of our state are very favorable to the disposition of the unclaimed bodies of dead paupers so as to promote the study of anatomy in medical colleges. At the same time the college has found it advisable to accumulate a number of bodies during the vacation period in order that there may be no lack. The most perfect method for the preservation of these, yet devised, is by the use of cold. A contract has been entered into at a considerable expense for the construction of a refrigerating room for this purpose. This involves the erection of a permanent addition to the building, but the enterprise is undertaken in execution of the design of the trustees to leave absolutely nothing undone which might contribute to the success of the institution. It has been stated before, in these columns, that we propose to have a medical school fully abreast with twentieth century ideas of such institutions. We mean every word of it.

A new departure will be noted in providing for special instruction in life insurance examinations. This has become a prominent part of the work of many physicians and Dr. Cloyd, who is at the head of the medical department of a very large life insurance organization, is well qualified to give information upon this subject.

When the last number of this journal went to press the contract for our new building had not been signed. Today the walls have been finished, the roof is being constructed and the inside work is progressing rapidly. We reproduce a half-tone of the building, which was made from the architect's sketch. It is only fair to say that since the building itself is visible it is conceded by every one that the picture falls far short of doing it justice; the reality has surpassed our expectations. Accepting the risk of repeating ourselves we will refer very briefly to the arrangements of the building. The plans of the structure erected in 1894 received careful study and were believed to contain such a volume and distribution of space as to fully meet all requirements. On account of the growth of the school and further elaboration of the course we soon became aware of a stringency in our quarters. We were able also to know exactly what additions were needed and in the light of these facts the new building is being erected. If anything of use or comfort shall be lacking when this structure is completed we are unable to imagine what it will be. Among the more important features added are the microscopic laboratories located upon the top story, thus insuring an unohstructed light upon all sides. A space one hundred by thirty feet is devoted to this use and is furnished upon a somewhat original plan to secure the greatest comfort and convenience for the students. A very large, well lighted and thoroughly furnished chemical laboratory is another new feature. An independent laboratory, large and well situated, is also secured for the class in biology. Other conveniences contributing to the benefit and comfort of students have not been omitted.

Having canvassed the whole situation it is obvious that the conditions under which the next session of this institution will be opened are materially different from those which prevailed at the close of the session of 1898-99. The effect of these changes is to greatly stimulate the enthusiasm of the faculty, who are strongly of the opinion that a strong forward movement has taken place. They confidently believe that the approaching session, which will usher them into a new century will also mark the beginning of a new era of prosperity and usefulness in the history of the Omaha Medical College.

## The O. M. C. Pulse.

Volume 3.

Mumber 1.

#### A. B. LINDQUEST, '00, EDITOR. H. A. REICHENBACH, 'OI, BUSINESS MANAGER.

Faculty Department Alumni Department Clinical Editor

W. F. MILROY, M. D. Dr. GEO. BICKNELL, 1404 Farnam St.

Publishers

OMANA MEDICAL COLLEGE.

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

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

Entered at Omaha Post Office os Second Class Matter.

## Editorial.

It is evident that the policy of the O. M. C. is to leave nothing undone that is indicated for the most efficient training of its students. The O. M. C. has always been prompt in supplying anything that a thorough course demands and in pursuit of this policy the capacity of the college has this year been doubled. Dr. Milroy's article in this number is descriptive of conditions as we shall find them this fall.

In this number we present a likeness of Dr. Ewing Brown. Dr. Brown is now secretary of the college, in which capacity the matriculates will find him ready to answer all questions and receive all moneys. The matriculation books will be open after Sept. 1st. The fee is five dollars and applies on your tuition.

The new nembers of the faculty have our best wishes for success in their new fields. They will find, as others have, that the O. M. C. students appreciate duely what is done for them and have a considerable tolerance for work and a will to learn.



We are pleased to announce that although Dr. Summers will discontinue his didactic lectures this year, he will hold surgical clinics at the Douglas county and Clarkson hospitals as formerly.



Dr. A. Koerber, O. M. C. '97, favors us with an article on his two years' experience abroad. Dr. Koerber is to be congratulated upon having had such opportunities.



