OMC Pulse, Volume 03, No. 5, 1900

Omaha Medical College

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Bellevue, Nebraska.
F. S. OWEN, M. D.,
Professor of Laryngology and Rhinology.
OMAHA MEDICAL COLLEGE
RHEUMATISM OF THE THROAT.

By F. S. Owes, M. D.

While the characteristic throat manifestations of such general diseases as syphilis, typhoid fever, the exanthemata and so forth, are fully recognized, those dependent on or concomitant with rheumatism are not so well understood or appreciated. It is not the purpose of this brief paper to discuss from the standpoint of recent investigations and deductions the relation of the throat and its diseases to rheumatism occurring in other regions of the body, but simply to call attention to a few diseases of the pharynx in which rheumatism plays an important role and the character of which if early recognized may often save the patient from much needless suffering and the physician from much anxiety and vexation.

It was not until long after rheumatism was known to cause swelling of the joints, to invade the heart, the brain, the stomach, the muscles, indeed scarcely any region of the body was known to escape its ravages and half the obscure pains to which the flesh was heir were laid to its door, that the laryngologist, not to be outdone, recognized it to be the prime causative factor of many affections of the pharynx. Among the first of these, in which the rheumatic diathesis was recognized, an important factor was peritonsillar abscess or quinsy. It has been said that if you wish to write down the causes of tonsilitis all that is necessary is to take some systematic text-book of medicine and to copy out from it the causes there assigned to rheumatism. Haig-Brown, one of the first to call attention to the relation of tonsilitis to rheuma-
tism, found that there was a suggestion of rheumatic origin in 76 out of 119 cases of tonsilitis occurring in school boys. Bosworth says that 90 per cent of the suppurative inflammation in the cellular tissue surrounding the faucial tonsil should be regarded as a manifestation of rheumatism. Coakley found that in 60 per cent of the cases a history of acute rheumatism either in the patient himself or a family history of this disease can be obtained. That the rheumatic diathesis is an important factor in the etiology of acute tonsilitis is confirmed by almost every observer in recent years. Therefore in the treatment of this very painful and distressing disease we should not overlook its most probable cause, which I am sorry to say is too often done, and treat it largely as a local disease. The cause should be carefully sought and if there is even a suspicion of rheumatism the appropriate remedies for that disease should be unsparingly exhibited. By these energetic means intelligently directed we may often abort the attack or, at least in the majority of cases, mitigate the severity of the symptoms. I need not detail the treatment, as it is familiar to all, but will suggest that if the most benefit is to be derived from anti-rheumatic remedies in tonsilitis they must be pushed in the first few hours of the attack.

The empirical employment of guaiacum in the treatment of follicular tonsilitis forshadowed its probable relation to rheumatism. A few recent observers claim that in a great majority of the cases, the underlying cause is a rheumatic diathesis. Among these may be mentioned Hall and Coakley, the latter placing the percentage of the cases having the rheumatic diathesis as the predisposing cause at 60. For a number of years it has been my custom to ascertain the prevalence of rheumatic affections in those coming to me suffering from follicular tonsilitis and I have been surprised at the number who have given a decided rheumatic history. I have also seen attacks of this affection precede, accompany, and follow an attack of rheumatism.
I have had under my observation a patient in the past year, who has had three attacks of torticollis which has each time wound up with an attack of follicular tonsilitis. We should therefore not lose sight of the fact of its possible dependence upon a rheumatic diathesis and when suspected, not to withhold such remedies as salicylic acid, salol, the alkalies, etc.

There are many distressing and troublesome affections of the throat, the rheumatic dependency of which, if not correctly interpreted, will be treated locally by all manner of applications in vain, if not to their detriment. Here might be mentioned the rheumatic sore throat of the books, with which, no doubt, you are all familiar. Then there are several varieties of chronic nature difficult to distinguish from like conditions from other causes on which local exhibition of sprays and pigments produce, if not positive harm, a very indifferent effect, but which readily yield to a course of general remedies directed to the rheumatic diathesis. I will not enter into a discussion of these, as it would take us beyond the purpose of this paper.

In conclusion I will say that we are too apt to lose sight of the fact that the throat is only a part of the rest of the body, not separate from it, and look upon throat affectations as purely local in character, whereas, owing on the one hand to the double influence of the peculiar relation of the throat to the nose, mouth and stomach and on the other hand, to the proneness of general diseases or conditions to produce their most marked local manifestations in this region, it is a matter of fact that we seldom have an idiopathic disease affecting it. The better this is understood the better we will subserve the interests of our patients. The rheumatic diathesis as a possible causative factor should always be borne in mind in the treatment of all throat troubles.
THE UNFORTUNATES.

By George Mooridge, M. D., Class of '94, Assistant Superintendent Institute for Feeble Minded Children, Glenwood, Iowa.

The unfortunates of whom I shall speak are known in the United States as "feeble minded." In European countries the term idiot and imbecile still prevails, whilst we have softened the phraseology and have adopted the more euphonious term of feeble minded. These three terms will be used by me synonymously. It is difficult to give an exact definition of the term, one that will cover every phase comprehended under it. In our text-books and medical dictionaries are a number, but there is really none entirely satisfactory, each observer practically having one of his own. In a broad way, it may be said that a feeble minded person is one who, by accident, disease or inheritance, has such feeble brain action that he cannot, under the most favorable environment, be educated up to and become normal. A French writer has said that the difference between a dement (insane) and an imbecile is, that the first has once been rich and is now poor, whilst the latter has always been poor. It is to be noted, however, that the feeble minded is not so on account of an entire absence of some of the mental faculties, but owing to an arrested development of them.

The number of these unfortunates is so great that every village in the United States must certainly contain one or more of them. It is estimated and is probably true, that there is one feeble minded person to every five hundred of the population. You will see from this that their number probably exceeds that of the insane. In Iowa, where particular inquiries have been made as to the number of this class, we find that they actually do outnumber the insane. Locality does not seem to have much effect upon the number; we find the same proportion practically in the urban as in the suburban centers. The numbers are relatively the same in Europe as in the United States. It is also true that no class is exempt from feeble minded offspring. Rich and poor alike contribute to the total; learned and simple appear to be af-
flicted with such progeny in their relative ratio to the general population.

