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BYRON B. DAVIS, A. B., M. D.
Clinical Professor of Surgery, Omaha Medical College.
METHOD OF DIAGNOSIS IN RIGHT HALF OF ABDOMINAL CAVITY.

BYRON B. DAVIS, A. B., M. D.

In this pathologically fruitful half of the abdominal cavity, diagnosis of disease of the gall-bladder, the right kidney, the vermiform appendix, the right tube and ovary is often beset with extreme difficulty. When told that the diagnosis of appendicitis is always easy one cannot help making use of a mental question mark regarding the knowledge or honesty of him who makes the assertion. When a physician makes the claim of always being able to make a positive diagnosis of gall-stones, renal calculus or extra-uterine pregnancy, one naturally questions whether this M.D.'s diagnostic skill is of a brand superior to that of his fellows, or he is trying to deceive, or is his own dupe. Absolute perfection in diagnosing these diseases is impossible; relative excellence should be aimed at by all.

Suppose one is called to a case where there has been a sudden attack of sharp abdominal pain with vomiting. It is difficult to localize because the pain and tenderness are almost equally severe throughout the right half of the abdomen. One thinks of hepatic colic from impaction of a gall-stone; renal colic from a stone or a floating kidney becoming twisted on its pedicle; appendicitis, and, if the patient is a woman, rupture of tubal pregnancy, twisting of an ovarian cyst on its pedicle, or leakage from a pus tube. This is a motley array of possible lesions and unless one has a clear-cut knowledge of exact symptomatology and keeps a steady vein he is apt to throw up his hands and either become panicky or take the brutal method of tulling the sufferer's pain and his own conscience by means of a hypodermic injection of morphine. The too free use of morphine has blunted many a bright man's diagnostic skill as well as masked his patient's symptoms. The hypodermic syringe is a good servant but a bad master and many a man in the practice of medicine is a morphine fiend without ever having taken any morphine himself.
To return to the patient, one first notes whether the mucous membranes are pale, indicating hemorrhage; whether the pulse is very weak and soft, indicating collapse; It is a good plan to take the temperature as an index to shock or inflammation; to secure a sample of urine, if possible, to ascertain the presence or absence of blood; if the patient is a woman one inquires about the menses, if a tumor has been present, or a vaginal discharge; one ascertains also if such attacks have occurred before. This can all be done in five minutes and then if it is deemed justifiable and the pain is severe a small hypodermic may be given. I cannot refrain from again saying a word anent the use of morphine. It is used merely to take off the sharp edge, as it were, of the pain; never in sufficient quantity to mask the symptoms.

After the acute pain has been somewhat relieved one does not allow himself to be lulled into fancied security but begins a systematic study of the case in detail. All the facts bearing upon the case should be elicited with the view of an early diagnosis and prompt and energetic treatment. The interrogations are begun by inquiring carefully into the physical condition of the patient immediately preceding the outset of the pain, and what, if anything, seemed to precipitate it. Has jaundice been present in any of the attacks, or clay-colored stools? Does the pain ever radiate towards the right scapula? Is retention of urine ever present? and, if so, carefully ascertain if morphine had previously been used. Does the pain ever radiate to the head of the penis? Has the patient ever passed blood or gravel with his urine? Is the cessation of the pain ever followed by the discharge of a large amount of urine? Is tenderness ever present at McBurney's point? Have any of his attacks been characterized by the presence of a mass in the right inguinal region? If the patient is a woman inquiry is made in detail in regard to any irregularity of the menses. If she has had frequent attacks of pain low down in the side and in the back? If she has had any abortions, puerperal sepsis, or purulent discharge from the vagina? These are a few of the suggestive questions which naturally occur. If such answers are received as to make disease of any particular organ probable, the trail is followed up until the most specific knowledge of every slightest symptom bearing upon the point is gained. It is best to
have and exhaustive knowledge of all the subjective symptoms before turning the attention to the objective. Only then can one rationally interpret the meaning of certain physical signs. Furthermore, while tactfully pursuing the questioning one can gain the confidence of the patient, allay nervousness, so that when making the physical examination a more perfect relaxation of the muscles will be obtained.

Now the abdomen is laid bare and the physical examination methodically begun. Careful inspection is first made. Are the thighs flexed? Is the abdomen distended or flat? Is bulging seen at any point? Does the patient lie squarely on his back or is there a tendency to relieve tension by twisting to one side? Is the right rectus muscle more prominent than the left?

The hand is now passed carefully over the abdomen and any superficial abnormalities noted. Next the organs are gone over seratam. The region of the gall-bladder is carefully palpated and percussed, bearing mind that it is best felt just below the extremity of the ninth rib. Is a rounded pear-shaped tumor felt pointing towards the umbilicus and lost under the margin of the ribs? Is the tumor tender and the nature of the pain elicited? Does the pain radiate towards the right scapula? Is dullness present on percussion? Is tenderness present without a tumor being felt?

Palpation of the kidneys is now undertaken. The left hand is placed behind in the space between the twelfth rib and the crest of the ilium while the ends of the fingers of the right are placed over the right semilunaris. The hands now, by firm but gentle pressure, are made to approach each other, and if the kidney is enlarged or displaced, it is likely to be felt. To secure the best results the right thigh must be flexed and the abdominal muscles relaxed. Is there tenderness on pressure from behind and does this cause radiation of pain toward the head of the penis? Sometimes percussion elicits tenderness and pain when palpation does not. This is often characteristic of stone. If a tumor is found can it be pressed back and made to disappear?

