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

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EWING BROWN, M. D., Secretary,

1026 Park Avenue, Omaha, NEB.
WILLIS DEAN, M. D.,
President of the Alumni Association.
Omaha Medical College.
GASTRO-INTESTIONAL MYASTHENIA.
WILLIS W. DEAN, M. D.

Much is known and much is yet to be learned concerning the natural functions of the stomach and intestines, but when we leave the physiology, and consider the various pathological conditions, we find ourselves in a field where literature is confusing, etiology not definite, and treatment as usually carried out not satisfactory. Notwithstanding the vast knowledge that has and will govern the practice of medicine and surgery in general, we are brought home to the foundation of fixed laws governing the health of our patients, when we consider the physiology of the gastro-intestinal tract. The object of this paper, then, is to discuss briefly some of the underlying factors remotely or directly tending toward the pathological conditions.

As a remote etiological factor, Von Valya gives heredity a prominent place, and says, “The pre-disposition to the disease may be heredity, persons being born with weak muscles as with weak nerves or mucous membranes. Whole families may have it, yet it may be impossible to attribute it to a common dietetic error, mode of life, or other pathogenic influences.” He further says, “The very frequent occurrence of the disease in families possessing an undeniable hereditary taint, the neurotic, the arthritic, and in families afflicted with diseases characterized by slow, imperfect catabolism, would seem to indicate that the myasthenic predisposition may be inherited.” Ewald, in his later work, does not allude to heredity as being a causative factor, but rather takes the ground that it is an acquired mechanical difficulty, and classifies it under the head of “Atonic conditions of the Muscularis.”

Turk,—in an article read before the British Medical Society, October 27, ’98,—says, “Notwithstanding some recent surgical achievements that might be interpreted as indicating the contrary, the stomach is still to be considered as one of the most important of all the viscera. Its function, however, is largely
a mechanical one. It is a temporary receptacle for the injection of food in it, together with a certain amount of chemical digestion, the latter is subjected to a churning and mincing process that prepares it for further treatment and absorption in the intestines."

More direct, I believe of the pre-existing conditions, the too frequent injection of food in large quantities is most often the immediate factor. This is brought about by over-stimulation. The stomach, being of muscular tissue, and obedient to laws governing muscular tissue elsewhere, over-stimulation causes relaxation and relaxation will slowly but surely be followed by dilatation. A dilated stomach has diminished muscular force, and cannot empty itself as rapidly as a normal one and digestion will be necessarily slow. The exciting agents may be over-injection of food, food improperly cooked, or perhaps more often, frequent injection of food with alcoholic stimulation. Over-stimulation, either with drugs or food, is a sufficient causative factor to produce an acute or sub-acute gastric catarrh. Given a case of an otherwise healthy man of middle life presenting a history of gastritis, with or without dilatation, the etiological factor can almost without exception be traced to one or possibly all of the above errors of diet or over-stimulation with drugs. It is a striking incident in medicine that these cases bear so closely the same chemical history. It has been held that atony of the intestine is the predominant factor in producing all sorts of indigestions and dyspepsia, hence, the treatment that has come and gone, namely, colonic lavage. Such a course of treatment was followed with disregard to the physiological action of the gastro-intestine tract. I hardly believe the intestine is a factor per se, but rather the stomach itself. This disease begins usually in middle life with the familiar symptoms of indigestion and not dyspepsia. The rapidity of its course depends somewhat upon the constitution and environments of the individual. On early examination, the stomach may be found of normal size. Chemical analysis, following a test breakfast, reveals hypersecretion.

Hepatic congestion and constipation, alternated by diarrhoea, are usually manifest. As the disease progresses, symptoms become exaggerated. The muscular walls of the stomach become weakened and dilatation slowly but surely follows. The peristaltic wave of the gastric-intestinal tract gets its impetus from the stomach, and the intestine will be active in proportion to the degree of contraction and relaxation of the stomach. Unfortunately for this class of cases, hunger takes place in the tissues
remote from the stomach and must be satisfied; therefore, patients with such pathological conditions will be found eating enormous quantities of food, and usually at frequent intervals, in order to appease their hunger and satisfy tissue waste.

In a small per cent of cases, digestion and utilization of food may be normal, or sufficiently so that the blood and general nutrition is affected only to the extent of occasional headache, drowsiness, pallor, or in a word, auto-intoxication, due to the lack of elimination of waste products. However, in a large majority of cases, nutrition is affected to a marked degree, and myasthenia, either of the stomach or stomach and intestines, may be primarily the factor in other classified diseases of the stomach, giving rise to sub-nutrition. It is possible, and altogether probable, that a gastric myasthenia may be present for some time without the chemical manifestations accompanying sub-nutrition other than occasional diarrhoea and accompanying change in secretion from the kidney produced by non-physiological changes in the food products, much as a purgative would act administered from time to time, or fermentation products may be gotten rid of by an occasional vomit, and yet sufficient absorption to maintain the bodily nutrition as in health. Therefore, the influence on nutrition is affected, primarily at least, not by the diminished absorption of the productive properties of food, but by diminished elimination of toxic products. In myasthenia-gastrica or in retention from any cause, briefly, whenever motor insufficiency exists, nutrition is in more or less danger. If there be only a slowing of the digestive process, the influence on nutrition is determined by the degree of fermentation of the chyme; while if there be retention, the tissues may starve from lack of both food and water. It is fairly well established that the intestines are capable of doing all the digestion and absorption that the body requires, but motor insufficiency may not afford the opportunity to establish digestive compensation; but should compensation be fairly well established, it can be maintained only for a given time, owing to the lack of stimulation from contraction and relaxation of the stomach wall. Therefore, we find this class of cases losing flesh only after the development of an intestinal myasthenia; occasionally long after the development of a gastric myasthenia.