We are often asked whether the condition is not increasing. This, however, is not the case, but with extended knowledge of what constitutes the normal and abnormal mind, together with better facilities of obtaining information, we find the aggregate number with greater accuracy than formerly, and it may appear to a casual observer that the number is on the increase. It appears almost incredible that with this class on every hand, publicists were so slow to recognize their needs or provide for their betterment and comfort.

Their history is modern and brief. It commenced with the first year of the nineteenth century. Prior to that, we find but little regarding them, except in so far as occasionally in literature, we have mention of idiots, misshapen individuals who were kept for diversion by the so-called better class. These few probably had some privileges; at any rate they were well cared for on account of their peculiar physical or mental characteristics, but the mass of them were utterly neglected or left to die as cumberers to the ground. Parental affection has probably been the same in all ages, and from parents, especially the mothers, the unfortunates no doubt received all the protection a mother love could supply, but outside of that their fate was probably as sad as we can well conceive.

About the year 1801, Itard of Paris, endeavored to educate a child who is known to history as the Savage of Aveyron. This child was found in the forest adjoining the village from which it takes its name, in an utterly wild condition, without clothing, finding its food in the herbs and nuts of the forest. It was brought to Paris and became an object of intense interest, not only on the part of the general Parisians but of scientific men, amongst them a number of physicians. Itard continued his attempts to educate this savage for five years but finally abandoned the attempt owing to his becoming convinced that it was an
idiot. We learn from this, that whilst the idiot was known and his mental condition recognized, it was held by all in that day that any effort to educate or uplift the idiot in any way would be futile. Itard's was the first recorded instance of any attempt to educate an idiot, and was not undertaken by him for the purpose of building up the mental faculties of an idiot but to prove a certain theory in regard to the evolution of man. In 1818 several markedly idiotic children were admitted to the American asylum for the deaf and dumb at Hartford, Conn., and under painstaking training some improvement was made. Crossing the ocean again we find that in 1828, Dr. Ferret at the Bicêtre, in Paris, gave instruction to the more intelligent imbeciles who were confined at that time in the hospital. Three years later Dr. Fabret inaugurated similar work at the Sal Peteriere, and in 1833, Dr. Voisin opened a private school for this class in Paris. All the foregoing efforts appear to have been negative in results and were soon discontinued. But the thirty odd years alluded to were not to be barren of results, for the failures of others was the inspiration to one, who later solved the problem, denied to the greatest scientists of that day; namely, the successful training of the idiot.

Dr. Edward Seguin, a pupil of Itard, began the private instruction of idiots at his own expense. In 1839 he became instructor at the Bicêtre and again, a year later, took up and continued the work in his private school. For seven years he labored and experimented before maturing his system, which he called, "physiological," and in the year 1844 he received the endorsement of the French Academy of Sciences, who stated in their report upon his methods, "that up to the time he commenced his labors in 1837, idiots could not be educated by any means previously known or practiced, but the Dr. Seguin had solved the problem." Dr. Seguin remained in Paris until 1848, when, owing to political changes, he was forced to abandon his work and country. He sought refuge in America, where his personal la-
bars had already become known through Horace Mann and George Sumner, who had been eye witnesses of his success, and was of great assistance to Drs. Wilbur, Kerlin, Brown, and others, in establishing schools for idiots and imbeciles in various cities of the eastern states. The one great classical work on Idiocy was published in 1866 by Dr. Seguin, and is entitled Idiocy and Its Physiological Treatment. I might here mention that his labors for the uplifting of the idiot have been fraught with benefit to the normal child, inasmuch as his teaching has been a factor in bringing into play similar methods in general educative plans.

Dr. Seguin did not claim for himself the distinction of priority in demonstrating the possibility of raising the mental condition of these unfortunate but says, “There is a sort of mysterious upheaval of mankind, in the way new things spring up. *** At a given hour, anything wanted by a race makes its appearance simultaneously from so many quarters that the title of a single individual is always contested and seems clearly to belong to God, manifested through man.” So we find that in 1842, Dr. Gugenbuhl established a school in Switzerland for the education of cretins, this class being common in certain portions of that country, their physical condition being complicated with mental deficiencies in varying degrees. In the same year a school for the instruction of idiots was opened in Berlin by Dr. Saegert, and a few years later a school was opened in Bath, England, for the same purpose. Thus we find that there was a general awakening in various countries, wide apart, for the uplifting of a class which had heretofore been denied all social privileges on account of their supposed inability to receive any education. In the western hemisphere the first school for them was established in the state of Massachusetts and the first pupils received October 1st, 1848. New York followed in 1851 and Pennsylvania in 1853. These were largely tentative attempts made to demonstrate that the idiotic condition could, by judicious and special training, be
ameliorated and being somewhat experimental the pupils they received were of the highest or best type of the class. The general public looked upon these early workers (Wilbur, Kerlin and others) as visionaries, and but little moral or financial support was given them by it. Every recognition that they received later was fully earned by work and demonstration, and although the fruition of early hopes was slow, yet it was none the less sure and in the last fifty years a new charity has been evolved and perfected, and in this year, 1900, there are twenty or more states maintaining special institutions for the care and training of these unfortunates. It is a significant fact that no state having started a school or home for them has ever abandoned the work. On the other hand, it is a fact that every state that has taken up the question of state care for them has extended from time to time the scope of the work until those that are maintaining such institutions are doing it on a scale fairly commensurate with the needs. The western and southern states, as a whole, have not been so prompt as those of the east and middle west, but the protection to the individual and to society afforded by public care of these unfortunates is gradually extending in all directions and we find that it is true that an intelligent public will always respond when its duties and responsibilities are clearly shown. Missouri and Texas have within the past year extended substantial recognition in the direction to these unfortunates.

The census of 1890 gave the total number of feeble minded persons in the United States as ninety-five thousand (95,000). Of this number there are less than nine thousand (9,000) cared for and maintained in the twenty-four public institutions, now in operation in twenty states. It is not expected that the entire number will ever need state care, but it is presumed that at least one-third are in such a condition that state aid is necessary for them. The United States is far in advance of the older countries of Europe in her beneficence toward these unfortunates, still we find that Germany, France, Great Britain, Sweden, Norway, Den-
mark, Switzerland and even Finland and Japan are doing something for their betterment. Germany has some fifteen or twenty small institutions scattered throughout its various states; France, three or four; Switzerland possesses the same number; England, five or six, and so on; but the accounts from Europe as to the extent of the work points to North America with pride, in their endeavors to encourage a larger provision in their own lands. A difference to note between the modes in the two hemispheres is that in Europe the provision is almost altogether of a private and voluntary nature, with us, the state assumes the responsibility.