There is no positive sign of appendicitis, but the classical symptom and the one almost always present is tenderness at McBurney's point. This symptom can best be elicited by pressure with the pulp of the right middle finger. No warning is
given but pressure is made at various points over the abdomen finally reaching the point known by McBurney’s name and situated about one-half inch below the middle of an imaginary line drawn from the umbilicus to the Ant. Sup. Spinous. I have known the point of tenderness to be situated considerably below as well as above the location named and in one case it was an inch directly below the umbilicus. If the tenderness is pronounced on pressure over McBurney’s point and the right rectus muscle is rigid the diagnosis of appendicitis is almost certain. Later in the attacks, as a rule, dullness and induration are present in this region.

Finally in cases of women examination of the pelvis is made. This is best done bimanually, carefully noting the presence of purulent or bloody discharge; if the uterus is enlarged; if there are signs of normal pregnancy; if the uterus is fixed or in an abnormal position; if there is fulness or tenderness on right side; if a tumor is present, and, if so, its consistency and mobility; if there is a soft semi-fluctuating mass in Douglas’ pouch.

In addition to the physical examination the urine should be examined for blood, pus, casts and bile; the stools should be carefully inspected. Sometimes when the disease is really in the kidney the symptoms would indicate an inflammation of the kidney. Under such circumstances it should be recollected that if the urine is alkaline it points strongly towards cystitis, while if the urine is acid it points even more strongly towards disease of the kidney. This rule is not absolute but is an aid.

Unfortunately for ease in making the diagnosis almost all of the acute diseases under consideration are characterized by epigastric pain and vomiting. This is sometimes the predominating symptom and people have been known to suffer for years from gall-stones, renal calculus, floating kidney, chronis relapsing appendicitis and pelvic diseases under the supposition that stomach was the sole culprit. When any doubt exists the stomach should be carefully examined, not failing to make a chemical analysis of the stomach contents after a test meal, a procedure too often neglected. In fact he who would become a good diagnostician must methodically examine every organ and every secretion and every symptom which can possibly have the remotest value in clearing up a case.

Finally in disease of the right side of the abdominal cavity more often then in any other location is a prompt and positive diagnosis of the utmost value. In many of the lesions an early operation is the only way to save life, and for one’s own peace of mind and the credit of the profession one should not be caught napping.
FOOD IN INFANCY.

M. L. Tinley, M. D.

The objects of this paper are two-fold—First, to fulfill the writer's duty as a member of this society, and second, to obtain information from those of years' experience on a subject which, to the young practitioner, seems the Keystone of the Arch of Pediatrics.

Infancy—"the prophylactic period of life"—is deserving the most scientific consideration of the experienced practitioner, and the most watchful study of the younger physicians who would practice among children. Speaking from a limited experience, the study of no subject is fraught with more happy results than that of nutrition in infancy. Neglect of its consideration brings disasters immediate and remote. Much of the mortality of the first year of life is the direct result of improper nourishment, while, to the same cause, during the plastic years of infancy and early childhood is ascribed chronic indigestion, general malnutrition, rickets and its train of sequela. The five food elements—proteids, fats, carbo-hydrate, mineral salts and water, hold good for infancy as well as adult life. The difference rests in the simplicity of combination and their adaptation to the needs of early life; and introduction in such form as to meet the requirements of rapid tissue metamorphosis of the first year with the least possible demand upon the delicately balanced digestive apparatus of that time. The breastfed baby is free from many of the dangers which confront the bottle baby, yet even he frequently needs the careful guidance of the physician to correct faults in his food and to aid the restoration of the normal function of his stomach and bowels after the removal of the cause of his attack of acute indigestion. Mother's milk is normally the ideal food of infancy. Its natural physical and chemical properties must be maintained, or imitated to insure the proper nourishment of the breast or bottle-fed baby and to preserve the integrity of function of the nursling's alimentary canal.

I have selected two cases to illustrate some difficulties met in natural and artificial methods of nourishment.

Case I. Seen for the first time two weeks ago. A girl baby four months old. She had cried or fretted constantly, for
the previous three weeks. The mother gave about the following history: The baby weighed five pounds at birth and for the first month was happy and good natured. At this time the mother was taken with a severe pain in the left iliac region, lasting several days, accompanied by fever and followed by a profuse, greenish vaginal discharge, which continued several weeks. Baby began its second month with constipation, was fretful and had occasional crying spells. The mother gave her nightly doses of Castoria and introduced the tip of a catheter into the bowel in “lieu” of a suppository, thereby securing a daily passage which did not seem natural in quality. Later passages contained considerable mucous. The child became more and more colicy, but she thought had no temperature. Refused to take the breast until the mother had resorted to numerous coaxing methods. The mother was sure there was enough secretion in the breasts. On examination I found the temperature normal, weight thirteen pounds, abdomen somewhat tympanic, thighs drawn up, child screaming. Asked the mother to put her to the breast, which she succeeded in doing after a little coaxing, the child catching hold and dropping many times, scarcely making an effort at suction. Examination of baby’s throat revealed several aphthous patches upon the pillars of the tonsils and post-pharyngeal wall. Tongue coated. The stools were composed of curdled milk, intermingled with a small amount of normal infantile faeces, and considerable mucous. The mother’s breast contained scarcely any secretion, although the child had not nursed for a couple of hours. Directed the mother to pump the contents and send to me for inspection. The milk tested with the simple means at my command showed the following results.

Color—Bluish white.
Reaction—Alkaline.
Sp. Gr.—1027.