In the past THE PULSE has published articles by alumni and we respectfully solicit their further favors. Keep in touch with your aima mater.



The pages of THE PULSE are open for the discussion of questions that pertain either to the student body or alumni. Have you anything to say?



Dr. B. B. Davis contributes to this number a report on a case in brain surgery, a subject in which he has interested all who have had the opportunity of hearing him.



The clinical department for this number of THE PULSE is limited to a few notes by Nielsen on the condition of the dispensary clinic as it has been conducted this summer and on what it promises to be this fall. The next issue will contain complete clinical and class notes as formerly.



A new refrigerating room is being built that will insure the best possible preservation of the cadaver. It will be at the rear of the old building.

Dr. C. A. Bradley, of Beatrice, has been invited to deliver the opening address at the O. M. C. on the evening of October 3d.

\* \*

The O. M. C. library is still in need of reference works. Send in something to help it along.

\* \*

Drs. Gifford, McClanahan, Jonas and Treynor read papers before the American Medical Association meeting at Columbus, O.

\* \*

Drs. Jonas and Lowry were appointed delegates to represent the American Medical Association at the International Medical Congress at Brussels in 1900.

\* \*

One dollar pays for a year's subscription to THE PULSE. Send us your dollar while you have it.

\* \*

It is reported that the college is to have a new X-ray laboratory. Is there something more you can suggest?

#### MATRICULATION NOTICE.

The books of the college will be open on and after the first of September for the matriculation of students for the session of 1899-1900. Students may matriculate either in person or by letter. The fee is five dollars and will be deducted from the regular lecture fee when the halance of the fees are paid. Seats will be assigned in the order of matriculation upon the college books.

The Mercer Chemical Company sustained a severe loss by a fire in the crude drug department recently. Damaged stock has now been replaced and the firm announce their ability to meet all demands of the trade.

#### AN ALUMNUS OF '97 ABROAD.

ADOLPH KOERBER, M. D.

It was spring '97 when our class, almost worn out by the intensive study which seemed to be the more endless the more it was approaching the end, reached the degree of M. D., after having successfully gone forth in more than twenty-two battles, so called different branches in medicine. I have no doubt, in fact, I know it to he the truth, that there is no medical college, no university in this country or abroad in which students work harder and are more deeply devoted to the vast domain of medicine than the boys of the O. M. C. Therefore it seemed to them somewhat strange to hear of my intention to go abroad right after I finished here. The opportunity though to perfect myself still more in the various branches of medicine as well as the desire to see my parents once more while being alive was stronger than the advices given to me in this respect and so I went, knowing it to be of great value to me some day. I reached home May 15, 1897. and it did not take me long to become acquainted with some of the leading men in Stuttgart, my native city. I took the opportunity offered to me by Prof. Heinrich Kostlin, surgeon to the Queen Olga hospital for diseases of children and adults up to 20 years. The number of operations performed during the time of my stay there was a large one. Osteotomies being frequently done for rachitic curvatures of the leg and thigh; redressement forcee (methode Lorenz) for congenital dislocations of hip joint, pictures being taken with the X-rays to prove horizontal position of neck of femur in rickets giving rise to coxa vara, (analogous to pesvarus); gun shot wounds of the skull; Colles fracture; intussusception. atresia ani; tuberculous coxitis; osteomyelitis, etc., etc. The most interesting cases were chondro-sarcoma at plantar surface, cystosarcoma of neck, sarcoma of tibia, humerus and, the most rare, of the oesophagus.

Prof. Sigel and Assistant Dr. Krauss were the physicians of the department of internal medicine. They gave me quite an opportunity to see cases of pneumonia in all stages, tuberculosis of lungs, valvular lesions of the heart, septic endocarditis with urticarial eruption, nephritis, idiopathic contractures, gastroenteritis, diphtheritic and follicular enteritis, appendicitis, as well as acute infectious and contagious diseases: Measles, scarlet fever, smallpox, diphtheria, pertussis, parotitis. In diphtheria serum was always used with good results; tracheotomy frequent but intubation never in small children. In enteritis (summer diarrhoeas) calomel in small, Tannalbin in large doses (15 grs. every two hours) with excellent results in connection with warm baths, etc., etc. During my whole term I did not meet with one case of typhoid fever. Skin diseases, eczemas, scabies, seborrhoeas, lupus and pediculi capitis very frequently came for treatment. Besides I had the opportunity to see quite a few postmortems and performed several of them myself whenever requested to do so. This was indeed a very happy time for me and I was treated with so much of collegial attention I hated to leave for Munich.