The institution caring for a feeble minded child or person is rather a complex affair. It combines, or should do so, the features of a home, family training, school and industrial training and finally, an outlet for simple productive labor, the said labor having been made possible by the early training in the school and other departments. The success of the institution will largely depend upon the equipment of the same. It is thought at the present time that the colony plan is best adapted for their varying needs. By this plan small groups of the different mental and physical grades can be maintained and the bad features of a large one building institution be remedied. The colony plan requires a large acreage, at least from one to two acres for each prospective inmate, so that in the establishment of such a colony the contemplative number should be provided for in its inception. By such a plan, the child that shows capabilities can be trained in various simple trades or occupations and use them in their future home in the colony. It is not advocated by their best friends that they be simply educated and then turned loose on the general public. In fact, it is emphatically urged that the institution should be their life home; a little world set apart for themselves; a haven of rest, like unto heaven in one respect, namely, in it there shall be no marriage or giving in marriage. This detention is not so requisite for the lower as for the middle and higher
grades, for if these are permitted, when their education is completed, to go out from the institution and mingle with the world the result will be a multiplicity of the same condition for future generations to care for; not only this, but the public expense from depredations and evil courses will be enormously increased, for we now recognize that however much improvement is made, there is a point beyond which they cannot go, viz: their reason and judgment will always remain deficient; hence, they readily become victims of designing persons and are easily led into vice or crime. Some penologists affirm that a large proportion of the criminal, inebriate, and vicious class are below par mentally, are in fact, feeble minded, and are not so much sinners as sinned against. The later history of many who have left the Iowa institution by the mistaken kindness of friends, has proved disastrous to their health and morals, and many shipwrecked lives are on record that could have been averted.

There has naturally been investigation and discussion as to the causation of the condition. Until recently there was a tendency to ascribe evils of this nature to heredity. Heredity was a convenient cloak behind which to hide our ignorance. I want to preface my remarks on causation by saying that we inherit the physical or material structure of the body, bone, sinew and muscle from our parents. The mind itself is immaterial and is not transmissable. It is true that we may inherit a strong physique; we may inherit a stable brain and the operations of mind will then have nothing to let or hinder, except the influences brought to bear by environment. On the other hand, we may inherit an imperfect or feeble physical condition of brain matter and in this case we will have an imperfect instrument through which the operations of mind cannot be perfected. There are two modes of thinking of the mind; the materialist says that brain is the organ of mind, those opposing this view believe the brain is simply the organ through which the mind operates. I have just used the word environment. There is at present much discus-
sion on the subject of the influences of environment and heredity. Briefly, I would state that the former plays a more important part in the history of the human race than was formerly supposed. The following extract is recent: "The physical condition, good or bad, in the parents, especially if congenital, is transmissible, but it will require agreeable or suitable environment to perpetuate character, good or bad, existing in the immediate parental stock. Tribal habits or characteristics, caused by generations of environment, become constitutional. Individual habits and traits are not, as a rule, transmitted to immediate offspring. The causes of feeble mindedness may be roughly divided into two classes: Those operating before birth, and those operating at the time of or subsequent to birth.

Causes occurring prior to birth. Under this division we consider the abnormal physical and mental condition of the parents or direct ancestry, which includes insanity, feeble mindedness, epilepsy, tuberculosis, intemperance, specific diseases and consanguinity.

Insanity: This being a diseased condition of the brain substance often accompanied by a lesion, renders the transmission of perfect organism to progeny, at least doubtful, and we find a certain percentage of feeble minded persons having a family history of this condition. A peculiar feature of the different neuroses is that although they appear to transmit to offspring some physical or mental defect it is not necessarily the original one with which the parent or ancestor is afflicted. For instance, insanity in the parents may produce epilepsy or feeble mindedness or deaf-muteism or any other of the various forms of mental defects, and in some cases accompany physical defects.

Imbecility: This condition is more directly transmitted from parents to offspring than any other neurosis, and it is difficult to imagine how feeble minded persons can have normal children. Indeed, we are acquainted with many sad cases of this direct transmission, which includes every child born of such parents.
Epilepsy: This dread disease entails upon future generations some of all the nervous afflictions that flesh is heir to. It has been said by some observers and with truth too, that of all the neuroses, none is so sure as epilepsy to transmit to future generations some taint. It is not often that we find a direct transmission of the epileptic disease. More frequently it is feeble mindedness or insanity or some other allied condition, but it seems to be the unfortunate fate of the epileptic, that in addition to his own lamentable condition, that he will, if permitted, perpetuate some mental infirmity in his innocent offspring.

Tuberculosis: In examining the histories of many cases, I find that in Iowa about twenty-one per cent of the children who have come under our charge have a tuberculous history. In other localities and in other parts of the world the percentage is given as high as twenty-eight per cent. Whilst I do not believe that tuberculosis alone is a cause of mental deficiency in the entire twenty-one per cent of our cases, yet it is a contributive factor and where there are other transmissible weaknesses present it must be taken into account in discussing the etiology.

Parental intemperance: So much has been written of the evils of intemperance that I forbear to speak of it except in a cursory way. Intemperance, *per se*, would not seem to me to be the cause of as much mental feebleness as some have given it credit for. Yet there can be no doubt that the effect of intemperance upon mankind is such as to lower vitality and this surely has its effect upon future generations. I find about ten per cent of the cases at the Iowa institution who have a parentage addicted to the use of alcohol to some extent. Probably less than two per cent of these could be called dipsomaniacs.

Parental diseases: From what I have previously said you will understand that any of the wasting diseases may be contributing factors in the production of imbecility.

