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

VOL. 4.

APRIL, 1901.

No. 7

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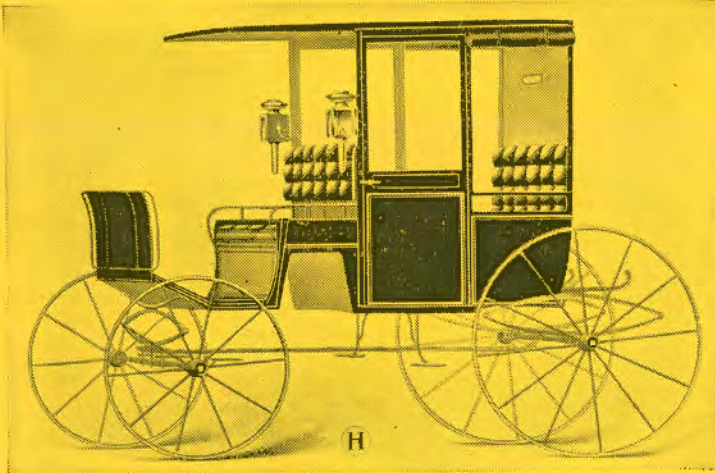
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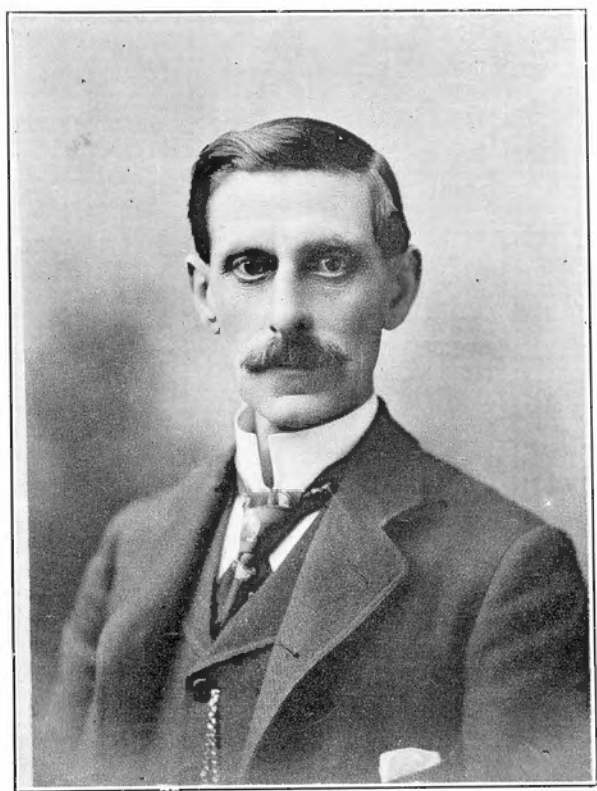
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GEO. MOGRIDGE, M. D.

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VOLUME IV.

APRIL, 1901.

NUMBER 7

THE FEEBLE MINDED.

SOME NOTES ON CAUSATION.

By GEO. MOGRIDOR, M. D. Glenwood, Iowa.

The causation of feeble mindedness is not only of interest to the medical profession, for it will be found that parents or friends are extremely solicitous on the subject, and in almost every case that has come under my notice, the question has been asked, "What is the cause of the child's condition?" I think there is more anxiety on the part of parents and friends to know why there should be such a mental affliction in their family in these particular instances, than in any other diseased condition. So that it becomes our duty to ascertain, as far as possible, those factors that have a bearing on the condition. I will say at the outset that the more we study this mental defect, the less sure are we that any one particular cause is the main one operating to produce the deficiency. We find that in almost all cases there are two or more factors present, any one of which are popularly supposed to have an effect on the mentality of the individual and this complicates matters, so that in any given case, it is often impossible to determine what the actual factor is, but in a group of cases, we may say that such and such is probably the cause. We are reasonably certain that a number of well defined cases are productive of the disease, because we find them in a number of cases, and find nothing else to account for them. For instance, the father and mother are both feeble minded; all the children of those children are below par mentally, or are epileptic, or show some other form of mental degeneracy. A rough grouping of the etiology may be as follows:

- 1st. Heredity.
- 2nd. Development.
- 3rd. Accidental.

(1). HEREDITY. The subject of hereditary transmission of mental defects is one that is of considerable obscurity and hence difficult to determine the value of, except in such marked cases in the immediate ancestry that we can hardly expect to find anything but blighted progeny. That certain mental traits or

defects run through a family history, has been known for many years, but why one member of a family should be afflicted and other members escape, is something that we have not yet been able to satisfactorily account for. I take it that where there is an ancestral mental weakness, this weakness is caused by a defect in the physical organization, and it is not the mentality that is transmitted to the offspring, but simply the physical basis through which that mentality may operate. Dr. Ireland, in his studies of heredity, traced mental defects through eight generations of the royal family of Spain. Other observers have found such defects running in well marked degree, through three or four or more generations of certain families which they investigated.

But while a well marked neuroses in the direct ancestry is productive of mental weakness of some sort in succeeding generations, yet it appears that nature's tendency is strong to revert in the direction of a healthy type, and I do not think that a solitary infraction of a physiological law is bound to be followed by evil consequences in succeeding generations, else there would but few escape from some mental or physical taint.

There are certain peculiarities as to inherited conditions, among which may be noticed that an ancestral defect may skip one generation, and then again make its appearance. Just why this should be we do not know. It may be that in the successors from the original stock the weakness crops out owing to the union of such as do not possess stable physical organisms without, perhaps, any mental taint being discernable.

Heredity as a causation may be sub-divided as follows:

- (a) Consanguine marriages.
- (b) Imbecility.
- (c) Epilepsy.
- (e) Drunkenness.
- (f) Scrofula.

(a)—CONSANGUINE MARRIAGES.—It is a popular idea among the laity that the marriage of cousins is productive of all manner of ill to offspring. The general opinion at the present time is that such a marriage is not of itself sufficient to cause mental weakness.

(Taken from the Medical Record, March 4th, 1899).

“MARRIAGES BETWEEN COUSINS.—In an effort to compare one hundred cases of marriages between cousins germain with one hundred average marriages where no relation existed, the author took by lot a physician's case book, who had practiced in a town of fifteen hundred inhabitants for thirty years and knew their family histories well, the names of one hundred families, and had this physician give him the record of these one hundred

marriages with regard to sterility, pulmonary, mental and congenital diseases. These were then compared with the marriages of cousins. The latter showed a larger per cent of sterile marriages and a slightly lower per cent of mental diseases. In pulmonary and genital diseases there was about the same percentage of differences in favor of the former. In all other particulars the difference amounted to as little as any such comparison can. In the one hundred cases of those not related, seventeen per cent were sterile; in the cousins-german, fourteen and a half per cent. These figures agree very nearly with Huth's investigations.—(Dr. John Ingalls).”

If, however, we find that there is some taint in the ancestry, it will readily be seen how there may be an intensification of this taint in the children of such a union, and it is wise to deprecate marriages between close relations.