Let stand twenty-four hours in a graduated test tube—cream 1.24 in volume or 4 1:6 per cent. Reckoning with Holt’s normal ratio of fat to cream 3:5 we find the ratio of this specimen to be 3:5:2 1:4 1:6. Thus the milk contained 2 1:4 of fat which is 1 per cent below the minimum limit for normal milk.

Diagnosis—Acute indigestion with aphthous Pharyngitis.

Treatment—Indications—Improve quality of the milk, counteract fermentation and aid digestion. Cleanse the throat and mouth.

Prescribed—Boracic solution half teaspoonful every two hours, and directed the mother to apply with her fingers as a swab, powdered borax to the throat several times daily, to cleanse and facilitate healing.

Internally—Beta naphthol bismuth held in suspension in Elix. lactopeptin every three hours. Left also calomel tablets Grs. 1-10—one to be crushed in every dose of medicine, either boracic or bismuth.

The rest of the treatment was directed to the mother who was in fairly good physical condition, but had not taken the proper nourishment for some time as the baby’s condition had worried her, interrupted her meals and broken her rest. It was impossible to relieve her of the care of the child. She was directed to attempt nursing every three hours and to take her own meals with regularity and given a diet rich in fats, albumens and liquids. In addition to her regular meals to take a lunch of milk at 1:00 A. M., 4 P. M., and bed time. To use a quart of rich milk daily, eat good beef, and eggs and take a wine glass of malt nutrine after each meal and after the bedtime glass of milk. Some improvement occurred in the child during the first four days. The mother was decidedly changed for the better. She then sent me the entire secretion of milk for analysis and I found the following:

Quantity—VII ounces.
Reaction—Alkaline.
Sp. Gr.—1028.
Cream—1-20 of 5 per cent therefore fat 3 per cent.
Proteids still high. Milk still abnormal but much improved.

Treatment continued. The child was less colicy, throat improving; coagulae in the stool were fewer and smaller, and mucous less abundant. Able to take a three hours nap in the afternoon, and rested better at night. At the end of two weeks conditions are entirely changed.
The milk analysis is as follows:
Color—Bluish white.
Reaction—Alkaline.
Sp. Gr.—1031.
Cream—About 10 per cent, therefore fat 6 per cent.
Proteids high, general richness, above normal.

The child remained stationary in weight the first week, but gained five ounces the second. It is good natured and eats and sleeps well. The mother says the baby is perfectly well but as the food is high in proteids and fats, it will bear watching. The mother will stop her lunches, taking milk at meal time only, and will spend some time each day with the child out of doors. We have to utilize the excess of food and make a test later.

Case II. A child fourteen months old, seen for the first time in June. The mother gave the following history. He was well up to the fifth month of age, when he was troubled with diarrhea and vomiting. Was given some medicine, noticed slight improvement, continued fretful and in sixth month, he refused to nurse and she was advised to wean him. She had no difficulty in this, but could find no food that agreed with him. She used in turn cow's milk in various proportions, modified with lime water, cow's milk partially predigested, with peptogenic milk powder, one or two proprietary foods, and finally in February of this year condensed milk with which she had persevered until June. From the tenth month they had also allowed general table fare. The conditions present on examination were as follows: A pale, delicate boy baby fourteen months old, weight fourteen and one-half pounds, scarcely able to sit alone, had made no effort at locomotion, extremities thin, flabby, epiphyses of long bones enlarged, cranio-tubes present, rachitic rosary well marked, abdomen enlarged, had four incisor teeth. The mother said he perspired freely about the head. Presented a typical case of well developed rachitis. Constipation and diarrhoea had alternated since the beginning of the trouble. Warm weather was at hand and the outlook not very encouraging. Temperature 99.2 degrees. Four greenish stools on the day presented.

Diagnosis—Chronic indigestion with advanced rachitis.
Treatment—Indications—Overcome the present food infection, by elimination and gastro-intestinal antisepsis, and find a food which will meet the requirements. Counteract as far as possible further progress of rachitic deformities.

To imitate mother’s milk accurately is the aim of artificial feeding, yet in this abnormal child we expect to handle the food elements, especially fats, albumins and carbohydrates to rectify and restore.

Recalling the fundamental principles between mother’s and cow’s milk—

Mother’s milk is alkaline; cow’s, acid.
Mother’s free from bacteria; cow’s, infected.
Mother’s normal for childhood in fats; cow’s low in fat and sugar.
Mother’s proteids and sugar; cow’s high in proteids.