In treatment, I have discarded drugs, and rely upon mechanical measures, almost wholly, at least giving drugs a subordinate place. I direct patients to eat but two meals a day, order abdominal massage after each meal, and intra-gastric massage just prior
to the evening meal, or while the stomach is empty, by means of re-current tube and bulb attachment, filling stomach with hot or cold air, and allowing it to escape by means of the re-current tube. This mechanical distension and contraction of the stomach I usually precede for the first week or ten days by stomachic lavage. When obstinate constipation exists, I advise the use of a half cup of wheat brand, injected just preceding each meal (every alternate day) or, if preferred, a brand wheat which is not at all distasteful. If the patient is of sedentary habits, I order a moderate amount of outdoor exercise and a daily cold bath. This has been my treatment with variations of minor importance, for the past two years, with exceptionally good results. In no case has the treatment been required for longer than ten weeks, and relief from the most distressing symptoms in a much shorter time. Several cases I have been able to observe closely have since gone back to the three meal system with continued normal digestion.

The advantages of this course of treatment are:

First—Allowing the stomach ample time to empty itself before taking of food.

Second—Affording a better opportunity of treating the gastric mucosa and

Third—and lastly, the elimination of toxines that would otherwise be taken up by absorption.

Clinical Department.

P. E. James, '02, Editor.

Together with the other changes in our college curriculum, there have been marked changes in our clinical work.

Thus, Wednesdays and Saturdays are wholly spent at the various hospitals; the attendance upon the gynecological clinic has been doubled; our staff in practical obstetrics has been increased to four with a corresponding increase in amount of material; a good practical and extensive course in genito-urinary diseases has been established, and the keenest interest is shown, by the clinical staff in general, in this our most important work, both in dispensary and in hospital. So that, now, at the end of our summer's vacation and beginning of the new school year, we all realize that a most strenuous effort has been made that this department of our work may be a success.
Only a few of the most instructive and practical cases which have been before us shall be mentioned.

Case of young man about 18 years of age, with complete alveolar hare-lip of left side, complicated by cleft palate.

The patient had seemingly not suffered the bad effects which such a condition usually brings on, but was in good health. So the operation for his relief was undoubtedly more for cosmetic effects than ought else. Indeed in a short time he may present a complete hair-lip.

The operation—The edges of cleft of soft palate from uvula to alveolar process anteriorly were pared. On each side an incision through the muco-periosteum was then made, extending from last molar tooth forward to lateral incisor, about half an inch from alveolar margin. A raspatory was introduced into these incisions, and passed inward along bone of hard palate towards cleft, separating this muco-periosteal flap from the bone for its entire extent from uvula to incisors, and from incision to incision. These incisions were thoroughly packed with gauze to stop bleeding and to push flaps inwards, whose inner edges (which had been pared) were now drawn together with sutures to bridge over the defective palate. All this was extremely difficult on account of diffuse hemorrhage. For this reason the head was lowered and pharynx was constantly swabbed to prevent blood from gathering in such quantities as to enter trachea.

The left upper lip was next dissected from superior maxilla for about an inch to better allow of stretching. The edges of the cleft in the lip were pared by incisions extending in a crescentic manner from within nostril downwards so as to leave a slight projection on each side, which when brought together will leave a prolabium. This increases depth of lip, and thus allows of subsequent contraction. The edges of cleft were approximated by sutures passed deeply through skin, and a few passed from within to bring together accurately the mucous membrane. A collodion dressing was put on the external wound.

Case of Miss C.—Swelling over internal malleolus of right instep. Swelling is rather soft and fluctuating, but no local increase of heat, no pitting, no pain or pressure or jarring. Motion is impaired, and there is some pain on walking. This condition began in July and has been gradually growing worse. Is this tuberculosis of the lower end of tibia, or is it chronic synovitis? Tuberculosis was ruled out by general condition of patient, no pain on jarring, and absence of peculiar bogginess.

Indications—Rest, immobilization, removal of superincum-
bent weight, and pressure over swelling. These were met by use of crutches and a plaster of Paris cast extending from metacarpo-phalangeal joint to above knee. This prevents even the action of the muscles of the calf which are attached to femur.

Returned week later—Swelling and pain decreased; motion not so painful; crutches continued with single pressure bandage.

Case of boy about 20 months old.—In The Pulse for November, 1900, we find the following: Case of baby nine months old. Has purplish discoloration of skin around lower lip, spreading up over lip. Discoloration similar to a birthmark. No specific trouble.

Diagnosis—Congenital dilation of capillaries due to neurosis.


Prognosis—Not good as to cure.

This case was again presented, now a year later, and is of interest as results were better than had been expected. No discoloration was visible, and on palpation only a slight leathery feel. The doctor well deserved the praise, which the grateful mother so liberally bestowed upon him, as she left the amphitheater.

Baby about two years of age. Was brought before the clinic on account of extreme bowleggedness. There was some outward curvature of femur, and an extreme outward curvature at lower part of tibia; in addition the ligaments of the knee were very loose and movable, admitting the ends of the bones to be markedly separated on traction. This produced a peculiar wobbling gait. The wrist and ankle joints were especially enlarged, and there was an indistinct rosary. All these are indicative of rickets.