(b) **IMBECILITY IN PARENTS.**—Imbecility in parents is a factor in a certain percentage and there can be no question but that imbecile persons are unfit to marry. The children in such cases are almost always tainted with some mental defect, and while it is not always, of the same nature, viz., feeble mindedness, yet it is of sufficient gravity for us to discourage absolutely any such unions. In fact, one of the fundamental ideas with workers among this class is that the females should be segregated during the child bearing period, and the possibility of the transmission of their infirmity be prevented. It would seem almost unnecessary to advise against marriages in such cases as these, but actual experience teaches us that there are such unions. It is not infrequent that we find the authorities will encourage the marriage perhaps of two such persons, and then endeavor to get them to move out of their neighborhood. Instances of this kind have come under my personal observation, and have been referred to by others.

(c). **EPILEPSY.**—Of all mental infirmities, it would appear that epilepsy in parents is more sure of producing a low condition mentally than any other neurosis. It may not be epilepsy that is transmitted, but some mental obliquity is practically sure to be transmitted by an epileptic parent. Insanity, feeble-mindedness, and other mental conditions can be traced in many instances back to this cause. This is now so well understood that certain states have made legal enactments to prevent the marriage of epileptic persons.

(d) **INSANITY.**—In a certain percentage of cases we can trace the mental defects in children to this cause, and the same remarks that have been made in regard to epilepsy and feeble-mindedness will apply to the insane.

(e) DRUNKENNESS.—This, as in the case of consanguine marriages, has been a fruitful topic with many who have certain theories which they advance, and they seek evidence from the aggregate histories of feeble-minded persons to establish. One might think, to hear some of these people talk, that all the ills that flesh is heir to, is due to drunkenness, and it would appear that many excellent people are of the opinion that alcoholism in parents is the cause of many deteriorations in the mental condition of the alcoholic's children. This does not seem to be well borne out by facts, for we find that in the agricultural states the ratio of feeble-minded persons to the general population is about the same as that in the manufacturing centers. In the latter we find drunkenness much more rife than in the former. The ratio in the State of Iowa is practically the same as in the countries of Europe, and in certain of these countries drunkenness is much more common than it is in Iowa. Then, again, if it were an absolute cause, we would naturally expect that in times past, say one hundred years ago, there would have been a greater ratio of feeble-mindedness, for at that time it was an uncommon thing almost for any man not to use alcohol in some form as a beverage, and drunkenness was probably at that time more prevalent than at the present time. It is now generally accepted that this is not of itself sufficient to cause feeble-mindedness.

(f) SCROFULA.—The so-called scrofula has been classed by many writers to be a very active factor in the production of feeble-mindedness and I am inclined to think that there is considerable truth in this. It has occurred to me latterly that it is quite probable for tuberculosis to be much more fertile as a cause of the condition than any one other hereditary factor. The researches along this line are as yet quite meager, and it is not wise to make absolute statements in regard to it until we have further light on the subject, but it is well worth thought, as a probable, or at least, a contributing cause. Senility, and immaturity in parents, and syphilis have also been thought to have some slight bearing.

To sum up the various causes which are grouped under heredity, it has been stated that about fifty per cent of all feeble minded persons show a bad family record. Some claim a greater, some a less per cent, but in a rough way this may be taken as approximately correct, yet it is not wise to endeavor to name the definite per cent of cases in any one particular factor, for we find hardly any case presents a clear history of only one of these conditions. They seem to be interminably mixed. That is, one case may present relationship in parents, and insanity and drunkenness in the ancestry. Now, which of these three is the predom-

inating factor, it is impossible for us to tell. As I said before, consanguine marriages and drunkenness are hardly responsible in themselves, but where coupled with other conditions, such as insanity in the ancestry, or feeble-mindedness, or epilepsy, or scrofula, the effect of such drunkenness and consanguinity will be felt.

It occurs to me that anything in the ancestry that tends to lower the bodily vigor is liable, unless later counteracted by the introduction of strong, healthy stock, to bring about some deterioration in the nervous mechanism through which the mind operates, and consequently we have some of the lower forms of intelligence following.

DEVELOPMENTAL CAUSES, are those occurring during gestation and that formative period of infancy and childhood ending about the seventh year of life. Naturally these are obscure, yet we feel reasonably safe in asserting that a percentage of cases are due to defects in nutrition, occurring during the first part of this period, i. e., during the foetal life. The nutriment material during these months of foetal development is mainly carried to the brain and then supplies the other organs and tissues and any interference with the supply may easily be fraught with danger to the future mental life of the child. Maternal emotions, shock, grief, sickness, ill-usage, lack of exercise or food, are matters that have been supposed to enter into the stability or otherwise of offspring. Scientifically, we are unable to justly appreciate the actual value of any of these causes in a given case, yet we do find in a group of cases, that the only known or ascertainable causation, is from some one or more of those mentioned. It has been supposed by some that gynegogues and the existing fashions followed by women, overstrain of society, etc., are responsible for a certain amount of mental feebleness in offspring.

(3) ACCIDENT OR DISEASE OF INFANCY is a factor in a certain per cent of cases. At birth prolonged labor is more prejudicial to the child than the skillful use of the forceps. In this connection I would say that a few of those with whom I have been acquainted present a history of forcep delivery and these usually have some other potent factor present in the ancestry.

Many affections to which children are liable, as the exanthematous diseases, and spinal meningitis, are responsible for some of the cases. Infantile convulsions, epilepsy, hydrocephalism chorea, are also factors, and as remote causes we find deficient nutrition and environment.

From the foregoing you will see that feeble-mindedness is a protean disease, or at any rate the factors causing it are almost legion.

Notwithstanding that we are reasonably sure that many of the foregoing given conditions are causes of feeble-mindedness, yet as I said at the outset, it is impossible for us to determine in a given case the actual cause in a given case of the feeble-mindedness. When we take into account the complex nature of the human brain, and the relationship of the mind to the brain, and the many accidents or injuries that may occur during the life history of the child, it does not seem difficult to understand that a very slight deviation from the normal in the ancestry, or malnutrition in utero, or accident or disease later, should cause some defect in the function of the cerebral mass and thus the normal operations of the mind be hindered.

In the early years of the study of feeble-mindedness, observers were prone to jump hastily at conclusions, but more mature consideration leads to more conservatism in assigning causation. And I would guard you to be particularly careful when you are consulted in connection with a feeble-minded person, not to be too hasty in arriving at a conclusion as to cause, for on your opinion may rest the happiness, or unhappiness, of others besides the afflicted one.