In November, '97, I matriculated as M. D. student at the Ludwig-Maximilian Universitat in Munich, and became a regular German student. I took lectures in all branches of medicine over again with the exception of chemistry and biology, thus noting the differences between American and German ways of teaching. There can be no question as to the American way being the more practical and advantageous one to the individual student because he must be present; he gets quizzed on the subject and the teacher in so keeping track of him makes him study. In Germany the professor delivers his lectures, whether ten or a hundred students are present. It does not matter to him as he is never quizzing them excepting in the clinic hours. He does not take any special interest in any one of his students, whether the student absorbs and learns something or not, is attentive or sleepy, present or absent, be is the professor and way above anything like a student. No wonder that some students hardly know the inside of the lecture room, much less what was taught in it. Of course not all are this way. You see very busy boys among them, well aware of the great advantages offered them. While there is no possibility given a man in the O. M. C. of not adding his share in becoming a devoted and conscientious physician, there is a chance in Germany for a young man to study or rather not to study for ten or fifteen years until all his money is goue, time lost, and youth passed away, and he merely adds to the number of physicians a dissatisfied, worthless member if he ever does become a doctor.

In surgery I had the opportunity to see and hear Prof. von Angerer, surgeon-in-chief of the Bavarian army, a follower of the late well known Prof. Nussbaum. He has the most modern operating room I have ever seen. The surgical hospital, built a few years ago, shows modern improvements all through. Prof. Angerer is generally looked upon as one of the most able teachers in his line besides being a very clever surgeon. During the operation he descends to the deficiences of the students in general, speaking about every step in the operation as he successively proceeds, taking care so every one is able to see what and how he does it. Every morning at eight o'clock three or four students are called down to practice and to make the diagnosis of the cases given to to them. It amused me to see those old students I referred to, or, as the Germans call them, 'alte Hauser,' mistake a bursitis praepatellaris for a tubercular knee joint.

In internal medicine Geheimrat von Ziemssen and Prof. Bauer have been my teachers. Their lectures no doubt excellent, in every way well thought and studied over, seemed to me lacking in the application of fine therapeutic measures. It seems to me that those older men cannot get down to modern therapeutics as well as the younger generation. Dr. Voit, a young adjunct professor, delivering lectures on diseases of the heart gave the best therapy of any man I ever heard, besides our professor on materia medica and therapeutics. Strychnine, never used as a heart tonic, was always replaced by Ol. camphora fortius though we know it never can take its place. Infusions of a normal saline solution also used much less frequently.

The laboratories I have seen, though well equipped with modern appliances, are old localities and everything else but modern.

After having studied there two semesters during which time I took notes in every branch, just as I did in my last year at the O. M. C., I became interne physician at the "frauenklinik" in which I chiefly studied obstetrics and gynecology under Geheimrat Prof. v. Winckel. Every physician entering the "frauenklinik" was obliged to pay for his room M. 15 a month. He will have to take a regular course of at least six months, as follows:

First month: Care of the new born and mother after parturition.

Second month: Examination of different stages of pregnancy up to labor, filling out journals, diagnosis, state how far advanced after every examination etc., etc.

Third and fourth month: Care of labor cases.

Fifth month: Gynecological ward, examination and diagnosis of different cases: Salpingitis, myoma, carcinoma cervicis, ovarian tumor, haematocele retrouterina, parametritis, etc., etc.

Sixth month: Obstetrical policlinic, (labor cases in the city.) Seventh month: Ambulatorium, (gynecological), outside cases entering the clinic from 8 a. m. to 12 m.