The chemical difference in proteids we cannot alter except by predigestion, but the remaining differences are capable of modification to make them analogous. Details in the care of the milk and utensils must be carefully directed with the object of preventing and destroying infection. The mother was directed to buy milk morning and evening, using the cream of what remained in the morning to prepare the evening supply, and the reverse for the morning. The preparation of the food is simple and necessary utensils few. “Two pint bottles, some absorbent cotton and a six ounce graduate are required.” Sugar of milk is used instead of cane sugar. Pour into one of the bottles 7 drachms of sugar and on this ten ounces of water, shake until dissolved, add three ounces of cream, and two ounces of milk, cork with cotton and set in a vessel of cold water on the stove. Bring the water to a temperature just below boiling point and hold at that degree for twenty minutes. Remove and cool. Remove cotton cork and fill the remaining ounce space of the 16 ounce bottle with lime water. Cork tightly and place in ice. When needed for use put just sufficient for one feeding in the thoroughly sterilized nursing bottle and use the thimble nipple, also carefully cleansed. Raise to about normal breast temperature and give to the child. Any unused food must be thrown away and the bottle and nipple immediately sterilized and kept in soda solution until next required. By this method, according to Meigs, Smith and Roach, we have a practically
sterile food, of alkaline reaction, and analogous to mother's milk in the three principal food elements. The baby started with this food on the third day. The temperature was normal and bowels in better condition. We were compelled to reduce the proteids during the following week owing to constipation, (the bismuth and calomel had been discontinued) and the occurrence of curds in the stool. For four days we used only cream (4 ounces) and oatmeal water instead of clear H2O as a diluent, giving also orange juice twice daily. The bowels loosened and improved and stools were more natural. For the sake of the possibly altered the condition of the mesenteric glands and as a tonic put him on the syrup of iodide of iron (10 drops three times daily) a short time after meals. We then returned to the original proportion of milk and cream, but continued the use of oatmeal water and allowed the orange juice. He improved and gained a few ounces in weight during the next two weeks, but early in July had an attack of acute milk infection. Vomiting and frequent watery stools—temperature 101. We stopped all food for twenty-four hours; used high irrigation of the bowels until the returning water was clear. Repeated this several times daily and returned to calomel one-twentieth grain every half hour dry on the tongue. Used cold sponging and after a few hours whisky diluted five times with water every hour. After one day there was improvement and we then gave white of egg barley water adding beef juice after twelve hours, and gradually returned to our old mixture, using the calomel for several days. We then changed to the arsenite of strichnia—grs. 134—every three hours. This was the last serious trouble, lasting all about one week. We then began the use of phosphorus, one two-hundredth of a grain in olive oil three times daily, but watched closely the food, changing occasionally the various ingredients. He spent most of his time in the open air and received a cold salt water sponging daily. He gained in weight gradually from the middle of July, and we slowly increased the richness of the food, giving in addition beef juice. After one month's use of the phosphorus it was stopped, and in September we put him on the Syrup of Hypophosphites. He has now twelve teeth, crawls, and wants to and can stand, but the mother discourages that as et. He now takes solid food each day—breakfast food with a little cream, beef juice, oatmeal wafers and butter, mash potato, and has no trouble with his bowels. He weighs nineteen pounds and, as the gain or loss in weight is the best index we have to the nutrition in childhood, we know he is thriving and in a fair way to recovery.

Read before the Council Bluffs Medical Society, October 26th, 1898.
NOTES ON LATE EMERGENCY HOSPITAL.

STUART A. CAMPBELL, M. D., Chief of Staff.

A few words on the hospital work at the late Exposition may be of some interest to those who were unable to visit this department. The need of a hospital on the Exposition grounds was questioned by many, but a glance at the brief summary of cases which were treated during the season will immediately prove the necessity for such an institution.

The total number of cases treated were over two thousand; seven hundred of these were accident cases, many of which were of a serious nature such as concussions, fractures, hemorrhages, etc. Yet the majority of the accidents were of a milder degree of severity, represented by contusions, laceration, sprains and puncture wounds. The accidents of serious character occurred early in the season while the large buildings were yet under construction. During this period a number of concussion of spine and brain injuries were under our care. The fractures were many and of various types. Fractures of all the bones of the skeleton, excepting the skull and spine, were represented. The nasal bones were pre-eminently the weakest and took the lead of all others, in number, by over thirty. Several severe fractures of both Sup. and Inf. maxillary bones were under our care. Many of these were comminuted and complicated and in one fracture of the Inf. maxillary over two inches of bone was totally destroyed. In this case our ingenuity was taxed to its utmost—the fragments could not be approximated or held in apposition by any means we could devise—in spite of all the methods we employed recommended by Drs. Summers, Park and the American text book. We concluded the treatment by the removal of the patient to one of the city hospitals. Several intra-capsular fractures of both the femur and humerus were under our supervision; all were in old women ranging from 65 to 74 years. The cases were followed as closely as possible, after leaving our hospital for our own personal observation and but two out of the seven cases resulted in anything but a useful limb.

A large number of badly lacerated wounds were furnished by the employees and animal trainers at the Hagenbeck show.
Our experience in dressing wounds made by lions and leopards was a most interesting one. In all cases the wounds were badly infected and upon this depended our line of treatment. All were freely opened, thoroughly irrigated and in many cases cauterized and dressed with moist carbolic dressings. We had excellent results in every case and in appreciation of this fact the manager of the show presented Dr. Strader and myself, each, with a beautifully mounted lion claw.

We were called upon to treat a large number of burns and scalds. The degree of severity of the burns varying from 1st to 3rd degree. Seven of these burns were produced by electrical currents, all of which occurred in the hand. The external appearance of the injured hand was not visibly altered, save for a slight amount of discoloration, not due to charring however. These patients all complained of extreme pain in the injured part and a sensation of numbness extending up the arm. The dressings used in all these cases were the Ungt. of Boro-phenolated Vaseline, or the rubber tissue and the moist carbolic, as the case suggested. Sloughing occurred in but two cases and all went on to a satisfactory recovery, both to us and the patient, though the electrical burns were of exceptional duration.