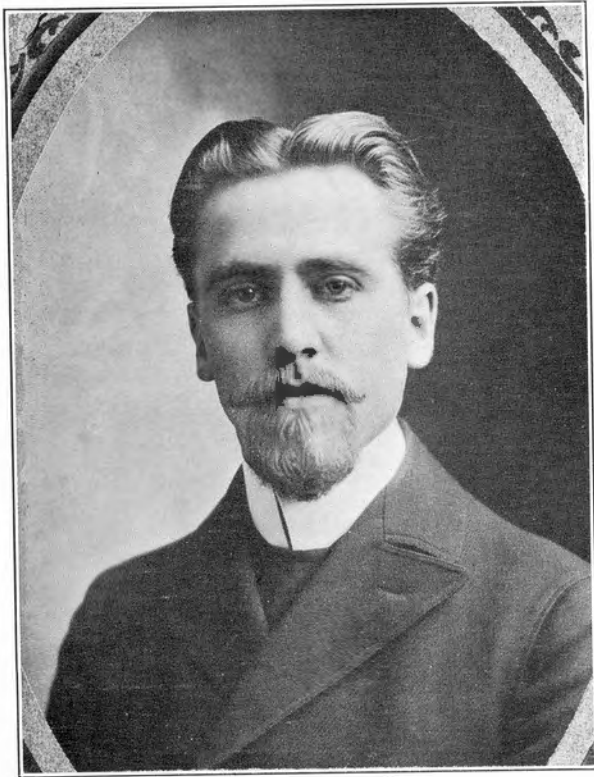
SURGERY OF THE AGED.

B. B. DAVIS, M. D.

When a person of advanced age is found in need of an operation it is often a serious question whether surgical intervention is advisable. The teaching of the older text books, and of many of the most modern, is that the aged bear operations poorly. So much was the writer imbued with this idea in his early professional life that several who had passed the allotted span of life were allowed to suffer unduly in their declining years when a more enlightened understanding might have prompted relief for their sufferings by conservative surgical intervention.

It is not easy to fix an arbitrary standard and define old age as pertaining to all who have passed a certain number of mile posts, because no one can fail to realize that age is not so much dependent upon the number of years lived, as upon the manner in which they have been lived, as well as upon a variety of other modifying conditions.

Some families reach senile decay prematurely, and it matters not how carefully a member of such a family orders his life he cannot, for very long, put off the time when the degenerative processes of senility begin their work. The members of such families may die as the result of the ravages of old age at 50 or



H. A. REICHENBACH, M. D.
EDITOR O. M. C. PULSE.

So just as surely as other families do not succumb until they attain the ripe age of 90 or even 100 years.

There are manifestly many ways by which the degenerative changes may be put off or retarded or, on the other hand, anticipated or hastened, but there can be no question that the family predisposition is entitled to much weight in determining the amount of resistance to severe surgical procedures, which may reasonably be expected in a particular case.

The modifying conditions by which old age may be reached prematurely are so numerous that the time allotted will not permit more than bare mention of a few of the most important. Dissipation is a potent factor in accelerating the degenerative process whether the word dissipation is made to include only the narrow definition comprehended under the term wine and women; or broadened out to include too much indulgence at the table, irregularity of sleep and meals, work and worry, the keeping of the nervous system keyed to too high a tension, grief, anxiety, exposure to inclement weather and a variety of other wearing factors which will occur to the mind at once.

The business and professional men, who stand as models in the community are too often as much victims of dissipation, as is the drunkard whose libations are notorious. In deciding then, the ability of a patient to withstand a surgical operation, or the confinement and regimen necessary for the successful care of a surgical lesion, one may well inquire further than to simply ascertain if he is an alcoholic.

Another modifying influence determining senility is the occurrence of some early illness or succession of illnesses, which may have stamped an indelible impression upon cells which otherwise might have retained their youthful powers yet for many years.

Syphilis, hereditary and acquired; chronic rheumatism; gastro-intestinal catarrh; necrosis of bone; early cured joint or pulmonary tuberculosis; chronic bronchitis; oft-recurring intense pain of the victim of neuralgia, renal and hepatic colic, are a few of the many cases of premature old age. In the language of Seidel then, "We ought not to measure age by the number of years, but rather by the condition of the vital powers."

In determining the powers of successful resistance to surgical measures a very careful and painstaking family and personal history of the subject ought first to be secured. This should not be done perfunctorily but with a lively appreciation of the importance of each element and its bearings upon the present vital powers of the individual. But this is only a small part of the preliminary duties of the careful and conscientious surgeon.

Careful interrogation into the condition of the emunctories is an imperative duty before entering upon the surgical treatment of patients in the prime of life. In the aged, in whom organic diseases and degenerative changes are much more to be expected, neglect of a painstaking examination is inexcusable. There are certain conditions which deserve most thoughtful consideration before the surgeon can think of operative procedures. The condition of the lungs and bronchi, the liver and biliary passages, the existence or not of atheroma or scleroses, the sufficiency of the kidneys, the expulsive power of the bladder and size of the prostate, the state of the gastro-intestinal tract and the activity of the skin, should all be carefully considered. A small quantity of urine of high specific gravity, especially if this is accompanied by an excessively dry skin, should be regarded as a danger signal and needs careful correction before venturing upon radical surgical measures.

With due regard to all these precautions, there is nothing in old age, *per se*, to contra-indicate severe surgical operations. But let this be taken with the proper qualification! The aged patient cannot be subjected to the same form of after treatment as the one in youth or middle life. Confinement in bed is not well borne. Severe and oft-repeated pain is more likely to be followed by ill consequences. The aged cannot withstand a prolonged drain upon their vital forces. Anaesthesia, as well as the recumbent posture, is more likely to result in pulmonary complications. Loss of blood during the operation is more disastrous in its results, although shock is sometimes exceedingly well borne. The diet and general regimen must be very carefully looked after following operations upon the aged. A diarrhoea in the depressed state following operation is often stubborn, sometimes impossible to correct.

My personal experience extends to major operations upon several patients past 80 years of age, but I verily believe that my most aged patient from the standpoint of senile changes was a lady of only 53 years. For this reason it seems plain that the simple unqualified report of operations upon patients past 70 and 80, or even 90 years, with no mention of the real state of the vital tissues, is of no practical or scientific value, but partakes more of an appeal to the searcher after the curious than to the one who is in search of a practical working basis. For this reason I shall refrain from any specific reports of cases.

A few words may well be given to the surgical diseases for the relief of which the surgeon is most often called upon. Fortunately old people are seldom subjected to traumatic injuries. The active part of life having passed, the dangers incident to

the factory and the railroad are avoided. One accident may be mentioned in this connection to which this good fortune does not obtain. The frequent falls of old people, with the absence of organic matter in the bones, renders the occurrence of fractures, especially fracture of the neck of the femur, exceedingly common. It is in this last injury, particularly, in which the disastrous effect upon the aged of confinement to bed is frequently noticeable. For this reason it has been necessary and has become customary to disregard a good functional result in order to avoid the more serious danger to life incident to the usual treatment.

The two most troublesome and fatal diseases of old age are enlarged prostate and carcinoma. The exceedingly great mortality from prostatectomy has lead surgeons to avoid the operation as far as possible. This has been carried to such an extent that the mortality has been greatly increased because a large number of the recorded prostatectomies have been operations of last resort and almost necessarily followed by death from shock or from uraemic poisoning due to the infection of the kidneys preceding the operation. The ominous dangers to the victim of enlarged prostate have also lead surgeons to make vain search for easy and safe methods of relief. Castration and vasectomy have been quite the rage and I fear will meet with the same fate as has oophorectomy for uterine fibroids. The results thus far have been so inconclusive, not to say disappointing, that I have yet to do my first castration or vasectomy for enlarged prostate.