Besides this courses were given in obstetrical and gynecological operations on the phantom by the first assistant and on the living under direct supervision of Geheimrat v. Winckel. Any physian intending to take certain branches over again is allowed to do so. He is supposed to attend all lectures and clinics of Prof. v. Winckel, if not on duty, where a special seat in the lecture and clinic room is reserved for him. The material is abundant, Munich alternating with Berlin as to to number of medical students. After having satisfactorily pursued a course in the "frauenklinik" every interne physician is entitled to a certificate for his hospital career.

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# Alamni Department.

DR. GEO. H. BICKNELL, '95.

The following is a list of graduates of the Omaha Medical College now located and practicing medicine in this city: J. R. Beatty, Nellie Clark, A. J. Crawford, S. A. Campbell, George R. Gilbert, W. A. Hostetter, F. A. Fulton, Lizzie Fitch, Adolph Koerber, J. F. Kelley, Andrew Johnson, N. S. Mercer, S. H. Smith, Louis Swoboda, C. F. Swanson, M. O. Ricketts, Reuben Robinson, W. R. Lavender, Henry Weise, George L. Strader, A. C. Stokes, E. J. Updegraff, L. B. Van Camp, E. R. Porter.

Dr. C. S. James, class of '99, is at present relieving Dr. Cassidy, of Shelby, who is post graduating in the east.

Dr. S. A. Campbell, class of '98, who won an excellent reputation as Chief of Staff at the Emergency Hospital on the Exposition, is again in charge for the Greater America Exposition.

Dr. N. S. Mercer, class of '99, is on the medical staff at the Exposition Hospital.

Dr. Harry Burdick writes from the Rock Spring Wyoming General Hospital and says he is having all kinds of surgical experience there.

Dr. Weymuller, class of '98, who was interne at the Methodist Hospital last year, is permanently located at Millard, Neb.

Dr. J. R. Beatty, class of '99, has just had his first case of appendicitis—had it himself, but we are glad to say he has recovered.

Dr. A. P. Fitzsimmons, class of '95, who served as surgeon in the Third Regiment in Cuba, has just received a telegram from the Surgeon General offering him a commission in one of the new volunteer regiments in the Philippine Islands.

Dr. Byron Pampel is another of our O. M. C. boys who has succeeded in getting past the Montana State Board, and is now practicing in Livingston, being associated in practice with Dr. S. E. Leard, another Omaha Medical graduate.

Dr. John Pringle, class of '95, is now located at Pierce, Neb.

Dr. Harry Baugess, class of '99, is located at Harvey, Neb., and says that things are going well with him.

Dr. Adolph Koerber, class of '97, has returnd from two years hospital work in Germany and is now located in Omaha. He evidently prefers to cast his lot with the Yankees rather than with the subjects of Emperor William.

Dr. C. F. Dietz, class of '97, has just been in Omaha visiting the Exposition. From his general prosperous air we infer that he, in common with O. M. C. graduates generally, is doing well.

## Sammer Clinics at the College.

Since the close of last session those who have had the opportunity of attending the dispensary clinics have noted several changes which increasing clinical material has made necessary. Of these changes it might interest the absentees to hear. First of all we wish to note the fact that the clinical faculty has shown the same attention to this department during the summer as during the regular session, which fact assures us of an abundance of clinics this fall.

The surgical room has been refitted throughout. A new stock of surgical dressings has been added and this department is well

equipped for treating such cases as are daily presented.

The eye and ear room had a new equipment last year. To this have been added more instruments and this department promises to give senior students individual instruction in the use of the ophlamoscopic aids in diagnosis.

In the department for diseases of children more time has been alloted to the work.

The clinic for nervous diseases has presented a number of cases of exceptional diagnostic interest and doubtless will be favored in the new building with facilities for routine work in diagnosis.