During the Indian Congress and following the sham battles we had occasion to dress numerous wounds which had been produced by the careless markmanship of the Indians. Fortunately the wounds were not made by bullets, but by heavy rads of paper, soap and paraffin. The powder wounds were severe; particles of clothing and dirt from the cuticular appendage of the savage in all cases deeply imbedded in the tissues. Our treatment was the coarse stiff brush followed by the sharp curette and concluding with a moist carbolic dressing, followed later by a dressing of borated vaseline. In no instance was an anaesthetic administered and the nerve which those brave exhibited, while the treatment was being inflicted, was simply wonderful. Whether the results were due to the iron constitution of the Indian or to the heroic treatment I am not prepared to say but over thirty cases were treated in this way and the results were very satisfactory.

The cases of acute sickness which demanded our attention were numerous; representing over fifty different varieties of disease ranging all the way from a simple faint to appendicitis;
typhoid fever and sunstroke. The number of cases of severe enteritis ran up into the hundreds and was exceeded by none save by that of heat exhaustion which numbers over three hundred. These cases of heat exhaustion were brought in in large numbers, often as many as forty in one day, July 4th being our banner day, when over sixty of these cases were received. The cases of Thamic fever were relatively few—about thirty I believe. Several cases of Hepatic colic were brought in and cared for in the wards. Six cases of threatened abortion and miscarriage were under our care, none of which occurred, however, while in the hospital. Several cases of Typhoid fever occurred among those who were employed in the concessions. Malarial fever was a frequent disease among the employees on the grounds. In regard to other diseases, with which we met, little of interest could be said. During all the season and in view of the fact that over two thousand persons were treated in the hospital not one death occurred among the patients while in the hospital. Five deaths occurred on the grounds, however. One visitor dying from an apoplectic stroke and the other deaths were among the Indians and Oriental people. The latter were all young children. Only two births occurred on the grounds during the season but no one can prognosticate how many young turks may yet appear.

Now that we have given a brief report of the most common cases perhaps a few special cases would be of interest.

Among the most interesting cases was one of mitral and tricuspid regurgitation complicated by a hypostatic pneumonia, in an old gentleman from Montreal, Canada. His condition was such he, that he could not be removed for ten days, when he was taken to St. Joseph Hospital. After being removed he continued to grow weaker, and the family decided to attempt getting him home. Dr. Strader was engaged to accompany them on the trip. The trip was successfully accomplished. The patient's condition being better at the end of the journey that at the beginning. His death, however, was reported November 9th, three weeks after reaching Montreal. While in Montreal Dr. Strader, through the courtesy of Dr. Geo. Wilkins, a professor in McGill College, visited McGill Medical and other university buildings, Royal Victoria and Montreal General hospitals, and many other points of interest.
The opening week one of the employees appeared to us for relief who had three large carpet tacks deeply imbedded in the lower pharynx. Four individuals appeared who had unfortunately undertaken to swallow some of the Log Cabin's fish bones. They were deeply imbedded in the lower pharynx and were extricated with not a little difficulty. One patient came to us with a badly ulcerated cornea, which had been produced by a little mismanagement in using some patent catarrh powder (which contained much cocaine) and in attempting to blow the powder through a tube into the nose succeeded in landing the material in his right eye. It was an hourly occurrence to remove foreign bodies, such as cinders, insects, etc., from the eyes. Our slumbers were frequently interrupted by the persistent howl of some Oriental as he gave vent to such inward feelings as none but those who have suffered from a severe toothache can tell. It was an every night occurrence to extract a bug or insect from the auditory canal of an Indian or Turk.

After working hard during eighteen hours out of the twenty-four and answering all night calls with the patience of one who is more saintly than a medical student, imagine if you can our vocabulary of adjectives as we were called up one morning at 3 A. M. to treat an employee for pediculosa pubis. On another occasion, at 5 A. M., we received a hurry call to the Indian Congress, anticipating serious needs and prepared for any emergency, the ambulance surgeon hurried to the camp only to find an Indian with the Gonorrhea and consequent chordee. To those who know the doctor who served as ambulance surgeon, it is needless to suggest words which he uttered upon such occasions. These are only a few out of the many annoying instances which occurred during our period at the Hospital, yet overshadowing all this, our experience there was a broad and valuable one, and one by which we shall profit, as well as our patients, so long as we remain in the practice of medicine.

PHYSICIANS' SUPPLY HOUSE.

The pioneer and popular house of the Aloe & Penfold Co. of Omaha merits commendation, and special attention is called to their advertisement in this number of the Pulse. (See back cover page.)
Editorial.

The Pulse extends to all Christmas greetings and trusts the holiday recreation will bring to each a period of rest from studies, and the knowledge that the mid-winter Exam. was successfully met and creditably written.

***

The photo of Dr. Byron B. Davis is seen on the honor page this month. Read the instructive and interesting article by the doctor on a subject, the mastery of which gives to the young man and not unfrequently the old-timer, all kinds of troubles.

***

We understand that one of the freshmen, discouraged by the seeming impossible difficulties he was expected to master at the O. M. C., "Folded his tent and stole away." No doubt he was sorely tempted, but he will learn that newer and more pretentious buildings will not make easier the gaining of a medical education.
Drs. Bridges and Summers will end their series of interesting clinics, at the County Hospital, with the end of this term. Drs. Milroy and Jones will take up the work at the beginning of next month.

***

The few cases of small pox in the city, did not frighten the students half so much as the offer and the evident intention of Dr. Gibbs to vaccinate them free of cost. Medical students are so little accustomed to receiving favors, unless they have "put up," that they naturally become somewhat suspicious of anything said to be without cost. This last is offered in explanation of the reason for the fright mentioned above. It goes without saying that no medical student is afraid of vaccination.