If it is allowable to digress for a moment, I wish to advance the view that the treatment of prostatics in the past has been directly contrary to the views of progressive surgeons and physicians in all other surgical diseases. Who would think now of failure to remove an ovarian tumor until the woman's life was in immediate danger from pressure or from some of the various complications to which a very large tumor gives rise? Or who would think of failure to advise radical operation for cancer until death is imminent from metastatic involvement of vital organs? It is my opinion that the present management of enlarged prostate twenty years from now, will be looked upon as just as primitive as the management of ovarian tumor in the earliest years of ovariectomy.

As for malignant disease, its radical and early extirpation ought to be the rule in the aged as well as in those in the prime of life. Most cases of carcinoma originate at the very beginning of senile changes when an operation can be well borne. When originating later the same treatment should be given, unless the patient's condition, because of old age or other reason, is so grave,

that any radical operation will entail greater immediate danger than can be offset by the chance of a successful outcome of an operation.

In conclusion then let it be emphasized that it is not the number of years lived, but the advanced degenerations of senility which constitutes old age. That when an aged patient needs an operation the demand upon us for his relief is as imperative as if he were forty years younger; that therefore in operating unusual care should be taken in the preparation in order to circumvent shock and exhaustion; that all due haste should be made in the operation and haemostasis be carefully looked after, and finally that as soon as possible the patient be permitted to leave his bed, and prolonged recumbency is particularly harmful to those past middle life.

Faculty Department.

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

In the unending duration of Eternity the geologic ages of the earth's history were but instants of time. In the history of the human race the old man is but a "creature of yesterday." Compared with the age of the older educational institutions, even of this country, the Omaha Medical College is but a young infant. The duration of periods of time is relative. To say that an institution is old or young implies a comparison. Twenty years have now been completed in the history of this college and it is natural to look backward in order to discover whether we have been making such progress as is in keeping with the times and the place in which we find ourselves.

We have not space in which to present a history in detail of the college, but can only glance at a few conspicuous points.

At the beginning, fifteen names appeared in the list of the teaching force, and in the last annual announcement there were thirty-nine, only two of the latter being found in the former list. Of the original fifteen the names of Livingston, Denise, Peebles and Agnes represented those who have retired, not only from the college, but from all earthly affairs. The other nine are variously situated and variously occupied in useful pursuits, chiefly the practice of their profession.

The large numerical increase in the faculty may fairly be considered an index of the increased work and attainment which is required of the graduate of today over him of a score of years ago. This enlargement of the curriculum consists in classification of the work then performed and also of great additions in the way especially of laboratory and clinical work. It involves



M. B. McDOWELL,
BUSINESS MANAGER O. M. C. PULSE.
RECENTLY ELECTED MGR. O. M. C. FOOT BALL TEAM—SEASON 1901.



AMASA M. TOWER, M. D.
RECENTLY APPOINTED HOUSE PHYSICIAN TO THE HOMESTEAK MINING
HOSPITAL, LEAD CITY, S. D.

an extension of the length of the course from two to four years and of the session from five to seven months.

Incidentally, greater and better accommodations have become a necessity in order that this development might be possible, and this necessity has been met. A two-story frame building contained the school at the beginning. Larger and more ornate medical college buildings than that now occupied by this school may easily be found, but we believe that none more comfortable or more perfectly adapted to its use exists. An obstetric manikin and some dissecting tables constituted the scientific apparatus of twenty years ago; today the equipment of scientific apparatus possessed by the college could not be purchased for many thousands of dollars. But greatest and best, our glory and our pride, appears that magnificent body, our alumni, an honor to themselves an honor to their profession, and an honor to their alma mater.

Surely the Omaha Medical College has gone forward. We are sure her founders could not have dreamed that such a monument to their faith and enterprise would appear at the end of so short a time. Standing as they did at the year 1881, two hundred years preceding had not witnessed so great advancement in medical education in the best institutions of the world as their own school has shown in the twenty years which have followed.

But, in the language of one of the bright toasts of the alumni banquet, "What Next?" The answer is "Excelsior!" If ever an institution has had encouragement it has surely been this one, and its friends may have no fear that it will weary of effort to hold its place at the front.

The session just closed has not been perfect. Fortunate it is that our ideals, like the rain-bow, keep constantly beyond our reach. While we see imperfections which we shall endeavor to correct, we do not hesitate to pronounce the session, considered as a whole, the most successful the college has ever known. Certain changes are in view which we hope may strengthen the course. Chief of these will be an alteration in the curriculum by which the work of the junior and senior years will be more perfectly separated.

Thus looking backward, those of us who are doing the work of the faculty of the Omaha Medical College, must receive a tremendous stimulus. Another score of years and, at the same ratio as in the past, only five of us will remain upon the staff. Let us "take a tuck in our belt" and keep our shoulder to the wheel and perhaps, upon looking backward at the expiration of another twenty years, the five remaining will be not less amazed than we are today at the progress they behold.

The O. M. C. Pulse.

Volume 4.

Number 7

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Publishers

OMAHA MEDICAL COLLEGE

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

Send all remittances as to subscriptions and advertising to THE PULSE, 1209 Pacific Street, Omaha, Neb.

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Editorial.

THIS BEING the last issue under the present management, we very sincerely thank all those who have so materially aided us in making the appearance of THE PULSE a possibility, and we feel not at all reticent in saying that we leave the future of our paper in the hands of those entirely able to carry it ahead and place it on a firm foundation for a grand educational journal.

THE PULSE has for four years enjoyed a pleasant sojourn among the publications of its time. With the outgoing of its old masters, which becomes quite necessary as time rolls by and events take place, it is for it to become reconciled to a new modus operandi carried on by its new management.

Apropos to this we take great pleasure in making the announcement in this issue of Messrs. Christie, Avery and Wherry, who will hereafter pilot the publication forth upon the ever increasing sea of literature. Mr. B. W. Christie, coming as he does from the State University of Nebraska, will take up the work of Editor in Chief and under his efficient literary guidance we predict for THE PULSE a very successful career for 1901-02.

Mr. C. F. Avery, who hails from Creighton University and who has had experience in business which will be very useful to him, will sign his name as Business Manager. Mr. Avery's congenial ways and pleasant yet stern business tactics assure for the publication success financially. Mr. W. P. Wherry, a son of the Omaha High School, will take up the hard task of Managing Editor, but Mr. Wherry's vast experience in newspaper work, he having been connected with the Omaha Bee, gives him knowledge worth its weight in gold. Under these three we need not expect but a great stride forward during their management. All are men of experience, coupled with ambition and perseverance.

We regret very much to mention the departure of Dr. J. Cameron Anderson for New York City. While here the doctor has made many friends professionally and at the same time has found time and opportunity to so implant himself socially that he and Mrs. Anderson will be missed by all. At college his lectures have been instructive and his quizzes much enjoyed. We mourn for those who leave us, yet their success is our success. Tho' the doctor leaves physically, yet his memory shall ever be dear to at least three classes of O. M. C. THE PULSE extends best wishes for success.

An article appears in this number entitled, "Surgery of the Aged." The author, Dr. B. B. Davis, surgeon in chief at Immanual Hospital, Omaha, having had vast experience in such cases, takes his stand firmly in favor of doing surgery on the aged where there are no great contra indications, and it would be well to reflect before pronouncing a given operable case inoperable purely on the grounds of senility.