Treatment—Mechanically nothing could be done to correct deformity. Hence was given hypophosphites as a general tonic, together with salt water baths and massage of legs twice daily.

The above conditions are often attributable to improper feeding, and frequently are the results of artificial feeding. The latter was not the case here as the baby had been nursed by its mother; but it simply serves to impress upon us the necessity of investigating even this source of the infant’s food, as this early feeding is to lay the foundation for the future welfare of the individual. This mother is at present treated in our clinic for tuberculosis. This circumstance by its detracting from the requisite qualities of the mammary secretion undoubtedly is the cause of the unhappy results in this child.
Case of girl about 8 years of age. Had been out on vacation and gotten the “hitch.” There was a papular eruption between fingers, on dorsal surface of hands, on chest and back, with extreme itching at night. Begins as small yellow papule, leaving reddish scab on account of scratching.

Diagnosis—Papular eczema.

Treatment—Fluid Dist.; no nitrogeneous food. Locally, Hg. Ox. Rub. gr. XX, Lanolin 3 dr. Apply three times a day.

Case of Mrs. K.—Had an eruption appear on lower part of thigh about three months ago. Had disappeared and returned again. The eruption appears in circular patches, but is not raised above the surface. There is extreme itching, burning and sweating at night. Some headache, dizziness, and constipation.

Diagnosis—Erythema.

Treatment—Hg. Cl. Mite gr. V, and Jalap gr. V, to be taken in one dose at night. And for local use a dusting powder of Camphor 1 oz., Zn Oxid. 1 oz., Starch dr. 1.

A week later patient returned feeling better, itching almost gone, and eruption very indistinct.

Case of young man 20 years of age. Came with diagnosis of chancre. A small glans penis, together with numerous scars surrounding parts. Sores appear two days after exposure, and are result of breaking down of papules. The inguinal glands were slightly enlarged, discrete, and hard. No other glands affected. Here differential diagnosis is of interest. Is it chancre or chanroid? Neither. Simply, herpes preputialis.

Mr. K.—Age about 40. History of sore on glans penis 51 days after exposure. This was cauterized so only a scar with induration is left. Inguinal and epi-trochlear glands are enlarged. At present (eight weeks after appearance of sore) an erythematous eruption is appearing on chest. This disappears on pressure.

Diagnosis—Secondary syphilis.

Treatment—Cascara and quinine. Never begin mercurials till positive. Diagnosis can be made from eruption.

Case of girl, age 16, foreigner—Comes for treatment of a facial dermatitis and ulcers on right leg. The dermatitis is severe, in some places skin coming off in scales, even ulcerations along the hair. The ulcers of leg seem to be migratory. Some are healing, while in other places new postules are forming. The ulcers are circular, regular in outline; the edges are sharp, and undermined, and covered by gray film. The glands in general
are enlarged. Some time ago there was a rash on body, and the hair had fallen out, but history is very indefinite.

Diagnosis—Tertiary syphilis.

Treatment—Saturated solution of KI in increasing doses t. i. d. Locally to ulcers is used Ung. Hydrarg.

Two weeks later dermatitis is greatly decreased; ulcerations granulating over. The KI has been increased to 34 drops t. i. d.

Operation for cancer of uterus.—After thorough disinfection of vagina an incision was made through vaginal wall in its entire circumference, and below any probability of infection from the cancerous mass of the cervix. This cut edge was then cauterized by pure carbolic acid. This section of the vaginal wall was done to facilitate the removal of the uterus through an abdominal incision which was now made along the rectus abdominis. An examination revealed that not only the uterus but also the broad ligaments and the structures which they contain were involved. Hence, the uterus with fallopian tubes and ovaries were now severed from their connections and removed. The hemorrhage was profuse and difficult to control, as the tissues were so degenerated as to be extremely friable. Drainage was secured by way of vagina, and the abdominal wound closed in the usual manner.

Case of Acromegaly.—Within the realms of the County Hospital there is perhaps no disease which presents more peculiar and mysterious characteristics than that of acromegaly. The patient was a woman 36 years of age. Her health had been good till she was 24 years old, when menstruation ceased. At 28 she noticed her hands were enlarging, and she had to take off her rings. At 32 she began to rapidly increase in weight, 281 pounds being her maximum weight. This lasted until the age of 35, when she began to lose weight. At this time it was noted that diabetes mellitus had set in. Lately she had become the victim of Jacksonian epilepsy and paresis of right side of face and tongue. There was complete blindness of right eye, and the left was also impaired. The hands and feet were markedly enlarged; the lower jaw thickened and prominent, both as regards bone and soft structures; the tongue of such dimensions as to protrude from the mouth; and a marked curvature of dorsal portion of spine. She also suffered from headache, lassitude and excessive appetite and thirst. The mental condition and speech were very defective. The condition of the skin and other soft structures were practically normal; hence, change was mainly in bony structures.
Dr. Milroy spoke at length upon the pathology of the disease as revealed by 34 autopsies which have been made upon its victims. It was only a few days later that his statements were verified by an autopsy upon this same patient.