***

It occurs to the editor that if the various class editors would give a little more time to the gathering of class notes. The Pulse would be of more interest to their class-men. A fellow's hom­folks and acquaintances are particularly interested in the notes concerning his class, and if the notes are restricted to a half dozen short items, their interest is correspondingly lessened. What's the matter with two pages of notes from each editor for January number?

***

We wish to call the attention of our readers to our advertise­ments. The success of any paper depends upon the number of its advertising patrons. The number of advertisers depends upon the value of the sheet as an advertising medium.

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Clinical Department.

J. F. Kelly, M. Editor.

Immanuel Hospital has a very beautiful location overlooking the city from its northwestern limits at the end of the South Omaha and Sherman avenue car line. It is well built, thoroughly equipped and up-to-date in every particular. Dr. B. B. Davis, Professor of Clinical Medicine, is surgeon to this hospital and holds a surgical clinic for the students of the college every Saturday from 2 to 3 p.m., in the operating room of the hospital, which is a model of its kind for the admission of the light of day, for its splendid equipment and for its generous amphitheatre, offering to the students a needed repose, as the tail end of Professor Davis is very systematic and thorough in the conduct of his clinics; takes up but one case each Saturday afternoon, and demonstrates that case in a strictly scientific manner. He first unfolds the history of the case, the nature of the trouble, gives his diagnosis by exclusion from the many affections which may stimulate it, then, with the use of the blackboard diagrams, the most prominent methods of surgical procedure in the given case, states his preference with the reasons for it, and finally, with everything in complete readiness, coolly performs his operation, every step of which is clearly defined and made plain to the student.

The following is an abbreviated report of the simplest case and operation we have thus far seen in the doctor's management. A young man lay on the table with a swollen knee. Dr. Davis said: "We have here a knee joint case. I wish the students today to think especially of the many things which may produce this condition. The young man is 20 years old and has never been sick in his life, until, six weeks ago, he received a kick from a horse on the inner side of his left knee. Inflammation, swelling and pain at once followed. At the end of the first week the pain ceased but the serum continued to exude. As to the present condition you notice the swelling and the riding of the patella, indicating effusion. We may think first of the numerous bursae about the knee joint. In early years we find a sac immediately above the knee constituting a true bursa, but
we know that later this becomes reduced to a pocket belonging to the knee joint. Then there are the patella bursae, supra and sub, and bursae between the muscles and ligaments at the side and behind. Among the various joint affections, therefore, let us put down first, Bursitis.

1. Bursitis.—
   Acute serous bursitis.
   Acute suppurative bursitis.
   Chronic serous bursitis.
   Chronic suppurative bursitis.
   Chronic fibrous bursitis.
   (Syphilitic bursitis. May affect all the bursae).

2. Synovitis.—
   Acute serous.
   Acute suppurative.
   Chronic serous.
   Chronic suppurative.
   Rheumatic.
   Gouty.
   Gonorrhreal.
   Syphilitic. (Secondary stage.)
   Tubercular.

3. Arthritis.—(May have all tissues except the bone involved.
   Rheumatic.
   Gouty.
   Tuberculous.
   Infective.—(a) From penetrating wound.
   (b) Low condition in sprains.
   (c) Pyaemic, following fevers.—Typhoid, diphtheria, scarlatina, etc.
   (d) Gonorrhreal.
   (e) Extension from the bone as in osteomyelitis.

4. Osteo-arthritis.—(Involving all structures of the joint)
   (a) Traumatic.
   (b) Exposure to cold.
   (c) Typical osteo-arthritis—starts without any apparent cause—may be precipitated on very slight injury, progresses slowly—each step a downward step—nothing can be done for it—little serum—dry—bones wear off and shorten.

5. Tuberculosis of joint.
7. Charcot’s disease of joint.—Tabetic arthropathies,—locomotor ataxia; before peculiarity of gait begins a joint disease
may set in and in 12 hours a great amount of serum exude. One naturally mistakes it for synovitis.

8. Haemophilic disease of the joint; affects haemophils; joint fills up with blood; putty mass from coagulation.

9. Loose bodies in the joint.


11. Hydrosarthritis—the one condition we have not mentioned. What may cause it? “Question put to the class.) Ans “Chronic serous synovitis.” We might have it in Arthritis; rarely we have it in Tuberculosis; frequently in Syphilis, the secondary stage; occasionally, but rarely in Osteo-arthritis, and we have it in Charcot's disease. Serous synovitis may be caused by loose bodies in the joint. Which one of these have we in the case before us? Answer of the class: “Chronic serous synovitis.” “What shall we do for it?” “I want your advice.” Ans. No. 1: “Aspiration.” Ans. No. 2: “Make free incision and wash out thoroughly.”

It is needless to report in further detail. Suffice it to say that the doctor found the correct diagnosis and sound advice of the Seniors very acceptable; that he proceeded to aspirate and after this to wash out the cavity by repeated injections; that, in view of the fact that each injection came out colored somewhat with blood, and the possibility of blood clots was thus indicated, he promised to consider the proposition to make a free open incision later, and that he finished the operation with the application of a compress bandage.

NOTES.

The ulcers are getting along very nicely—are nearly all healed up.

Dr. Updegraff operated in the college surgical clinic Monday afternoon Dec. 12th, for the removal of a sebaceous cyst, and thereby elevated himself to a high position of authority on surgical methods of procedure in these cases.