Perhaps no subject is so interesting and yet so intricate as that of the Etiology of Feeble-mindedness. To see these poor unfortunates, from the least severe to the most grave forms, naturally makes us wonder at the cause. Dr. Geo. Mogridge puts forth in his paper a great many valuable thoughts which it is needless to assert will readily be appreciated by our readers.

Dr. Leisenring will take up his future position at Sacramento, Cal., where he has the appointment as interne in one of the leading hospitals. The doctor is well fitted for the place and we expect to hear of his success.

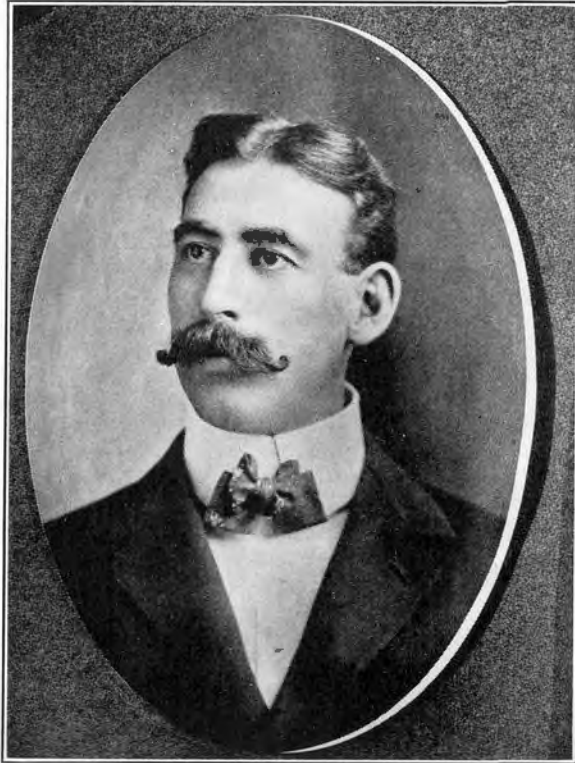
Clinical Department.

W. L. WILMOTH, M. D., Editor.

Another year has drawn to its close, and as the present class are leaving their college halls, it is with a great deal of pleasure and satisfaction they look upon their clinical experience during the last and best year of their college course. This practical work of the college can not be overestimated and should be religiously observed. Sometimes students are inclined to be negligent and careless in regard to their attendance upon clinics, especially when they are at the hospitals. We would kindly advise as a parting word to those of our friends who are to follow in our course, that they miss no opportunities of seeing any case, on which they may have the privilege of attending.

The class of '01 is not given to boasting, nor do they imagine—any of them—that they know all or *very much* of what there is to know, but they believe there are some very good men in this class who will in the future be an honor to the profession, and make a mark for themselves and their college in the world. They will succeed, not because they are superior in kind or better in intellect, but because they have been taught by as good men as honor our noble profession, and because they are willing to wait, work and dig, that they may be counted worthy, and so bring honor to an esteemed alma mater. Some there are who will be only common general practitioners. But we are not so sure that the general practitioner should be esteemed any *less* than the specialist, even though he may not receive as good compensation for his work. "The whole is greater than any of its parts." Therefore the general practitioner ought to be greater than the specialist. Whether this be true or not, there is a tendency to specialize, and we doubt not that some of the outgoing class will so do. Some may be noted for their ability to make proper diagnosis. Some, of course, will be surgeons. Others will follow a natural inclination into other special lines. There is room for all who are fitted for their work, as we trust the present class is. Those who graduate from a college like *ours* are certainly as well equipped as those of any other school.

In this, the last number of THE PULSE, it is not our purpose to give any account of any particular case. Suffice it to say throughout the college year the clinical instruction we have received has been quite satisfactory. The surgical and medical work at the various hospitals has been of the highest grade and always instructive. Special classes of work have been shown from time to time. The last clinic held at the County Hospital



SILAS G. ALLEN, M. D.
PRESIDENT OF THE CLASS OF '01.
WHO RECEIVED THE APPOINTMENT OF INTERNE TO THE
METHODIST HOSPITAL, OMAHA.



W. L. WILMOTH, M. D.
WHO RECEIVED THE
APPOINTMENT OF INTERNE TO IMMANUEL HOSPITAL,
OMAHA.

was conducted by Dr. Moore in the insane department. A number of interesting cases were discussed and illustrated, among which were those of acute mania, melancholia, senile dementia, epilepsy and catalepsy. The class spent a very profitable forenoon on this occasion.

It would not be proper to close this year's work without reference to the character of instruction received from Dr. Somers in obstetrics. His lectures and quizzes have been of the highest practical value. The doctor has the interest of every student at heart. The number of obstetrical cases seen by the class was quite large. No student, we understand, has seen and assisted with less than two cases, while the average would probably be four or five. It was our intention to give the exact number, but failed to obtain the records.

In closing, we desire to say, when we were asked to write the clinical records of the year, it was our intention to give an account of all principal cases in THE PULSE. After making a few attempts to do this it was abandoned. The reasons for so doing were—as we believe—the inability of a student to give a correct account of any case. The unreasonableness of such an account when given, and because a college paper is not supposed to be scientific in the true sense of the word, we therefore decided to generalize the work simply to give our readers an *idea* of the class of work done. If we have not succeeded, we have at least made an honest effort.

The following is an account of the trip to Glenwood, enjoyed by the class of '01, at the invitation of Dr. Mogridge, and written by the *now* Dr. Francis A. Wells:

The trip to Glenwood by the students to visit the institution for the Feeble-minded was one of the most enjoyable and instructive events of the year.

Dr. Mogridge, ably assisted by Dr. Willhite, proved himself to be a most excellent host, and we will always retain a pleasant memory of the kind entertainment we received. The buildings of the institution stand on high ground and command a splendid view of the surrounding country. The interior of the buildings, as well as the exterior, are models of cleanliness and elegance. We have nothing but words of praise for the manner in which the institution is conducted by Dr. Mogridge and his assistants. Some of the students seemed to be more interested in the assistants than in the doctor himself. A considerable portion of the labor of the institution is done by the inmates. So far as their ability permits, they are taught vocal and instrumental music, carpentering, shoemaking, calisthenics and the kindergarten and common school course. They have a splendid or-

chestra and brass band composed of inmates, and the singing by the children was as good as we have heard by children of sound minds. Some of the most interesting cases were the Microcephalic (whose head only measured $13\frac{1}{2}$ inches in circumference), the Cretins and those known as Mongolians. Among the most noticeable cases of anatomical stigmata of degeneration were those of the ear. Taken altogether, the students considered the day exceedingly well spent. The evening's entertainment and dance was much enjoyed by all, especially by those who could dance. The trip was one of pleasure throughout. Quite amusing was the large amount of breath wasted while at the depot waiting for the return train, and the care-worn look on Robertson's face while trying to care for his numerous flock and identifying them to the conductor.

COMMENCEMENT EXERCISES. UNDERGRADUATES' BANQUET.