The Autopsy.—The pituitary body was much hypertrophied, but at the same time almost entirely degenerated. The sella turcica was much expanded, measuring 1 inch in width and 1½ inch length, the olivary process in front being absent. There was partial destruction of optic tract by the encroachment of pituitary body. A reddened infiltrated area of lower part of frontal convolution explained the concomitant paresis. Persistence of thymus was not verified. Pancreas appeared normal.

Case of Syrian—Inflammation of entire anterior surface of eye. There was a grayish mark on cornea. With reflected light this mark is shown to have rough surface, and its edges are well defined.

Diagnosis—Ulcer of cornea.

Treatment—Drop into eye a few drops of cocaine solution to prevent irritation and too rapid washing out of following strong soft yellow ointment which was applied once a day. Hot applications are used for half hour t. i. d.

Case of young woman.—This was a case of ectropion of upper lid of right eye. The turning out of the lid was not manifest when eye was open, but on attempt of closure would turn markedly outward.

An incision was made through the skin of the lid one-eighth of an inch from external to internal canthus. The lid was then drawn downward by stitches passed through and through the skin of cheek below, leaving a gap fully a half inch wide. This was filled in by a half skin flap taken from the arm. In a few minutes the fibrin had so thoroughly glued this flap on that a dressing could be applied, and left for several days.

Pay up your subscriptions and please do not lend The Pulse to your neighbor, so that those who have not already subscribed will be obliged to.

I think that some of the Alumni would almost feel like taking their college course over again if they knew that the clerical work of the college has fallen into new hands. Among other advances the college has made this year is to report that the registration, roll call, etc., is attended to by feminine hands. The O. M. C. is always advancing.
Faculty Department.

W. F. MILROY, M. D., EDITOR.

Through The Pulse the faculty would extend to every member of the Omaha Medical College a hearty welcome.

It is a gratifying evidence of the esteem in which this institution is held, to observe the large number of new students who annually assemble here to invest their money and their time in a medical education. It is a far stronger evidence that this confidence is merited to note that the undergraduates who leave us in the spring never fail to return in the fall to resume their studies. Exceptions occur, of course, owing to reasons of health, finance and others equally satisfactory. There could be no greater stimulus to faithfulness on the part of the faculty than this evidence of good will and confidence. They gladly pledge themselves, in return, to use their utmost endeavor to make the courses in the highest degree profitable.

The personnel of the faculty remains practically unchanged since last year. The equipment of the college has received one important addition which we hope will materially assist in the work in microscopy. This is the projecting lantern. It is one of the modern wonders of microscopic demonstration that thus in an instant, by a powerful light in a darkened room, any freshly mounted microscopic specimen can be shown upon the screen in such huge proportions as to be clearly visible in all its details across a large room. A class having seen a subject demonstrated in this way, is in a position to study individually with intelligent eyes and comprehensive mind their own specimens of the same tissue.

After all is said, as has been many times remarked, genuine success only comes with personal and untiring effort of each individual. There is no question of success except the ability and willingness to work.

One group of students enters the freshman class, impatient to grapple with the tasks to which he has so long looked forward and all unconscious of the discouraging maze in which he may find himself in a couple of months.

The sophomore takes a tuck in his belt and with grim determination advances to the mountainous labors which he fully appreciates as they rise before him. Truly his is the "strenuous life."

We are told that when disciples were admitted into the school of Pythagoras, they were for two years enjoined silence
and were neither permitted to ask questions nor make remarks. After they had thus acquired the inestimable art of holding their tongues, they were gradually permitted to make inquiries and finally to communicate their own opinions. The junior medical student comes to the scratch in a frame of mind similar to that of the disciple of Pythagoras at the end of two years of his tutelage. A member of the class of 1903 remarked, the other day, that he felt no more like a doctor than if he had never seen the inside of a medical school. It is impossible for one in the midst of the work to realize the absolute necessity of the long period of scientific discipline which is comprehended in the first half of the medical course, while he is acquiring a wide and solid foundation on which to erect a tower of strength in time to come.

The junior soon begins to realize this truth, however, and finding his work opening up along practical lines his interest is stimulated and a sigh of relief escapes him as he awakens to the fact that his period of comparative drudgery is over.

The senior says: “It is now or never,” and arduously devotes himself to the work of stowing away in his mind a mass of diagnostic and therapeutic facts against the day he sees looming up in the near future, when he will be “up against the real thing” and have no resource but himself.

Thus with varied thoughts dominant we enter upon the work, each determined to make the year count. We say: “God speed you in the endeavor.”

Many of the students have expressed themselves in favor of a change in the present arrangement of clinics, if it seems desirable to the faculty. Our clinics on Wednesdays and Saturdays have as many as forty in attendance. A remedy for this overcrowded condition could be found in again dividing the classes. It would be a good plan to have the whole section present for the presentation and description of cases, and then dismiss half or more of the class. This idea works well in the eye clinic and seems to be satisfactory to all. This plan is presented from no feeling of dissatisfaction, but merely as a suggestion by some to enable us to glean as much as possible from the clinic. It seems more practical to see a part thoroughly than the whole only to a degree.

It is to be hoped that each alumnus of the college will see the advantage in having his or her name in the “Directory” and will hasten to return their card to The Pulse.
The O. M. C. Pulse.

Volume 5 Number 1

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CLASS EDITORS:
C. Peters, '02 H. McArthur, '04
C. Morrison, '03 William H. Anderson, '05

THE NEW management of The Pulse make this initial bow to the public with a great deal of trepidation and stage fright. But under a new cover and with the loyal support of the faculty, alumni and students of the O. M. E. that we have received, we feel quite proud. We will do all in our power to merit this encouragement and make The Pulse a representative and interesting journal.