Dr. Jonas' cases seem too numerous to mention and not go beyond our limitations. We will get after him in time. The same may be said of Dr. Gifford. We have lots of notes on his clinics but do not know yet just in what shape to put them. McClanahan, Milroy, Owen, Hoffmann and Summers have all presented us numerous and interesting cases. But The Pulse is published but once a month, the editor of the clinical department doesn't get any pay and has his lessons to study. Any contributions to this department from students or professors or any suggestions will be thankfully received.

These venereal cases, in the so-called “practical” aesthetics of ruling doctors, are said to be “beautiful,” “up-to-date,” etc. but we take especial pleasure in recalling something old-fashioned and worthy of mention, even at this late date. It was
nearly a year ago when there came into Dr. Gibb’s clinic a good-looking, tender-hearted, young Bohemian of the old Waldensian type, with honesty and sincerity so great as to overshadow, conceal and embarrass his present wif. He was not only well but it did one good to look at him. He only complained of having had neither slumber nor sleep for many nights, and the natural presumption was that his condition was pathological. But under the careful, suspicious and mercilessly searching inquiries of Dr. Gibbs it finally developed that beyond the banks of beautiful blue Danube he had left his girl with lonely heart to beat a sad reflex to his own. As a matter of conscience the young man could not sleep. But the mischievous doctor instead of enlightening the lover’s conscience with truth and sound advice, bluntly made out a prescription with potassium bromide as its base, and with the apish presumption of a disciple of the new suggestive therapy told him there were just as good looking girls in America as in the old world. True enough, indeed, but one cannot help but think of this young man occasionally and with a longing heart wish him safety.

It is not our province to criticise our professors and instructors within their strictly professional sphere of medicine, but out in the broad plains and infinite expanse of mental suggestibility or psychotherapeutics there is room for fighting.

Note.—The foregoing was written Dec. 16. To justify our fears this young man turned up in clinic today, Dec. 19, with a venereal wart. But the bad suggestion is wrongly referred to the doctor’s prescription. It is in the air of the building and needs to be cleaned out. Raise the windows.

Friday morning, Dec. 9, we had the pleasure of witnessing Dr. Allison perform one of his heroic feats. He removed from a woman’s abdomen a large fibro-plastic tubercular cyst, which was unpedicled, offered no line of cleavage, and had formed the most persistent adhesions to the rectum, bladder, uterus and all the other mesentery as far as the stomach, thus endangering to trauma apparently everything in the abdominal cavity. The milary tubercles were seen scattered about in great abundance. Dr. Allison is writing an article for a New York medical journal on this phase of tubercular inflammation. He says that the best results are obtained in these cases from mixed infection, that was formerly accredited to exposure to air and the germicidal effects of oxygen on opening the abdominal cavity, is now seen to be due to the surgeon’s hands mixing up the pure culture of Tubercle bacilli with streptococi, pus cocci, etc., thus setting up a destructive war of one culture upon the other. The doctor has high authority to quote on this subject. He suggests that probably the way of treating these cases ten years hence will be to inject pus into the abdominal cavity.
Alumni Department.

Here are a few of the old timers:
Dr. H. S. Leisenring, class of '83, located at Wayne, Neb.
Dr. George M Hull, class of '85, located at Kearney, Neb.
Dr. Thomas E. Barron, class of '92, is located at Creston, Neb.
Dr. Joseph M. Dalbey, class of '85, located in Salt Lake City, Utah.
Dr. L. R. Markley, class of '83, located at Whatcom, Washington.
Dr. A. H. Keller, class of '83, located at Sioux Falls, South Dakota.
Dr. Edward Diedrich, class of '82, located at Portland, Oregon.
Dr. Howard Brothers, class of '83, located at Phillipsburg, Kansas.
Dr. Alba Johnston, class of '94, has removed from Craig, Neb., and is now practicing in Byron, Illinois.

For general all round spicy literature read the article of Dr. Stewart A. Campbell in this month's issue.

Dr. Dana B. McMahan, class of '98, was recently married to a young lady from Colorado Springs, and has located at Newman Grove, Neb.

In another column of this issue appears a carefully written article by Dr. Mary L. Tinley, class of '95. It was rather lengthy for us but was too good to lose.

Dr. E. J. Taggart, class of '88, is one of Nebraska's busiest and most progressive physicians. He is located at Gretna, Neb., and has been doing extensive post graduate work in New York recently.

Dr. Andrew Johnson, class of '90, read an excellent paper at the last meeting of the Omaha Medical Society on the diagnosis of typhoid fever. The paper was ably discussed by Dr. Willson O. Bridges and others.

Dr. Paul E. Von Koerber, class of '96, has just sent us a contribution on the metric system of weights and measures which will probably appear in next month's issue. He has promised to write up his extensive post graduate experience in Germany for the benefit of the Alumni.
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Medical Letters may be addressed to:

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

Dr. H. S. McGavren, class of ’87, who was at one time located in Omaha and later in San Diego, California, is now in Sacramento, California. He limits his practice to diseases of the eye, ear, nose and throat.

Dr. C. C. Chan, class of ’97, is practicing medicine among his countrymen in Shanghai, China. He writes interesting accounts of his work there and we hope to have an article from his pen in some future number of the Pulse.

Dr. Harry B. Lemere, class of ’98, who has been with Dr. Owen the past year has gone to New York to do post graduate work. After spending several months there he will go to Manchester, England, where his parents live, and do post graduate work in some of the large hospitals in that country.

The editors of the Pulse would be glad to give the older men more prominence in the work credited to graduates of the O. M. C., but they are not very numerous and are so widely scattered that they are hard to reach and even when reached it is no easy task to elicit responses from most of them.