Syphilis in parents is not so apt to produce this condition as insanity, still we have a small per cent of cases in which the taint is very patent.
Consanguinity: It is often thought by the laity that the intermarriages of cousins or those near in blood, have some effect upon the numbers of imbecile children. The question has been discussed pro and con for many years. Dr. Howe, of Boston, taking the view that it was one of the sure causes of the condition, while the English authors took issue with Dr. Howe and stoutly maintained that it had very little to do with the causation. Our own investigation would seem to bear out the latter statement. In six hundred and sixty cases investigated, with reference to this matter, there was only 1.25 per cent of the offspring of first cousins and in practically all of these cases, there were other influences present, as insanity, idiocy, epilepsy, etc., sufficient alone to cause the disease. The danger of such marriages would seem to me to lie in the fact, that if there is a constitutional taint in the family history, such a union would concentrate in the offspring, the baneful influences of its parentage. The history of well known cases appear to successfully controvert the consanguine factor.

In addition to the foregoing, I might call your attention to the many ailments that the mother is liable to prior to the birth of the child. Maternal impressions during pregnancy, or age or premature senility and acute diseases during pregnancy, and any circumstance that causes an interruption of the circulation prior to birth, all have some etiological influence. All the diseases of infancy, as scarlet fever, measles, whooping-cough, cerebro-spinal meningitis, and the sequellae to these diseases, epilepsy and the various forms of cerebral palsy of children, injuries of various kinds such as falls and blows on the head are all factors in the etiology of the condition.

In thinking of the foregoing, it would be well to remember in nearly every case of imbecility, while there is one of the foregoing causes standing out with great prominence, there is usually in addition some other condition or conditions discoverable which play an important part in determining the mental unsoundness of
the child. From an acquaintance of a number of years with those composing the class under consideration, I am becoming more and more conservative in the hastily assigning causation. Indeed, we are so impressed with our present uncertainty as to the etiology that we do not care to express ourselves in any given case as to the cause. Parents who bring children to us explain minutely the family history, with reservations, and all the circumstances which they think are contributive factors to the disease and naturally desire an opinion as to the cause. This is not only true of parents but others who are interested are just as anxious or curious, and workers among them are also concerned to know somewhat of the etiology in order that they may intelligently administer to the individual case and if possible take advantage of that knowledge to formulate information that may be of use to future generations in preserving mental integrity.

Premature birth: This has been supposed to account for a small proportion of cases and there are a few, a very small per cent, attributable to this, viz:—those cases of cerebral palsy which have been afflicted with what has been termed “Little’s Disease.” In this class of cases we find a mental feebleness with physical infirmities and it is supposed that the physical infirmity, at any rate, is caused by premature birth. The reason given is that the upper neurons of the cortex which control muscular movement develop late in foetal life, and that in the cases under consideration the development has not been completed at the time of birth, consequently we find a plastic condition of the muscles, giving rise to the palsy which is nearly always accompanied by some degree of mental impairment.

Forceps: The use of forceps is often thought by the laity to injure the brain substance and affect the child, but in so far as I have been able to ascertain from cases investigated, there is but little evidence of a positive character in this direction in the feeble minded with a history of difficult or instrumental delivery. A greater danger to mental integrity lies in a difficult and pro-
longed labor rather than to the skillful use of those instruments to aid in such a case.

Causes operating after birth: These are many and it is a noticeable feature that from fifty to sixty per cent of imbeciles show post mortem evidence of brain diseases, but little of which was suspected in life.

Classification: There has been much confusion in attempts at classification, and a thoroughly scientific one is at present impossible. Kerlin suggested a practically useful one with reference to the degrees of mentality, as follows:

Idio-imbeciles.
Moral imbeciles.

This we have found to answer our purpose at the Iowa institution as it conveys to an ordinary observer even a picture of the mental condition of the individual. Dr. Kerlin describes these different groups as follows: “A helpless gelatinoid creature, so limp and structureless that he doubles in three like a clothes horse when lifted from his bed. The only noise that interests him is that of a bell. The only object he ever seems to look at is his hand. He cries when he is hungry. With his great luminous, soft, eyes, he reminds one of a seal. Perhaps his intelligence is rather below that of a trained seal. It is certainly not that of a babe four weeks old. He is mute, dwarfed and helpless; actuates nothing; sleeps well and eats well when he is fed. He is a profound apathetic idiot.” Of the type of excitable idiots he mentions one eight years old, mute, wild and vicious, biting anyone whom she can reach with a nervousness in the act which suggests an irresponsibility; darting to an open window to throw herself head-long below, her glittering eyes, tensely drawn lips, and sudden pallors indicating the pain and commotion of her poor and worried brain. Of the idio-imbecile he says, “Many have the facial appearance, the deformed heads,
the dwarfishness of body, the narrow buccal arches and imperfect teeth of very imperfect creatures; but there is in these cases a dawning intelligence. Taken from their isolation they feebly grasp, through their shyness and sensitiveness, for the better things about them. Expecting them to do little or nothing, the trainer is sustained by successes and goes on hopefully introducing most of them to a higher grade—namely, that of the lowest forms of imbecility. The low grade imbecile he illustrates by a boy aged twelve, microcephalic paralytic imbecile; articulation quite imperfect; sense of sight and hearing good; hand well formed; imitation above the grade in which he is placed; cruel in his disposition. In this low grade of imbeciles are found many who are yet possessed of perfect hearing, ready appreciation of language, and often dexterous finger and hand capacity. Under special training in articulation, they come to the partial but rarely perfect possession of speech. The medium grade imbeciles are orderly and neat at their school tables, because from habit training they become so. They are patient under the discipline of light work, many of them becoming useful drudges and domestic servants. They crowd into our laundry, where, commencing with the folding of our table napkins, they come to dispute with one another for the use of the ironing table or power mangle. They creep out of their sloth and indolence to keep lagging step with the crowd that carries them forward. In the high grade imbecile are found those who approach the normal in physique and mind. Under special training they advance in school studies, being apt at certain branches, mathematics being the most difficult for them to master. Later they become skilled in the simple handicrafts of various kinds but are never perfect in their work. They are not inclined to be industrious and it is usually an effort on the part of their trainers and care-takers to keep them steadily employed. They are vacillating and like change.

The moral imbecile is an anomalous creature and is the disturbing element in an institution and the same when he is
with friends. Maudsley says of this type, "They are born with an entire absence of the moral sense, destitute even of the possibility of moral feeling; they are as truly insensible of the moral relation of life, as deficient in this regard, as a person color blind is in certain colors, or as one who is without ear for music is to the finest harmonies of sound. Usually there is combined more or less weakness of mind, yet it does happen in some instances that there is a remarkably acute intellect of the cunning type." Their treatment is a problem, but it appears to be true as stated by Tuke "that the school-room fosters the ills we would cure.”