The medical clinic gives promises of superior advantages in

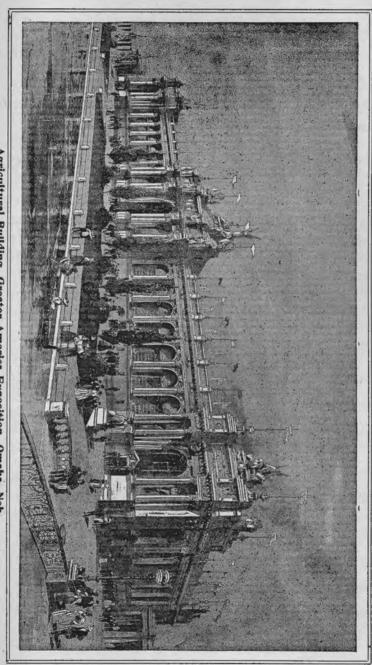
the fall. It is a daily clinic and needs more room.

The gynecological clinic is conducted in a very systematic

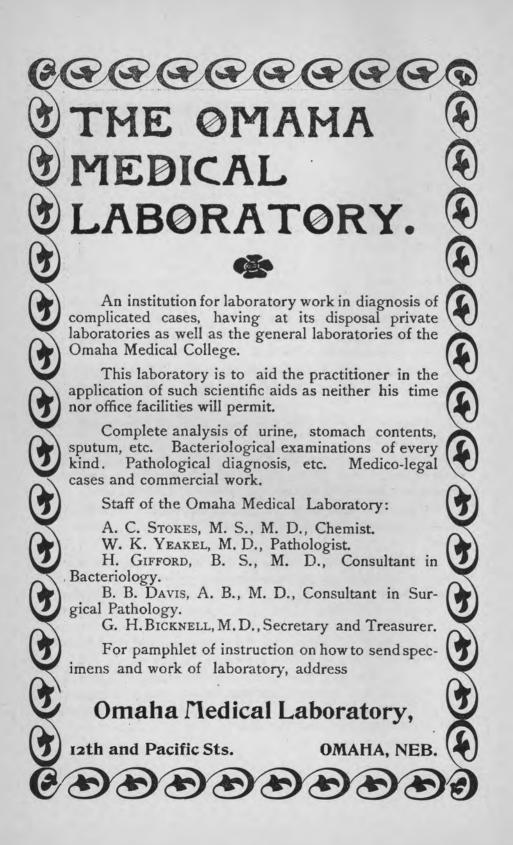
manner and is well equipped for the work.

The secretary of the clinical staff is at the college daily and sees that the clinical department gets everything it needs for the work.

M. N.



Agricultural Building, Greater America Exposition, Omaha, Neb.



## Locals.

Kalal came in from Niobrara for a few days visit.

Rathbun, who has been putting in his time in Omaha, left for northern points. Towar has gone in the same direction.

Miss Wood is enjoying life at Logan, Iowa.

R. V. Witter, ex-'99, and M. A. Tinley, ex-'01, who are with the 51st Iowa in the Philippines, are booked for an early return.

Gritzka, ex-'oo, stopped off in Omaha on his return from Cuba long enough to say that he would be with us in the fall.

Douglas is enjoying the experience of assisting in the practice of medicine somewhere in the west.

Preston and Thulin are putting in the summer at the Exposition. Preston is at the Emergency Hospital and Thulin is on the clerical force.

Davis has returned from two month's work at a South Dakota teacher's institute.

Bartlett came around the other day to tell the boys that he is now a married man. The Pulse congratulates him and wishes him a long and happy wedded life. Who said Rolfe is next?

Emerson informs us that life has been extremely prosy at Cook, chiefly brightened by the beaming sun that brings forth the farmer's corn.

A prospective student came to the dispensary clinic the other day and having special inclination for surgery, attentively watched the operations and dressings. After an hour's observation he took us aside to inquire about that young surgeon who displayed such skill. "That's a senior." "What, that man with the dark clothes and curly hair?" "Oh, no, that's Dr. Nielsen, a very promising young surgeon, and his talks are immense."

Among those who have showed up at the clinics this summer are Hall, Smith, Brewster, Bartlett, Davis, Allen, Overgaard, Shockley, Douglas, Jefferson, Wilmoth, Nielsen, Preston, Thulin, Towar, Walker, Van Fleet, Rathbun.