Our intention is to try to draw the alumni into closer touch with their alma mater, for in the graduates of a college lies her strength. The alumni of a growing western medical school can do more by their reputation, ability and direct work for that institution to build up and strengthen it than all the catalogues and pamphlets in Christendom. We will endeavor to have at least one article in each issue of The Pulse from the hands of an alumnus.
In this issue we have a scholarly and instructive article on "Gastro-Intestinal Myasthenia," by Dr. Willis W. Dean of Sioux City, Iowa. Dr. Dean, as president of the Alumni Association, is known by name to most of us, and we feel sure that he will do all in his power to keep the interest of the former students of the O. M. C. in their alma mater.

The opening exercises were held Tuesday evening, September 17, in the large lecture room, followed by an informal reception in the pathological laboratory. The amphitheater was crowded with students, members of the faculty and their wives, and by other friends of the O. M. C. President Gifford introduced the Dean, Dr. Jonas, in a few well chosen words to the assembly. Dr. Jonas delivered a short but instructive address, the first part of which consisted in advice to the student as to how to gain his desired end and as to what the desired end was. "Only by constant effort as a student could we succeed after graduation. A physician's success is not to be measured by his wealth and practice, but by original work in the growth and evolution of our beloved science. Our object is to teach you to be scientists, practical men and humanitarians."

The latter part of the address was concerned with the subject of first aid to the injured and was of great interest in the treatment of this important branch of cases.

After this interesting introductory address an adjournment was made to the pathological laboratory, where delicious punch and light talk was indulged in, while everyone became better acquainted. It was a pleasant evening and marked the beginning of another prosperous year for the O. M. C.

Madison, Neb., Sept. 27, 1901.

Dr. H. Gifford, Omaha.—

Dear Sir: Enclosed herewith find bill of lading for a box of medical journals, bound and unbound, intended for Omaha Medical College. I tendered them to the college through Dr. Aikin and he directed me to consign them to you.

I trust they may be of some value to the students.

Fraternally yours,

T. H. Long, M. D.

Contained in the bill were a large number of bound volumes of various medical journals of recent date. I do not think that this needs much comment. Some more letters such as the above would materially aid the library.
IT BECOMES our duty to tell not alone of the successes of the school year but to relate the failures. Athletics, this fall, were begun under very favorable circumstances. With a good schedule and a complete equipment, due to untiring efforts of Manager McDowell, an efficient coach, and the loyal, unswerving support of the faculty, appearances augured well for an excellent football team. But there was lacking what was vital, the loyal and enthusiastic support of the student body.

It is greatly to be regretted that what promised to be an interesting part of our college life is to be lost and that we can no longer cheer our men to victory. It is to be regretted because of not only the direct harm that will come to the O. M. C. because of our cancellation of dates with good teams, but because indirectly it injures school spirit. And again it is to be regretted because the hard work of the two former years that made possible this year our good schedule is worse than lost. We know how easy and how natural it is for a little child to destroy some useful article that has taken a great deal of labor and skill to construct. It is easier to tear down than to build.

WE HAD HOPED to have had Mr. Avery of the present junior class to help in the business management of THE PULSE, but Mr. Avery was taken ill during the summer and was compelled to go to Colorado for his health. We have recently received a letter from him indicating greatly improved health, which his many friends will be glad to hear. We all hope for his speedy recovery.

THE O. M. C. feels quite elated over the deserved notice two of its members received at the annual meeting of the American Medical Association, held in St. Paul last July. Dr. Jonas, our Dean, was elected second vice president of the association and Dr. McClanahan was chosen chairman of the section on diseases of children.

Alumni Department.

BY G. H. BICKNELL, M. D.

Dr. Thulin, late house physician to Immanuel Hospital, is now located at Craig, Neb.
Dr. Rohlf, who occupied a similar position in the M. E. Hospital, is now at Waterloo, Ia.
Dr. Willis W. Dean, '95, and president of the Alumni Asso-
cation, has been appointed professor of physiology in the Sioux City Medical College.

Dr. Alma Chapman, '97, is now a member of the house staff of the Hospital for Insane at Hastings, Neb.

Dr. Fredrika Phillips is on the medical staff of the Home for the Friendless at Milford, Neb.

Drs. C. E. Stevenson and Lucas, both of '95, have been post graduating this summer, the former in Chicago and the latter in New York.

In a letter from Dr. Wm. Henry Loechner, at present attending clinics in Vienna, Austria, he sends his well wishes to the O. M. C. and her students. He reports splendid clinics and excellent opportunities to do original, individual work in the hospitals. Post-mortems are held twice daily and there are present at each clinic never less than fifty patients. Dr. Loechner states that he will endeavor to reach Omaha in time to see the present senior class graduate.

Items of news from Alumni will always be gladly received, especially removals and professional appointments. Reports of unusual or interesting cases are also desired. Alumni who have any interest in the O. M. C. or desire to keep in touch with the Association should always notify some one at headquarters when a change of location is made.

Papers on medical subjects are desired from Alumni, the manuscripts of which will be gladly revised for publication by the editorial staff when necessary or requested.

Class Notes.

SENIOR NOTES.