Another classification which has reference to the clinical aspect of the condition is as follows: Microcephalic, Hydrocephalic, paralytic, epileptic, mongolian, negroid, malay and cretin. These may possess any of the foregoing degrees of mentality. For instance, an epileptic may be an idiot or an imbecile or of any of the grades of imbecility, and the same is true of any of the others given in this classification. There is one special group, however, that I will briefly call your attention to, and that is the mongolian. It has been said by Dr. Langdon Down that about ten per cent of all idiots are found to range around this particular class. They are called mongolians from their fancied resemblance to that race, although there is not very much resemblance to be found in them to the said race. This particular type is, however, so well marked in its physical peculiarities that there is no mistaking them if once seen. The resemblance to each other is striking, they have the appearance of near kinship. They have short, squat figures, brachycephalic cranium, with a deficiency of the posterior part, short, stumpy fingers and toes, sometimes two or more webbed; broad, flat and retrouse noses, tongues large and rousous and often protruding between the lips; teeth carious; hair scanty and coarse; eyes unduly far apart; eyebrows almost oblique; skin rough and scaly; there is usually little speech; they are tidy and orderly in their habits, not susceptible to a great amount of improvement; pets of the family or institution; sus-
ceptible to diseases of the lungs, to which they easily succumb; usually short-lived, very few of them reaching the twenty-first year. These are occasionally confounded with the cretins and have been called cretinoids.

An interesting curiosity is to be seen in the few sporadic cretins found in America, endemic cretinism not occurring anywhere in the United States. Dr. Osler and others have written about them. The particular interest attached to this class is from the fact that "Thyroid feeding" will cause a wonderful change in their physical and mental condition. It will fall short, however, of making them normal and the treatment must be kept up indefinitely or a relapse will occur.

The general treatment of the whole class is mainly hygienic, educational and physiological, medicine and surgery playing a minor part and only used where the indications are clearly established. To particularize the means employed would be difficult and tedious and I shall therefor refrain from attempting it.

Prognosis: The question is often asked us by parents in connection with feeble mindedness, "Can you cure it?" The answer to this must invariably be, "No." It is not a question of cure for there is no cure possible, but they can be helped, their condition can be raised, their dormant minds can be awakened in some degree; even the idiot seems to be susceptible to some improvement, and as we ascend the scale from that of the idiot to the highest grade of imbecility we get responsively better returns for the energy expended in teaching. Many of them become useful at the institution. They can do gross work on the farm in the gardens, orchards, workshop, kitchen, sewing-room and domestic work, but in all the training that is given them, the higher faculties are never well developed; consequently, they are at no time fit to battle with the world and take their chances as bread winners. Some few of these, perhaps, become capable of doing one-half a man’s work, others one-fourth, and so on down to a few simple
tasks, unremunerative, it is true, but necessary for health and contentment. I might add that there is more prospect of educating the "congenital" than the "accidental" class. The former are often misshapen and uncouth in appearance, sometimes even actually repulsive, whilst the latter are well formed physically and in appearance much brighter but, alas, disease has so interfered with the brain functions that they do not respond to training and are most hopeless cases. I mention this as it is often difficult for the family physician to realize that such a bright appearing, well-formed child should not develop, and the parents are given encouragement and consequent expectations which can never be realized.

Dr. Frederick Wines in speaking of this says, "His condition is one of perpetual childhood. They appeal to our sympathy on account of their helplessness just as babies do; they are affectionate like babies, and it is the responsiveness of their affection which overcomes in our minds the sense of disgust often awakened at the sight of their motions. You might just as well think of turning a baby out of the house as an idiot, but some can be made self-supporting just as an animal. I can take a horse and make it earn money for me, but it cannot earn money for itself. I can make an idiot earn money for me, but he can not make money for himself. I can protect an idiot as I can a child, but he cannot protect himself. If he could protect and support himself, he would not be a true idiot."

The Palace Restaurant has removed from 520 South 13th St. to 418 South 15th St. (Karbach Hotel) just south of the Creighton Theatre, where they will serve the best 15 cent meals in the city. They will be pleased to see their old friends and assure them of the best service available.
The O. M. C. Pulse:

Volume 3. Number 5.

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Publishers
OMAHA MEDICAL COLLEGE

SUBSCRIPTIONS—50.00 per Annum in Advance. Single Copies, 25c. Published monthly during the regular College session.

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

Send all remittances as to subscriptions and advertising to THE PULSE, 1308 Pacific Street, Omaha, Neb.

Entered at Omaha Post Office as Second Class Matter.

Editorial.

The Pulse presents in this number the photo of Dr. F. S. Owen, professor of laryngology and rhinology. All who know the doctor will appreciate the value of his article on rheumatism of the throat.

The last of the special lectures was delivered by Dr. George Mogridge of Glenwood, Iowa, an alumnus of the Omaha Medical College. The Doctor’s special work at the Iowa Institute for Feeble Minded has given him exceptional opportunities for study of the "unfortunates" under his care. His subject being quite out of the ordinary and not much studied by the medical student or general practitioner THE PULSE publishes his address in full in this number.
The Glee Club is reported to be practicing regularly and if all goes well the club will probably make its first public appearance about the first of May. The Glee Club and the Senior Class Society are the only organizations that are attempting to do anything with regularity just now. The work of the Senior Class Society is a little more laborious than that of the Glee Club, but all the Senior has to say about it is that the good work should have begun three or four years ago.

The fourth lecture of the series arranged by the faculty for students and alumni was delivered by Dr. Elmer Clapp of Iowa City, Iowa, on January 30th. Dr. Clapp’s lecture proved to be one of the most interesting that it has been our privilege to hear. The Doctor’s subject was Fractures and he dealt with it in a most interesting manner, bringing out many points that one would ordinarily overlook. He showed a thorough familiarity with the subject and presented it in an entertaining and instructive manner.

The College faculty deserves much credit for having arranged a special lecture course this year. Such action on their part is an indication of their intention to do everything for the students and alumni of the O. M. C. that will make their education complete. All the lecturers have showed a careful study of their subjects and their work has been thoroughly appreciated by all who have had the pleasure of hearing them. Such lectures have a broadening and elevating influence upon students and supply an element ordinarily absent from a college curriculum.