As the close of the school year draws near, each and every student alike greets it with outstretched arms and gladly bids adieu to the work passed up. The freshman becomes a sophomore; the sophomore a junior; the junior a senior; the senior a real doctor. Such are the changes for a medical student. Examinations over with, then the inner man has his day—might we not better say night? This year we, the seniors, were banquetted, royally banquetted, by the undergraduates at Hotel Dellone, Wednesday evening, April 24th. At the appointed time, mid sweet strains from the orchestra, the participants slowly wended their way into the banquet hall, where spread before their eyes were luxuries of all the arts—the silversmith, the florist, the Damask manufacturer, the printer, and last but not least, the art of cooking. All these blended homogeniously and made the event a grand success.

After the well trained man of the tray had dispensed the various foods for those present, which ended with cigars, Toastmaster Dr. J. Cameron Anderson called forth with befitting words the first speaker of the evening, Mr. J. D. Reid, who responded in a masterly way to the toast, "Welcome, Seniors." Following this came Dr. Bridges, whose toast was entitled "Graduates Past and Present." The doctor spoke in his usual concise and to the point manner and made each and every one of the graduates feel proud of their alma mater. Our next was a selection by the orchestra, after which Mr. F. E. Townsend responded to the toast, "The Practitioner as a Citizen." Dr. Macrae was to have spoken on "Undergraduates," but owing to his inability to be present, responded with regrets and a poem

which Dr. B. B. Davis was called upon to read. After another selection by the orchestra, Dr. A. F. Jonas spoke on "The O. M. C.'s Future," and in a manner true to Dr. Jonas, placed the O. M. C. of the future among the foremost educational institutions of the world. Mr. A. E. Merkel now discoursed "College Spirit." He looked upon it as all college men should, and we hope all at O. M. C. will take heed. Music next and then Mr. R. A. Hawthorne responded to the toast "Looking Backward." In his talk he gave sound advice to our successors, which will be well to heed. Dr. Gibbs now took up the literary and oratorical proceedings and took as his toast "The General Practitioner." In his congenial way he well covered the subject, and with a song led by Dr. Bridges the festivities came to a pleasant ending.

* * *

Graduating exercises Thursday afternoon, for the seniors at least, was a "capping of the climax." As the hour grew near Boyd's Opera House begun to fill with friends and relatives of the graduates and at the time set a good sized audience awaited the beginning of the proceedings, while the orchestra played well its sweet harmonious strains. The exercises were opened by prayer offered by the Rev. Robert M. Stevenson, D. D. The degree of Doctor of Medicine was conferred on the class by David R. Kerr, D. D., LL. D. After this E. Benjamin Andrews, LL. D., chancellor of the University of Nebraska, spoke on "Medicine and Morals." In a very convincing manner he placed before the audience thoughts for reflection which bid fair to mould themselves into recognizable facts ere long. After the presentation of prizes by Dr. A. F. Jonas, dean of the faculty, the exercises came to a close, and 'mid the selection, "The Man Behind the Gun," the new doctors marched forth to their chosen battlefields.

ALUMNI BANQUET.

Thursday evening at 9 o'clock at the Paxton the alumni banquet held forth. Plates were set for about two hundred, and as the orchestra played its enchanting strains, mixed with the clatter of knife and fork, there was an echo of chatter resounding throughout the spacious room, which well marked the ever ready and congenial doctor. As time sped on and each course was served, one could not help but begin to wish for the next banquet to hasten on, for a yearly meeting seems quite too infrequent. When the time for a mental repast had arrived, Dr. H. M. McClanahan, toastmaster, then presented the various speakers. Dr. Henry B. Ward responded to "Science and Medicine"; Dr. Geo. Mogridge to "The Alumni"; Dr. L. M. Leisenring to

"What Next?"; J. H. McIntosh, Esq., to "Professional Commercialism"; Dr. B. B. Davis to "The Doctor's Wife," and Dr. A. O. Hunt to "The Relations of Dentistry to Medicine." This closed one of the most successful commencements of O. M. C.

Alumni Department.

GEORGE H. BICKNELL, M. D.

The Alumni Association of the Omaha Medical College met in the Commercial Club rooms in Omaha at 10 a. m., April 25th. The class of 1901 was present in a body and were conceded by all the old-timers present to be a very fine and professional looking set of young men. They were made members of the association and will no doubt add greatly to the efficiency of our organization.

Every body such as ours needs frequent infusions of new blood in order to retain the vigor requisite for healthy growth.

Pressure of professional work prevented many of our most valued members from attending, but those who were present were not lacking in enthusiasm. A motion was passed empowering the president to appoint a committee of three to draft a resolution to be presented to the State Medical Society of Iowa and Nebraska. The text of this resolution is to convey to the societies the willingness of our organization to assist in every way possible all efforts to secure such legislation as will benefit the profession as well as the public.

The president appointed as a committee to draft this resolution Dr. George Mogridge of Glenwood, Dr. S. H. Smith of Omaha and Dr. Willis Dean of Sioux City.

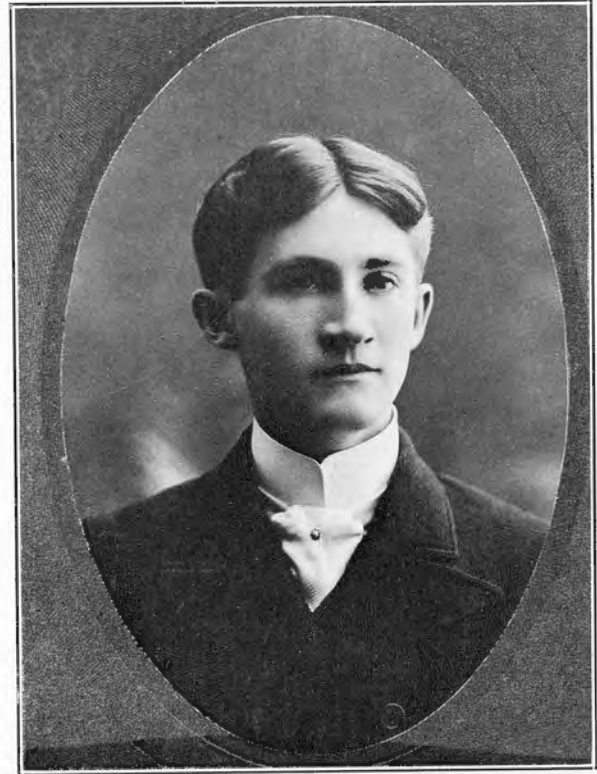
Dr. Mogridge spoke at some length of the need of the medical profession for better organization, and was followed by Dr. Beal of Springfield, who deplored the apathy of the profession upon subjects which were of such vital interest as the suppression of quackery. A general discussion followed, participated in by Drs. Dean, S. H. Smith, Gillespie of Mapleton, Iowa, and Dietz of Carson. Drs. Reichenbach and B. W. Hall of the class of 1901 also spoke.

Officers for the ensuing year were elected as follows: President, Willis Dean of Sioux City; first vice president, G. R. Gilbert, Omaha, '96; second vice president, H. A. Reichenbach, Omaha, '01; secretary, George Mogridge, Glenwood, '94; treasurer, Mary L. Tinley, Council Bluffs, '95. Among Alumni who were not present at the meeting but who attended the banquet at the Paxton hotel in the evening were Drs. Armstrong of Papil-



EUGENE H. SMITH, M. D.