Once more we wish to say to the Alumni that we are always glad to receive for publication in these columns all items of interest which they may send us. Anything will be welcome, from heavy scientific efforts to notes upon interesting clinical work. It is no trouble to get contributions and meritorious ones from the more recent graduates, but when we approach any of the older Alumni we generally get put off with hazy promises of something in the future.
Class Talks.

SENIOR NOTES.

H. E. BUNDECK, Editor, ’99.

Who invariably visits dreamland during Dr. Lowry’s lecture? Ask Kelly.

Who takes a stiff nail brush and vigorously scrubs a burn of the 1st degree? Ask Beatty.

Seniors, with an industrial air surrounding them, are very plentiful just now. Examinations are at hand you know.

Who walked five miles at two o’clock in the morning and the temperature below zero, to attend an obstetrical case? Ask Peterson.

Serious illness in the family of E. J. Updegraff prevents his regular attendance at lectures. We hope for a speedy recovery of the invalid one.

Who stated that the average temperature of a woman, two days after confinement, was about 90 or 100 degrees F? Ask Baron Westerhoff.

Baugess complains of a lonesome feeling most marked at the weekly gynecological lecture. Cheer up, old fellow, perhaps they will come again some day.

Coasting is fine, according to the latest report from Master James, the only drawback being the feeling of warmth and tingling produced by—several different etiologies.

One of the most practical points brought out at any lecture during the past month is a method employed for the relief of epistaxis, and consists in the application of congealed H₂O to—you know where.

Thirteen is an unlucky number and it has been stated that there are thirteen men in the senior class. This is a mistake. Two seniors are married and they both leave the better half at home. Two halves make one, therefore, there are twelve men in the senior class. We’re all right.

Finney holds the record for quick emergency work. He received a hurry call at 5 o’clock A. M., Monday morning and quickly responding, performed the operation, of course using surgical cleanliness in every respect, and returned to his office just as the clock pointed to 5:15. Excellent! Excellent!
JUNIOR NOTES.

A. B. LINQUEST, '00, Editor.

Wanted—Notice of next lecture on Electro Therapy.

If sleighing is good during the holidays Jefferson will doubtlessly square himself with the girls.

Davis and Betz will pass away the time during the holidays impersonating Santa Claus and singing lullabies.

Most of the boys will spend the vacation out of the city and abstain from pork, mush and mock soup for ten days to recuperate on a more tempting diet.

The first section has completed the work in the Bacteriological laboratory and the second section is now on light diet, hard work and a "forty dollar" bond.

Douglas and Shocky are juggling a hypothenosis. This they say is something new and we are inclined to think likewise. Both disown it but consider it applicable in the one case to Shocky's ability to tell meal-time and in the other to Douglas' yarns of the Midway and by agreement to Betz's discovery of a dumb-bell bacillus. Further information can be had of the exclusive advocates.

SOPHOMORE SIFTINGS.

E. H. SMITH, '01, Editor.

Allen also made the "folks" a short visit.

Who has that 1900 edition of Gray's Anatomy?

Wells made a visit home about election time. He was gone several days.

What does it mean when Dr. Curtis comes into the lecture room with a writing pad and a smile?

Dr. Lavender's synopsis on Inflammation is a good thing. A good lot of information yet not voluminous.

Mr. and Mrs. Ames, Shook and Kalal have purchased Leitz microscopes. A nice looking as well as a useful instrument.

Word has been received from Dr. Donald Macrae, Jr., indicating that he has arrived in Manila. Tinley is a member of the same regiment.

Sophomore and Junior "Dents" began dissecting about the middle of November. Knives, quiz masters and little red books have been in evidence.
Several of the O. M. C. boys spent Thanksgiving evening at the Y. M. C. A. Dinner, basket ball and speeches were some of the things indulged in.

Jas. H. Cullings, a former member of our class, has been working near Linwood, New York. Cullings hails from York State," and, although he will not be with us this year, has not forgotten the O. M. C.

Some of the boys are taking advantage of the Y. M. C. A. gymnasium. A good place to go for exercise and recreation. A fellow isn’t worrying very much about “exams” or tomorrow’s lessons in the midst of a good game of basket-ball.

Errata: In the 7th line in Sophomore Siftings in the November number of the "Pulse," change the first letter in the line to “G,” leave one “g” and the last “ed” off from the first proper name, and read Springfield instead of “Spring View.”

FRESHMEN LOCALS.

Peter James is slowly recovering from a severe attack of acute bronchitis. Mr. James has been confined to his bed for the past two weeks.

Mrs. Munger, who has been absent for about two weeks on account of severe illness, is reported to be much improved and will soon be able to resume her work in the class.

Mr. Kerr was called home just before Thanksgiving vacation by a telegram announcing the death of his father, which occurred November 23rd. The entire class unite in extending to Mr. Kerr their sympathy in his sad affliction.

Mr. Willis, of the Freshmen class, has been appointed to take charge of the drug room for the ensuing year. Mr. Willis is a registered pharmacist of high standing and will fill the position with credit to himself and the college.

The Freshmen class can boast of two anatomists who, undoubtedly, will in the course of time be rivals of the mighty Gray. Although differing some from the code of laws as laid down by anatomists in general, their knowledge on this line cannot be questioned. A single instance of confliction, or probably better revision is in the location of the femur. This, together with other changes which they may make, can be better explained by the promoters of these new theories,—Mr. A. H. Cooper and Mr. Yoder.
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