Dr. Sward’s article calls attention to one of the greatest evils that the regular physician has to contend with. As the doctor says, “Quacks and quackery are everywhere.” It seems strange that in this fin de siècle day, when everybody boasts of common sense, the public can be so easily mislead. Quackery will probably always exist, but average judgment seems capable of better education. With state and local boards of health and with
all the gratuitous service of the medical profession truth ought now to be where the public can see it.

The medical students in some of the states where a certificate to practice is issued only after passing a state examination are trying to have such laws or legislative bills so modified as to exempt students graduating in the same state from examination. Such action is directly against the best interests of the profession in those states. State legislation cannot do all that is desirable in raising the qualifications of the doctor, but it is doing much in the right direction. State legislation should be uniform in all the states. A physician should be as good in one state as in another. Every qualified applicant to practice in any state should be treated on an equality. Let the standard everywhere be high, but uniform. This will eventually be the case if the medical profession is as progressive in legislation as it is in science. But in legislation the student has no place. He has not the experience and judgment necessary to make laws.

QUACKS AND QUACKERY.

By E. J. C. Swain, M. D., Oakland, Neb.

Quacks and Quackery is a subject with which every medical man today is very familiar. You read of it in nearly every paper, you hear of it on nearly every side, but you never know the real value of these articles until you meet with one of these wonderful healers, who knows everything and everybody, has been everywhere; whose fame dazzles the intellectual world, and whose deeds of beneficence to suffering humanity stand out in glorious array far surpassing anything ever accomplished by any human being prior to the advent of this satellite.

A few months ago there drifted into our town a medical genius who counted his ancestry from the noble scions of the ancient Vikings. Learned he was, had letters of recommendation from Princes and Princesses, had degrees and titles without end (so he and his friends related) and immaculate nerve. He could cure everything from Tetanus to Chronic Pneumonical Phtisis, could restore a person suffering from a stroke of apoplexy in four
minutes, had an absolute cure for epilepsy, in fact everything in
the line of disease to which mortal man is heir. Mortal ailments
disappeared under his magic touch more rapidly than snow balls
under a June sun. Every other physician was a knave, a fool—
knew nothing. He imported his drugs from Europe—he alone
knew the secret of mixing oil and water—he was in fact the most
unfrocked article finished and retouched by the masters of the
Old World and thrust forward into the wild and woolly west to
reach mankind that a Great Light had come from the East, and
the millennium was now at hand. His assertions and maledictions
finally became so bold that we resolved to investigate the charac-
ter of this great healer. We wrote to the Boards of Health of
Wisconsin and Iowa, where he claimed to have practiced, and re-
ceived in reply evidence clearly showing that he was a fake. We
also wrote to Stockholm, Sweden, to the great university from
which he claimed to have received his degree and received an offi-
cial reply in return corroborating our apprehensions and asserting
the fact that he had never passed an examination or received
a degree. He was then reported to the Board of Health of this
State, whom he had so cleverly duped when he received his cer-
tificate to practice, and summoned to show cause why his cer-
tificate should not be revoked and his hearing set for Feb. 9th,
1900. The learned genius appeared "by attorney," showed no
case, but made an elaborate argument maintaining that it was
not "unprofessional conduct" to obtain a certificate to practice by
means of perjury; that "unprofessional conduct" consisted only
in slights, slander, back-biting or vilification of a fellow practi-
tioner. O Tempore! O Mores! The uniqueness of this defense
dazed the Honorable Board of Health and they adjourned for a
few days, but whether to reflect upon the defense or ingraft it
upon the Code of Ethics the writer is uninformed, but seriously
suggests that it be made a topic of discussion at the next meeting
of the State Medical Society. The Board of Health revoked the
certificate of this learned prodigy and is therefore deservedly re-
ceiving compliments from the medical fraternity of this State.
The laxness of the laws of this state on the question of identification
of persons presenting diplomas is amply illustrated by this
case and shows the necessity of concentrated action on behalf of
the medical fraternity for a suitable amendment by the next
legislature.

THE O. M. C. PULSB.
Monday, February 5th, at the regular clinic hour, Dr. Anderson gave the students a practical demonstration of the use and passage of the bougie for stricture of the oesophagus.

Dr. Summers has given the Seniors several fine clinics on emergency surgery lately.

A few of the Seniors were fortunate in being present at the M.E. hospital to see a Sayre’s plaster cast applied.

The new way of conducting the College Dispensary Clinic is proving very satisfactory to the Seniors and Juniors. In this way the “embryo M. D.” comes privately in direct contact with the patient. It gives him a training that he very much needs before he is placed entirely on his own resources professionally.

Monday, Feb. 12, Dr. Owen used his clinic hour to demonstrate the technique of using post nasal and laryngeal instruments in diagnosis and operation. Members of the Senior class furnished the clinical material and some great exposures were made. All were professionally “on the quiet” of course. Especially manifest were the pathological conditions caused by smoking. The hour was very profitably occupied.

Saturday, Feb. 17th, at the Immanuel Hospital, Dr. Milroy brought before the Senior and Junior classes a patient suffering of failure of compensation in aortic stenosis and regurgitation. This case was very interesting as to the number and extent of heart murmurs to be heard. The class studied the murmurs of aortic stenosis, aortic regurgitation, mitral regurgitation and tricuspid regurgitation. All of these murmurs were well marked and could be clearly differentiated. The patient, a man forty-five years old, gave the history of being a farmer by occupation, and always healthy until three years ago, when he had a severe attack of acute articular rheumatism from which he recovered and was able to do hard work daily until two months ago, when he first noticed the usual characteristic signs characteristic of failure of compensation. The patient’s condition is responding well to the usual treatment and the prognosis is fair for a time at least.

Dr. Hoffman made a special clinic for the Seniors of one of his private patients. The case was very interesting and instruc-
The patient came from the country where several physicians had made an incorrect diagnosis of eczema. On coming here the patient was in an almost helpless condition. Dr. Hoffman recognized the trouble as being ruhipia. The patient has already improved much under the proper treatment.