RECEIVED HIGHEST HONORS OF THE CLASS OF '01.
RECENTLY APPOINTED ASSISTANT SURGEON FOR THE U. P. R. R.
AT ROCK SPRINGS, WYO.



WILLIAM H. LOECHNER, M. D.

WILL SAIL MAY 16TH FOR EUROPE. HE WILL
SPEND 6 MO IN THE UNIVERSITY OF BERLIN, 2 MO. AT VIENNA
AND 4 MO. IN GUY'S HOSPITAL, LONDON

lion, Ireland of St. Edwards, Edson Bridges of Wausa, Ross of Linwood, and Tinley of Council Bluffs.

The toasts by Prof. Ward, J. H. McIntosh and Dr. Davis were well worth going many miles to hear and we hope next year to have many more alumni with us.

The address of Mr. McIntosh is worthy of a place in every medical journal in the land and there are few physicians who would not enjoy it and be benefitted by its perusal.

Dr. Overgard has moved from Kennard to Fremont, where he has assumed the practice of Dr. Anderson.

Dr. Ross, '97 is now located in Linwood, Neb.

Class Notes.

SENIOR NOTES.

A. G. EMERSON, Editor.

Responsibility is a word that rings and re-echoes through the atmosphere at this particular season of the year. The faculty came face to face with responsibility when the twenty-three boys were transferred into as many physicians on the night of April 19, 1901. With that act the burden of responsibility was thrown upon these young and willing shoulders. But to be class editor at such a time is to bear a double burden of responsibility. It is the proper time for a good write up, and the scribe is simply exhausted—worn out by effort and gratitude. Hence it is that we welcome the advent of Dr. Wells into the literature of another column, wherein he describes the happy trip to Glenwood and the generosity and grace of our host in such a graphic manner that we are relieved from that responsibility with the exception of endorsing everything the Comstock physician has said, and reiterating "three cheers for Dr. Mogridge."

It was pleasing to note the universal gratitude which the class felt for the faculty who crowd their four years' effort with that coveted card. No more considerate deed was ever done than the granting of the cards within fifteen minutes after the grades were determined. It was an act of kindness that the class of '01 will ever appreciate and be thankful for. With the issuing of those cards it was certain that Dr. Allen would be the worthy interne of the Methodist Hospital; neither was it necessary to wait till Thursday to know that Dr. Dodge was to have the refusal of the Douglas County Hospital, or that Dr. Wilmoth would reign supreme at the Immanuel for the ensuing year. It was an important moment, for it meant that Dr. Leisenring was to accept the lucrative internship of the Wentworth-Igo Hospital

of Sacramento, California, and that Dr. Loechner was to spend a year at Guy's Hospital of London. Yes, it meant much for the hospital world, for Dr. Smith was thereby made assistant superintendent of the Rock Springs Hospital of Wyoming, and Dr. Tower was to have the refusal of the house surgeonship of the same institution.

But the undergraduates must not imagine that locations are limited in number, because so many hospital appointments are accepted. Lucrative locations are abundant for O. M. C. graduates—they are in demand. Even old Omaha offers inducements to Drs. S. B. Hall, Nilsson, Hawthorne and Reichenbach, while Council Bluffs claims Dr. Robertson as her own, and South Omaha awaits Dr. Loechner's return from abroad.

Oregon has demanded one of our best men in the person of Dr. Gilmore, and Dr. Fitzsimmons sees success in the mountain-land of Arizona. The cold state of North Dakota extends a warm hand of welcome to Dr. Jones of Fargo, and Dr. Shockey is off for Chicago.

But this does not indicate that the rural districts of our own state are overfull. Each senior has had numerous good places from which to choose, and with the exception of Dr. Herron, who is wanted at Telsama, and Dr. Gritzka, whom Louisville is waiting to receive, the graduates are all located.

Dr. Byron W. Hall is by far the leading physician of Bennington, and Dr. Byron L. Perlee holds the same relative position at Arlington. Dr. Wainwright has sufficient skill and courage to succeed handsomely at the state capital, and we feel safe in predicting that we will "hear from all the boys" in the near future, which will mean an increase of twenty-two letters over the ordinary receipts at Lewiston, Neb.

In justice to all we wish to state that these notes were written just on the eve of the graduating festivities, so that our accounts of the attending occasions are written in the future tense.

But the banquet by the students,
 Is the best they ever gave,
 And we'll trust to Dr. Hawthorne
 Strewing flowers on *our* grave;
 For the *Seniors* have departed
 From the dear old college hall—
 They have gone and graduated—
 They are doctors—that is all.
 And we're just as sure and certain
 Dr. Leisenring will shine
 As we pass beneath the curtain

At the great Alumni line.
 O, there's nothing so delightful,
 So enrapturing and great—
 There's nothing half so honorable
 As just to graduate.

We have had no sadder duty to perform than to make mention of the death of our worthy president's father, Mr. Allen of Harland, Iowa. Coming as it does just as Dr. Allen has gained his degree, and only two days prior to his public graduation, it seems doubly sad, and in this hour of gloom the graduating class extend to our bereaved leader the hand of deepest sympathy.

JUNIOR NOTES.

B. W. CHRISTIE, Editor.

- I. How's every little thing
- II. The seniors looked very dignified in their commencement gowns.
- III. No, the duck did not need any assistance. All it needed was a start and then it took its proper place at the banquet board.
- IV. We think that the banquet given the undergraduates was very enjoyable. At least, for our part, we can look back upon a very pleasant evening. And Reid did make a good response.
- V. The juniors have heard with a great deal of interest rumors that the next year's course would be lengthened. We will await with a great deal of expectancy the college announcement to learn of this. From what we have heard the class of 1902 would greet such a decision with no small degree of enthusiasm.
- VI. The Chancellor's address was both broad and deep. We think that it behooves the physician as often as he can to learn more of the laymen's ideas of our work. With our knowledge of the great good of this or that principle, gained in study or practice there is no question of its justification. But the laymen are in the dark and we must put ourselves in their places to fully grasp the situation, to be able to have the people understand its purpose and beneficent results, and when given as clearly and compactly as by Dr. Andrews it was a treat to all.
- VII. It is with great regret that we learn that one of our Professors is going to leave us. His lectures and quizzes were enjoyed by all. The advantage and true strength of the small western school lies in the continual, persistent quizzing, and the more we receive, the better for us. We feel sure that all of us appreciate the good work the Doctor has done in this regard.

and we are confident that if we fall down in this branch of our work it will be our own fault. The junior class wishes Dr. Anderson the fullest success in his new field.

VIII. Although desiring to be serious, it is with sorrow that we bid goodbye to the senior class of 1901. Our relations have been of the most pleasant and what rivalry there has been, has been of the fair, open nature. The class leaves many pleasant memories with us and an example in the class room that we would do well to follow. We not only wish them the best of success, but feel sure that they will meet with it in that noblest of all callings, the practice of medicine.