J. A. PETERS, EDITOR.

I wish to call the attention of the medical profession and more especially the undergraduates to a disease which so far as I know has never been recognized by any of the text books of today. My attention was first called to this malady last year while attending clinics at the different hospitals of this city. Nearly every case that came under my observation prior to October, 1901, were members of the junior class. Had not my observations been confirmed during the clinics of the present school year, this article would never have been written and the medical profession would have suffered thereby. That this disease is vastly more prevalent in junior classes must be conceded, but
no class is exempt. It is not an epidemic disease, for in classes numbering thirty-five to forty only three or four have shown any symptoms characteristic of it.

Etiology—The etiology is obscure but probably involves some physiological principles not fully worked out.

Pathology—As the disease is not a serious one, so far as life is concerned, and no deaths having resulted, the pathological findings must be deducted by logical reasoning. By this means the three following abnormalities, either singly or combined, are found to exist:

First—Hypertrophy of a greater part of nerve tissue.

Second—A distinct enlargement of the gall bladder, together with a corresponding thickening of the walls.

Third—An acute softening or lack of development of brain cells in the pre-frontal region.

Symptoms—The symptoms are characteristic and when once seen cannot be mistaken. There is a total loss of consciousness regarding the presence of others; in other words, there is present in mind of the one affected a striking individuality. There is always present to a greater or less degree a stretching or straining of the muscles and ligaments in the cervical region. Some cases present a considerable amount of exophthalmos. There is a great desire to command prominent positions for fear that something may escape their vision, even though they be difficult for their premature conceptions.

Treatment—The treatment is divided into two distinct classes—suggestive and radical therapy. The former is in most cases sufficient. Two severe cases were cured last year by this method. The latter is to be employed only when the former fails, as it may cause considerable excitement, but its results are sure.

In conclusion will say that if any practitioner or undergraduate will in any way be benefitted by reading this article, I shall be amply repaid for my researches. If any individual contemplating a new treatise on the practice of medicine wishes to use this article verbatim or to enlarge thereon, he already has my consent, as no copyright shall be applied for.

Daniel F. Lee, who spent a few weeks visiting at the O. M. C. last year, has become a member of the senior class this year. We cordially welcome him.

There is considerable speculation among a few members of the senior class as to who will finish the year with bells on. Here's hoping the cup stays on this side of the Atlantic.
JONES spent a night last week assisting the society editor of an Omaha newspaper. Acetanilid compound, he says, is a very efficacious remedy.

The exact number in the senior class is not yet known. There are a few that we are not certain of yet.

The new members of the senior class are Kruse, Hen­neger and Dummer. Dr. Kruse is taking post graduate work, he having practiced for several years in Millard, Neb. Mr. Henniger is from the Iowa City Medical College, where he took the first three years of his course. We welcome them.

Dave Rundstrom has been quite ill for the last two weeks, but is again able to attend lectures. He attributes his recovery to the skillful treatment of Drs. August Carlisle and McDowell.

JUNIOR NOTES.

* * *

CHAS. MORRISON, EDITOR.

Revised Edition—"Who's so clever, fair and sweet?—Jungbluth!"

Mr. Agee has been studying the undertaking business, in order to use it in connection with his practice.

Chambers and Root have been raising "dough" with On Time Yeast.

Have you noticed how all the boys (and some others) are hanging around the library now? But somehow nobody seems to get a stand-in.

"The-soon-to-be-called-for-unless-rescued-child." — Dr. Christie.

We are juniors now and must show some signs of dignity. But we feel more like the little boy in his first suit of boy's clothes when he struts and says, "See my new pants?"

At a short class meeting the other day, Messrs. Townsend and Morrison were nominated to fill "Mr. Jackson's place." Miss Job said she was going to have something to say about that, but the vote was taken on the nomination and now the president wants to know whether he is the successor of Mr. Jackson or Mr. Ransom.

Unlike our predecessors, we are not going to promise much in the way of good behavior. A team like Jungbluth, Gage and Wherry is hard to control and it may be that there will be more or less trouble one way or the other.

A colored brother once said at a camp meeting that he "was sorry to see so many absentees." So are we. Some of our boys and two of our "girls" are not back this year. "Wally" is not
here to start our songs, Mrs. Ryerson is not here to be our chaperon, and we can't pick on to Jackson any more. They have all gone to Chicago to study. Charlie Avery has gone to Denver on account of his health. He has our best wishes for a speedy return to happiness and the complete enjoyment of life.

**Protokoll der letzten Versammlung.**

In Classe Numero drei
Gab's kuerzlich ein Juchhei:
Es hatte namlich Jack, der feine,
Verlassen sein Fräulein, die kleine.
Wir alle trauerten, trauerten sehr,
Doch Fräulein Job, sie trauerte mehr,
Mehr noch denn die ganze Schaar,
Weil Jack ihr Schatz gewesen war.
Drum versammelte sich die Klasse drei
In dem kleinen Lehrsaal Numero zwei,
Um zu erwählen den glücklichen Mann,
Der Jack's Platz sollte nehmen an.
Townsend und Morison, zwei Herren fein,
Die mussten die Kandidaten sein,
Dass Townsend dem Fräulein gefällig sei,
Das wusste schon die Klasse drei.
Drum wurde er erwählt schnell,
Dass er sich ihr beigesell,
Und ihr ein starker Beschützer sei
Bis ins Jahr "Neunzehn-drei"—
Dem Fräulein nun wieder fein es geht,
Weil Townsend ihr gut zur Seite.
Sie blühet auf, sie blühet schon fein,
Sie blühet wie ein Röslein—
Ach, blühe, Fräulein, blühe zu,
Blühe in vergnügter Ruh,
Bis ans Ende dein. Bei Townsend sein,
Nicht wahr, mein Fraulein, das ist fein?