Dodge has been fortunate enough to spend the hot season in the mountains. He reports a good time and will be ready for life at the O. M. C. by October 1st.

Herron has been kept busy at home and expects to be kept busy at the O. M. C. in a few more weeks.

Robertson, of Council Bluffs, is not saying much but will show up on time when there is to be a scramble for seats.

Brewster is still mixing drugs at the dispensary. We don't know whether this has anything to do with mixing drinks or not.

Van Fleet witnessed an operation this summer, or rather the giving of the anesthetic—ask him what happened next.

Walker and Overgaard are making the most of their opportunities while doing service in the hospitals.

Last year's freshmen are probably reading anatomy. We don't hear much from them. A man don't say much, so that anyone hears it, when anatomy occupies his attention. As sophs, they will no doubt show up strong and make the most of the new accommodations they are to share in the new building.

The seniors promise to make room scarce on the front seats.

Rolfe is enjoying life over in the Hawkeye state. That is doing a great deal, but no doubt he finds time to see a few cases and embellish his dignity as becomes a senior.

Betz has been making flying trips into Omaha this summer, and his words in praise of the new building are numerous. What Betz says goes.

Jensen, the dent, is of a forgiving disposition or he wouldn't have done a thing to that medic who put him on tonic treatment. Who's the medic?



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This book will be published in September. From the titles of chapters enumerated below we believe it will be a book that will meet a long felt want on the part of the medical profession, as it is a subject upon which medical literature is inefficient. Its field is limited, and therefore, no doubt, well covered. In our next issue we hope to be prepared to make further notice of it.

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IV.	Operations on Infected Tissues.
V.	Accidental Wounds.
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VII.	Penetrating Wounds of the Chest.
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XII.	Head Injuries.
XIII.	Poisoned and Dissection Wounds.
XIV.	Specific Wound Infection.—Erysipelas.
XV.	Tetanus.
XVI.	Treatment of Septic Blood Poisoning.
XVII.	
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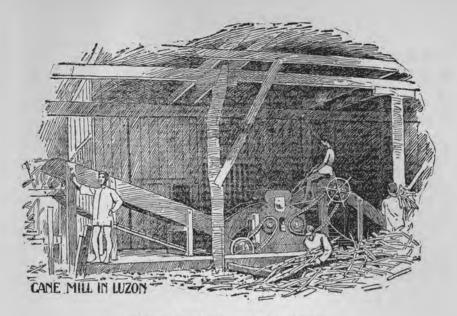
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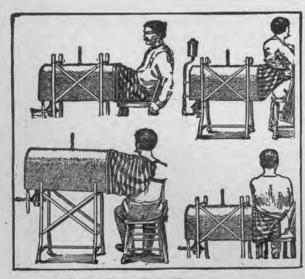
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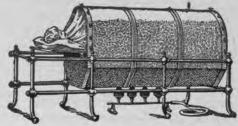
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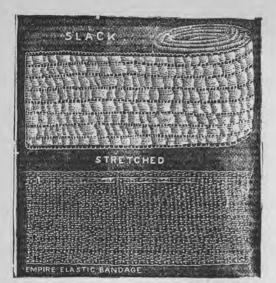
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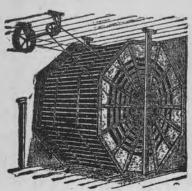
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DEAR SIRS: Your Pill Anæmic (Pink) truly bears the right name. I have used them for a long time in my practice, and they always give better success than any other preparation I have ever tried. In fact, they fill a long-felt want, and I unhesitatingly recommend them to the profession.

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#### FORMULA

Ferrous Carb	
ramoriopin 1 2 au	
Zilic Filosonide 1_90 as	
Alsenous Acid	
Strychine Mitrate	
Aloin	

Dose: One pill after each meal.

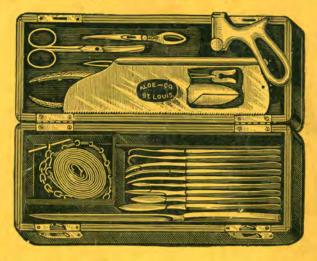
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