Peters took particular pains in his original work in pathology, writing up a very interesting paper of his pathological findings of a case of cystic appendicitis. But horrors to relate, on microscopic examination by Dr. Yeakel it was found to be an ovary and fallopian tube.

SOPHOMORE NOTES.

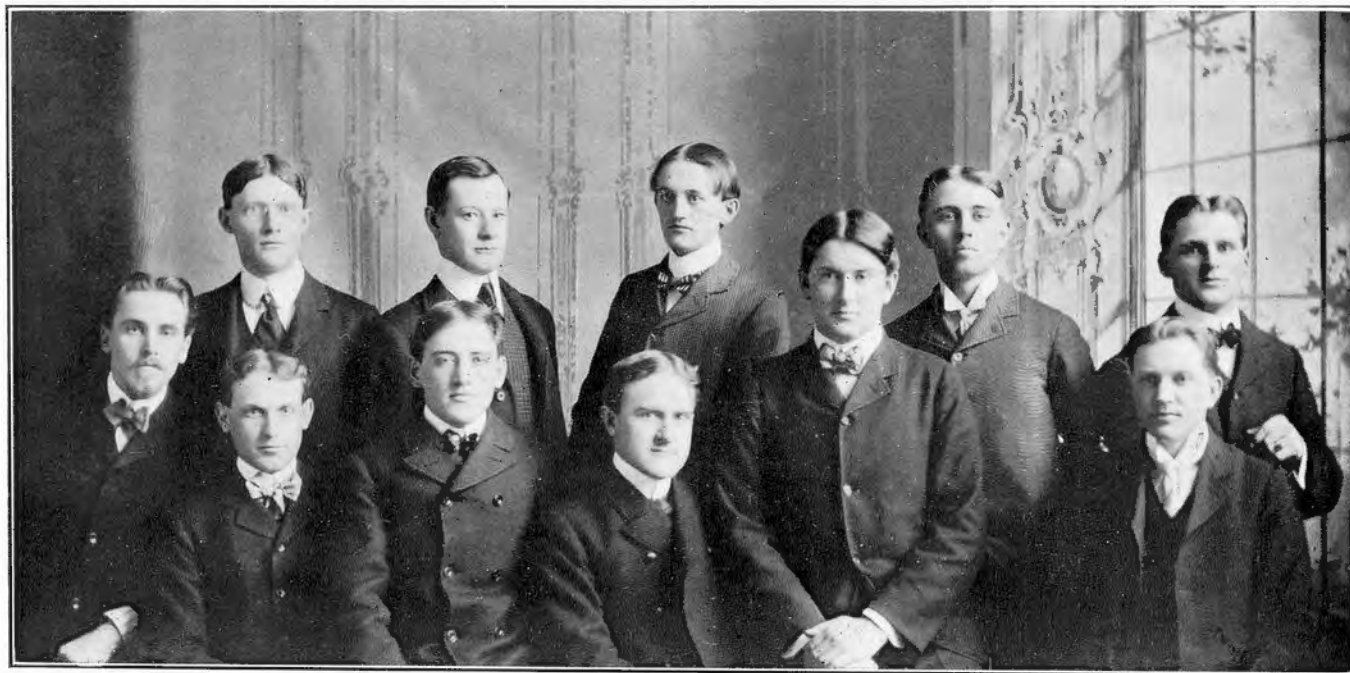
MAX KOETTER, Editor.

When we look upon the past year it is with great satisfaction that we contemplate our work. We have done our duty as no class ever before us. At the beginning of the year we took pains to give the new freshmen a warm reception. Later we urged them on to the conflict that made them famous. To the juniors we were also very kind. We never tried to usurp their front seats, and even urged them to occupy the place of honor. Yea, we even permitted them to quiz us in anatomy, although there were several of our number who readily admitted that they knew more than their quiz-masters. We have always tried to show the proper amount of respect to the seniors, and if we have offended their dignity once or twice, it was through thoughtlessness and not malice that we did so. In our studies we were always at the top notch; in roll call we were always ready to do the "square thing" to absentees; in class spirit we have been second to none, and on the whole we were *the best Sophomore class ever produced in the twentieth century.*

And now we have arrived at the stage where we are notional state. We have completed our preparatory work and are about to learn more practical things. We have overcome the conceit which is the invariable heritage of the sophomore, and we are about to assume the grave responsibility of juniordom. Let our efforts be untiring, let our thirst for knowledge be insatiable, let us show the new seniors that we are "hot stuff."

The class of '03 was well represented at the banquet and Mr. Townsend's remarks on "The Physician as a Citizen" were appreciated by all.

Charter members Iota Chapter, Phi Rho Sigma Fraternity, recently organized in the Omaha Medical College.



REICHENBACH

POYNTER
COOPER

HEFFELFFINGER
CHRISTIE

HALL
TINLEY

WHERRY

LEE

McDOWELL
AVERY

Dr. Osborne has honored the class by winning the prize offered for the best anatomical specimen. We always had an idea that Frank was up to something.

We were greatly surprised to see Joe Davies in our midst during exams. As soon as his health will permit he will assume the management of Green's hotel.

Bill Wherry will spend the summer with Dr. Owen.

Dr. A. C. Stokes leaves shortly for New York, where he intends doing extensive post-graduate work.

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FRESHMEN NOTES.

E. A. MERRITT, Editor.

E. A. Merritt, having passed from the trials and tribulations of a freshman to the grave responsibilities of a sophomore, feels quite dignified. We fully realize that each year brings us closer to the signature of M. D., and it is with longing desire that we await the coveted moment.

* * *

We regret very much to announce that our classmate, Mr. Riley, was compelled to leave all his examinations and go home a very sick medical student. Mr. Riley contracted a very severe case of tonsilitis, which didn't do a thing to him. It seems as though fate surely begrudged him a good time at commencement, but worst of all is the examinations have yet to be passed up. We hope for a speedy recovery.

* * *

We predict for the sophomore class a profitable year with Mr. Orr at the helm.

* * *

We are glad to announce that our congenial classmate, Mr. Knode, left shortly after examinations for Wyoming, where he expects to spend the greater part of the summer in recreations. A good time to Mr. Knode.

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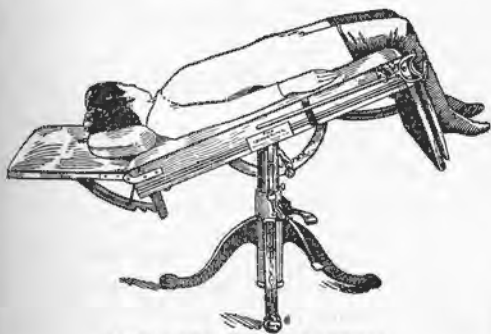
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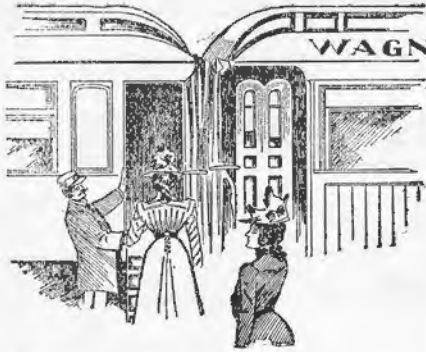
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