**SOPHOMORE NOTES.**

H. J. MACARTHUR, EDITOR.

Well man! Sick man! Dead Man! Stiff!
Dig 'em up, cut 'em up, what's the diff?
Humerus, femur, blood galore,
Omaha Medics of 1904.

Our class, without exception, is delighted to have Dr. Lyman again as lecturer in physiology.
THE O. M. G. PULSE.

Knodel, our younger brother, spent a pleasant month in Wyoming, hunting and fishing.

Underwood, Riley and Campbell witnessed the Nebraska-Minnesota game at Minneapolis.

We are pleased to have our popular Riley back again. Although he is somewhat under the weather, we trust that ere long he will have recovered his old time vigor.

Just out: Merkel's Renovator. A specific for reducing abnormally high temperatures (in the body.) "Sole agents for Iowa: Merritt and Gates."

We have it on good authority that Overstreet has taken to reading Mosaic history with avidity, since hearing our first lecture in hygiene.

Foster has been compelled, owing to the pressure of other work, to forego further study in ornithology, or even to make any improvement on the oxydonor.

Duncanson, Bellinger and Panter served as drug clerks during the summer vacation, while Meisenbach ran up against the real thing at the Omaha College of Pharmacy.

Orr is now an unquestioned authority on the properties of listerine, having had abundant experience in its use in his practice with Dr. Reed, division surgeon of the Union Pacific Railroad, Wyoming, during the last five months.

Bening "ran up against the Irish" and now he is minus his luxuriant beard. Never mind, Fritz, you have another trial coming!

Stewart recently demonstrated to our satisfaction that he can down even the inimitable Trostler in preparing peptonized milk. Wonder what course of study he pursued this summer?

Hart took in the Pan-American Exposition. He was present when the event occurred which will constitute a black page in our country's history and from whose shock the nation has not yet recovered.

Nye and George have not returned as yet, but are expected at any time now, as pumpkin threshing is almost completed.

Arbogast has gone to Wyoming and so will not resume studies with us this term.

The Wise Fools' class is now the largest in the college. Our numbers have been increased by Gillett, Brush, Campbell, Patton, Karrer, Nelson and Pearse. The latter is engaged as coach for the football team and has shown that he can quite fill the bill, if he can secure the necessary material to work with.
The class editor would like to see each and every member of the class take an interest in the part assigned to our class in The Pulse, by contributing articles for the same. We may surely, reasonably expect that if such interest were taken there would be so many spicy articles gleaned out from the contribution box that the sophomore notes would be the most interesting portion of our paper.

We would like to see a little more enthusiasm on the part of students as regards literary work in our college. We have men from high schools, colleges and universities, representing the entire middle west and yet among us we have never published even a short story. It can not be that this is due to the management of the O. M. C. Pulse, for they would gladly publish sketches, short stories, anecdotes and verse, even if not up to the highest literary standard, provided our students took enough interest in such matters to write them.

While we may never pose as a literary medical school, we can at least cultivate literary habits to a certain degree, and develop what talent we have in that direction and so show the public that we have interest in other matters than anatomy and surgery alone.
FRESHMEN NOTES.
HENRY ANDERSON, EDITOR.

Who is the man with the pull?
No like um hydrogen.—Walsh.
Take one on the refreshment class.
The best I ever saw—"Heine on the Troc."
Petersen has ambitions as a football player.
How much anatomy we will get next month?
Why so many eyes are glued to the dent. side?
I believe in the merits of adipose tissue.—Dahlbear.
Information Wanted—Where Baker gets his ladies?
How to get a stand-in with the janitor—Lorenzon?
It is quite pretty and I don’t wax it, either.—Caughey.
We are a little green yet, but we will be all right in time.
We have not as yet won many laurels; yet we are adorned with a Garland.
The quartette (?) is practicing daily and aged hen fruit is at a premium.
I’m not much of a player, but would make a nice soft football.—Rummery.
No, that is not the exhaust of a locomotive, just Seroboda trying to explain the articulation of the Os. Calcis.
Bushnell and Walsh represent Feeble Minded Institute at Glenwood. We do not know what department.
Lane is of the opinion that the most interesting part of physiology is the study of metabolism as a (w)hole.

Briggs. The Hatter

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SENIOR NOTES.

C. LE ROY SAMPLE, CLASS EDITOR.

At a class meeting of '02, the following were elected as officers for the year:

President—Richard C. Houston.
Vice President—Julius Soukup.
Secretary and Treasurer—Will C. Shearer.
Class Editor—C. Le Roy Sample.
Assistants—Claude P. Lewis, Marcus L. King.

Quite a hot bunch a assure you.

Dr. Malcom Akin had a real nice little practice established in one or two neighboring towns of Gladstone. Akin made a real nice little stake, but he is not the kind to "pump hot air," over a little success.

After hearing Lemar's tale of successful practicing, just call on Eddie for his spiel.

The '02 graduating class are well pleased with the outlook for this year, and feel assured of obtaining as good a course as the seniors of any of the Eastern colleges.

Between the several ranches, the board of trade, and the extension office practice at Bennington, it seems impossible for Frank to be with us at the college.

The majority of the class favors a class pin. Samples will arrive in a few days. Push a good thing along.