Dr. Christie has consented to take charge of the regular medical clinic Thursdays from 1 to 2 p. m. The Doctor is a great favorite with all the students and is given a most hearty welcome to this new addition to his regular work at the College.

A child that had swallowed a finger ring was brought to Dr. McClanahan’s clinic by its frightened mother. Although the case was of minor importance in itself the discussion of the subject in general by the Doctor was valuable to those who expect to soon go out where just such cases are almost sure to be met with. In all cases of children swallowing metallic articles of various kinds and shapes the Doctor directs an exclusive diet of corn meal mush and milk until the article is passed, which should be in from one to five days. The corn meal diet seems to encourage the coating of the article completely with mucus which facilitates its passage and by covering the sharp parts of the article it keeps it from injuring the lining membrane of the alimentary tract. Such articles as breast-pins; large-sized safety-pins, open; and even a fair-sized pocket knife with one blade open have passed through the alimentary canal by this treatment without the least apparent injury to the child.

Dr. Brown has had several interesting surgical clinics in his special line of surgery at the Douglas County Hospital during the last month.

Dr. Jonas finds plenty of clinical material for illustrating the subjects upon which he lectures at the College. This makes a lasting impression upon the student.

At the M. E. Hospital the hands of the operator and his assistants are prepared for the operation according to the Johns Hopkins technique. The hands are just as thoroughly prepared as when gloves were not worn.

Dr. Gibbs holds a medical clinic at the College every Saturday at the regular hour. The Doctor’s clinics are always well attended by patients and appreciated by the students.

The surgeons and their assistants in all of our city hospitals wear rubber gloves in their surgical work. This practice pos-
senses advantages in either septic or aseptic cases. In the one it protects the hands from any infection that might be carried to another patient. In the other the hands, which cannot be made absolutely aseptic by any technique, are kept from infecting the wound. The gloves can be easily and thoroughly sterilized.

Dr. Davis had an interesting case of "gall stones" at the Immanuel Hospital Saturday, February 17th. The case was interesting from a point of diagnosis as the symptoms were very obscure and might easily have been taken for a case of hysteria by a less careful observer. The operation revealed gall stones and plenty of them too.

The Senior class has been very fortunate in having seen a great many cases of trachoma in Dr. Gifford's clinic. This seems to be a very common eye disease in this region of the United States. One case we especially note as it was the most aggravated case of this disease that the class has seen. We take the following from our notes:

Jan. 3, 1900. Mr. ———— , age 50. Admitted to the hospital last week. By occupation a farmer. General appearance strong and healthy. Personal and family history good. General health good. Has had "sore eyes" for twenty years. From the history of the trouble we conclude that it was probably trachoma. During the last year the eyes have been getting much worse. They have given him much pain and it is impossible for him to see at all unless he holds his eyes open with his fingers and then he can see but little. On inspection it was noticed that the eyelids were each in a condition of spastic ectropion, being filled with a protruding mass of red tissue resembling granulation tissue. This mass of tissue was an outgrowth from the conjunctiva of both lids of each eye and was caused by an inflammatory condition of the conjunctiva from the effects of the trachomatous infection. From the lower lids it protruded one-half inch, being three-fourths of an inch in its vertical diameter and reaching from the inner to the outer canthus. The mass protruding from the upper lid was nearly as large. Both masses prevented the voluntary opening and closing of the lids. On closer examination it was to be noticed that the mass of tissue was rather soft, highly inflamed and of a roughened granular appearance. The cornea of each eye was badly ulcerated in places and where it was not ulcerated it was roughened and thickened. The conjunctiva
over the globe was badly inflamed and the retrotarsal folds were 
studded with trachomatous infiltrations with here and there 
patches of cicatricial tissue. The iris, lens and sclera seemed 
normal. Treatment: Hot applications two or three times daily, 
a two per cent silver nitrate solution once daily and the zinc sol-
ution or boracic acid solution several times daily.

Jan. 10, condition about the same except less inflammation.
Same treatment.

Jan. 17, ulcers on cornea somewhat smaller. Cornea looks 
clearer. Pain less. Vaseline applied around the eye to protect 
the skin. Same treatment.

Jan. 24, Cornea still improving. Other conditions yielding 
very slowly.

Jan. 31.—Some improvement plainly noticeable. Inflamma-
tory condition lessened. Ulcers on cornea entirely healed. Vision improved considerably. Can voluntarily open eyes a little now 
and recognize object and people by sight. Treatment: Hot 
water applications discontinued but other treatment continued.

Feb. 7, Ectropion still improving and growing less but it 
still protrudes beyond the eyelids. In order to hasten its resolu-
tion and lesson the protrusion of the hypertrophied conjunctiva 
Dr. Gifford used the actual cautery on the protruding mass from 
each lower lid. The cauterization line was in the center of the 
mass and extended from the inner to the outer canthus. It was 
cauterized quite deeply. Treatment: Hot applications resumed 
and other treatment continued.

Feb. 14.—Still inflamed some from cauterization although 
the ectropion is improved. Treatment continued except atropine 
discontinued.

Feb. 17, tarsal folds of both eyes thoroughly scraped and 
squeezed with trachoma forceps. The Doctor found it necessary 
to cut through the fibrous tissue in many places to do this thor-
oughly.

Feb. 21, the ectropion is much better, there being but little 
now. His sight is improving fast and he can voluntarily open 
his eyes about one half as much as normally. Treatment: Daily 
application of the two per cent silver nitrate solution and the 
eyes washed several times daily with a boracic acid solution. 
Vaseline protective to skin around the eye. The patient will soon 
be discharged from the hospital and the above treatment con-
tinued at his home.
Class Notes.

SENIOR NOTES.
A. Jefferson, Editor.

Shockey recently spent a few days at Hastings.

There is such a thing as being too scientific in answering at a quiz.

Who said he was the most scientific looking man in the Senior class?

Dr. George H. Bicknell has given us his time for two evenings to give us some practical work in refraction.

Whoever stole the punching bag might call around and thank whoever put it up and take what goes with it.

The Seniors have decided that no man wearing a beard will be allowed to have his "face" in the class picture.

Preston was laid up for a week with otitis media, but since the success of the British he has been as cheerful and uncomplaining as ever.