Dr. Roy Dana Morris spent his summer at a few principal summer resorts, such as Krug's Park, Lake Okoboji and Papillion.

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C. Le Roy Sample closed his flat early in the summer and hied himself to Harvard to assist Dr. Clyde Metzler in his lucrative practice. He reports favorable.

Our leading man, J. C. Downar, is not with us this year, so we are of very little force in the way of comic operas or tragedies.

The three classes have organized a social club which will prove a winner, if they will all take the interest that the Seniors do. It is "The Heilwauket Club." Its object is to hold dances and social gatherings to furnish entertainment for the students. Officers of "The Heilwauket Club": President, Richard C. Houston; vice president, Chas. K. Porter; secretary, Miss Grace Selover; treasurer, Frank I. Letson; committee, Lewis Nielsed, Ed. Brnuing, A. P. Taylor, R. B. Parris, L. E. Scouten, C. P. Lewis.

Richard C. Houston took a two weeks' vacation, visiting Chicago, Buffalo and his old home in Canada.

Ask Dick about the "chocolate rub" he got in Buffalo for "a dime."

"Hot Air" Turley is in charge of the head office at Emerson.

Dr. Trenholm, our new Senior, is welcomed by all.

The clinic during the summer season was a very good if not personally lucrative one, and was ably cared for by some of the scintillating lights of the Junior and Senior classes, under the tutelage of Dr. Van Slyke.

---

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A valuable addition to the Faculty is Dr. Ross, instructor in prosthetic work.

The Juniors are surely getting in their work in the infirmary, right from the start, this year.

The three classes have organized a social club and a series of dances will be given during the winter.

In metallurgy the question was: Name two poor conductors. Some one answered: “Whistler and Shipard.”

The Junior class organized with Porter as president; Cotrell, vice president; Beck, secretary, and Ivans, treasurer.

There is always a smile and a pleasant word for us now at the secretary’s office, and we are permitted to use the ’phone for occasions aside from “absolute business or to receive news of importance from home.”

The faculties surely owe their thanks to the class of ’03 for deciding the seat question in the lecture rooms last year. This year the Freshmen take their proper sides quietly, Medics and Dents having equal rights.

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PROFESSIONAL DIRECTORY

A. F. JONAS, M.D., Professor of Practice of Surgery and Clinical Surgery, 317 Continental Blk. Tel. 1462. College-Monday, 1 to 2; Tuesday, 11 to 12; Friday, 11 to 12.

JUDGE W. W. KEYSOR, Professor of Medical Jurisprudence, County Court House. College-Friday, 9 to 10 during January, February and March.

R. C. MOORE, M.D., Professor of Mental Diseases, 312 McCague Blk. Tel. 1462. College-Thursday, 10 to 11.

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ALUMNI

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A. F. HINZ, M. D., Minneapolis, Minn. 0. M. C. '86.

THOS. J. LAWSON, M. D., Wabaunsee, 0. M. C. '96.

GEO. P. CLEMENTS, M. D., Clarkson, Neb. 0. M. C. '96.


A. JOHNSON, M. D., Opal, Nebraska Institute Feeble Minded Youth, Beatrice, Neb. 0. M. C. '90.

W. S. REILLEY, M. D., Red Oak, 0. M. C. '95.

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SENILE ENURISIS

I tried 'Triti-Lithia' in a case of Senile Enurisis where the urine was highly colored, ill-smelling, and contained a great deal of urates. The patient, sixty-four years of age, with gouty history, made a very speedy recovery when put on this excellent preparation, a teaspoonful four times a day. In other cases it has proven very beneficial.

CHARLES H. BREUER, M. D., David City, Nebr.

CYSTITIS-NEPHRITIS-CHRONIC RHEUMATISM

Although I seldom recommend any persons goods, I can't see any harm from connecting my name with a worthy preparation. I have used 'Triti-Lithia' with exceptionally good effect in Cystitis, Nephritis, and in Chronic Rheumatism. In fact every time I tried it I could see good results.

DR. E. NEFF, St. Joseph, Mo.

CHRONIC NEPHRITIS

I have a case of Nephritis of long standing (chronic) age of patient twenty-three years, on which I have been using 'Triti Lithia.' It is working like a charm. I therefore can recommend it to the profession.

DR. J. C. COLE, Dunavant, Kans.

CYSTITIS

I have used 'Triti-Lithia' with good results in a case of Cystitis in a lady sixty-two years of age.

DR. M. NEILSEN, Belden, Nebr.

CYSTITIS-RENAL COLIC-PROSTATIC TROUBLES

I have much pleasure in adding my testimonial in favor of 'Triti Lithia.' I have used it successfully in Cystitis, Renal Colic, and Prostatic troubles, and in my estimation it is a valuable remedy.

DR. J. F. BURCHETT, Mouth of Laurel, Ky.

CHRONIC RHEUMATISM

I have been using 'Triti-Lithia' with best results in several cases. I find it very effective in Chronic Rheumatism and diseases of the kidneys and bladder.

DR. C. W. M'COLM, New Market, Iowa.

CHRONIC RHEUMATISM-CYSTITIS

I have used 'Triti Lithia' in several cases and found it quite effective in Chronic Rheumatism and Cystitis, have not noted its effect in Enurisis or Nephritis, but would use it in those cases expecting to get specific results.

DR. LOUIS ESLICK, Rockwell City, Iowa.

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