During the past month we have had four very interesting and instructive papers read at our class meetings. Davis read a paper on Epilepsy. Brewster gave us his views on Shock. Douglas brought out some good points on the Treatment of Burns. Jefferson presented the subject of Syncope. The discussion following the papers considered the subjects in hand from every side and added to the interest of the meetings.

SOPHOMORE NOTES.
A. H. Cooper Editor.

D. G. Griffith recently entertained his father for a couple of days and was perfectly successful.

The O. M. C. football team has an option on the new baseball park, located on Vinton street, for the coming season.

Carlisle spent four days at home during the last of February.
We didn't ask him what he did while there but have since learned that the trip proved a profitable one.

J. R. Montgomery was recently called to Columbus, Neb., on important business which detained him ten days.

The members of the class expect soon to resume their work in bacteriology; and then watch for the development of some bright and shining stars, for the work from now on is to be original research.

Mrs. Davies' popularity is a thing beyond dispute, if one may judge from the spontaneous bursts of applause when she enters the lecture room. Let the good work go on, for nothing is more apt to promote promptness than a welcome reception.

J. A. Peters spent Saturday to Monday at his home in Springfield. The last time Peters went home he came back with the corners of his mouth drooping sadly, which condition was caused by the serious illness of a pet setter, but when he returned this time the dog had thoroughly recovered, so J. A.'s mouth now turns the other way.

McDowell went home to spend Washington's Birthday and had a very enjoyable time; claims he even had the pleasure of pitching hay. But the crowning part of his pleasure came when he reached town where he expected to board the train for Omaha and found the town and the hotel where he stayed quarantined, but Mac is with us again and he doesn't show any signs of having walked either. Guess quarantine rules don't apply to physicians.

Lost, strayed or stolen: A tall, angular, double-fisted, dark-haired, dark-eyed, bow-legged, bronze featured male, with a female veil. Has two good eyes, five thumbs on each hand and a full set of teeth. When last seen was wearing a gray suit of clothes, gray cap streaked with green, kid gloves and padded socks. Anyone locating a person answering the above description within the city limits or even in Douglas county will please notify us—to leave town.
LIBRARY NOTES.
By Miss Nielson, Librarian.

The following books have recently been added to the library:
Hyde, James Nevens—A Practical Treatise on Diseases of the Skin, 1897. Donated by Dr. Hoffman.
Delafield and Prudden—Handbook of Pathological Anatomy and Histology, 1892.
Schafer, E. A.—The Essentials of Histology, 1885.

About twenty-five books from the Omaha Public Library have been placed at the disposal of the students who may obtain same by signing for them.

Syr. Hypophosph. Co., Fellows
Contains the Essential Elements of the animal organization—Potash & Lime.
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DEPARTMENT OF DERMATOLOGY: O. S. Hoffman, M.D.

DEPARTMENT OF NERVOUS AND MENTAL DISEASES: Hamilton B. Lowry, M.D., Richard C. Moore, M.D., J. M. Alkin, M.D.

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PANAX COMPOUND.
FOR CHRONIC DYSPESIA AND KINDRED TROUBLES.

This preparation contains in palatable form the active principles of Panax Schinensis (Ginseng). It is a valuable agent for increasing the secretory action of the digestive organs, thereby assuring the proper performance of their functions. It is consequently a most valuable remedy in Pithials and all wasting diseases. It has been used with benefit as a remedy for Indigestion, Malnutrition, Tonnage Stomach, Impaired Digestion, Flatulency, Heartburn and Colic. It is of great value in cases of Nausea resulting from excessive use of alcoholic stimulants. It is a general stomachic restorative, stimulating the appetite, aiding digestion, nutrition and assimilation and increasing weight and general strength.

Dose.—One teaspoonful, or more as indicated, three times daily before meals. For young children one to fifteen drops at meal times.

In 1 pint bottles............. each 80.50 net.
" 5 "................. 4.65 "

Compare this price with that of proprietary articles of similar formula.

SOL-ANÆMIC.
A NEUTRAL SOLUTION OF PEPTONATE OF IRON AND MANGANESE.

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In this preparation, by the association with peptone, the albuminates of Iron and Manganese are rendered easily digestible, and their ready assimilation with the blood is thus effected.

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Dose.—For adults, one tablespoonful three or four times daily. For children, one or two teaspoonful three times daily. Best administered in half a wineglass of water, milk or sweet wine.

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This elegant and palatable elixir is prepared after the formula of Dr. E. W. Lee, of Omaha, and contains Chloroform, Chloral Hydrate, Morphine and Tincture Capsicum Indica, Tincture Capsicum, and Hydrocyanic Acid.

It will be found a valuable hypnotic and an anodyne of unusual merit. It is sedative, astrigent, and anti-pneumonic.

It has been used with great success in whooping cough, asthma, emphysema, and gives much relief to patients suffering with phthisical cough.

As a remedy in hysteria it has also proven an eminent success, and has a marked effect in cases of dysmenorrhea and diarrhoea, especially when accompanied with "formica." Some practitioners have found it to be valuable in neuralgia.

Dose.—One half to one fluid dram (teaspoonful) as indicated.

In 1 pint bottles............. each 80.50 net.
" 5 "................ 4.65 "

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STANDARD PHARMACEUTICAL PREPARATIONS,
OMAHA, NEB.
WE MAKE A SPECIALTY OF

Elastic Stockings, Belts and Supporters.

For the relief and support of varicose veins, weak, swollen or ulcerated limbs, corpulency, abdominal weakness and tumors. When ordering, please state quality desired whether heavy weight Silk Elastic, light weight Silk Elastic, or Thread Elastic. Heavy weight Silk Elastic goods sent unless otherwise specified on order. Goods made to order on short notice.

**Directions for Measurement.**—Which should be taken in the morning before arising. The measurement of Length is essential. Give the exact measurement. We allow for expansion. All measurements for length should be taken on inside of limb.

<table>
<thead>
<tr>
<th>Product</th>
<th>Price to Patients</th>
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<tbody>
<tr>
<td>Knee Cap, Extra Heavy Silk</td>
<td>$2.00</td>
</tr>
<tr>
<td>&quot; Fine Silk</td>
<td>$1.75</td>
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<tr>
<td>&quot; Cotton</td>
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<tr>
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<td>$1.75</td>
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<tr>
<td>Garter Legging, Extra Heavy Silk</td>
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