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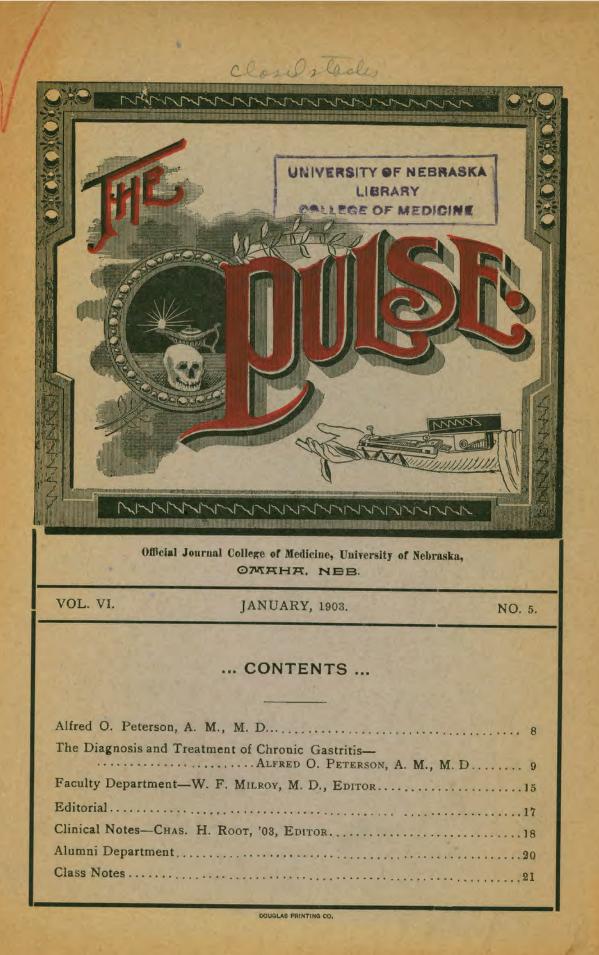
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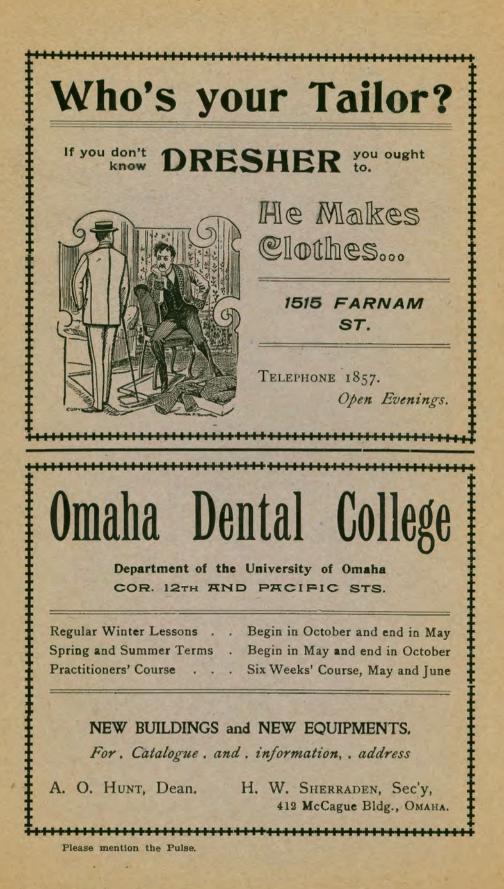
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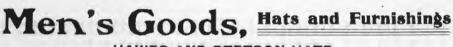


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VOLUME VI

JANUARY, 1903

NUMBER 5

THE DIAGNOSIS AND TREATMENT OF CHRONIC GASTRITIS.*

ALFRED O. PETERSON, A. M., M. D.

Chronic gastritis is probably one of the most frequent diseases with which the practitioner has to contend. It is a universal ailment occurring among all classes of people and particularly among the ignorant poor, whose coarse, improperly prepared food acts often as a gastric irritant. Indiscretions in eating and drinking play an important role in the causation of the trouble and chronic gastritis may be said to be "one of the best nourished and most prevalent diseases in the world."

The difficulty of arriving at accurate data, and the necessity of prolonged treatment to effect permanent relief has induced routine, presumptive diagnosis, and insufficient treatment.

In this chronic inflammatory process the secretary, motor, and absorptive functions of the stomach all are involved. The resulting picture, moreover, is manifold, as one may observe in various cases, first one then another function most seriously damaged. Frequently the insufficient work of the stomach is compensated for by the increased action of other organs. Thus, in prolonged anacidity with unimpaired motility, the timely evacuation of chyme favors intestinal digestion. In these cases there may be absolutely no untoward digestive symptoms whatsoever.

The anatomical changes resulting from chronic gastritis are as varied as the clinical picture. In the early stages of the disease these changes are not so marked and the gastric mucosa, especially in the pyloric region, is in a condition of diffuse hyperaemia. When the disease has existed sufficiently long, however, two general anatomical types are distinguished: I. Inflamma-

^{*}Read before the last meeting of the Nebraska Medical Society.

tory hypertrophy. 2. Inflammatory atrophy. Of these a short description will be found desirable.

Inflammatory hypertrophy: In this form there is an inflammatory infiltration of the inter and sub-glandular connective tissue. This process, extending to the connective tissue ridges existing between the vestibular entrances of the gland ducts, gives rise to the formation of elevations. Finally complete destruction or cystic degeneration of the mucosa results. Not only may the mucosa but also the sub-mucosa and the muscular layers of the stomach be attacked in this inflammatory hyperplasia. When, in the hyperplastic sub-mucous tissue, this chronic process undergoes cicatritial contraction it may lead to either partial localized change of form, as seen in pyloric stenosis, or a more or less uniform contraction leading to cirrhosis ventriculi.

Inflammatory atrophy: The progressive plastic character of the hypertropic form may lead to retrograde metamorphosis before it has progressed very far. Sometimes inflammations of the mucosa are degenerate from their incipiency and no hyperplasia whatsoever enters into the anatomical picture. By mucoid and fatty degeneration the mucosa becomes transformed into a slate gray atrophic membrane. Hypertropic or atrophic changes may occur in the sub-mocosa and the muscularis independent of changes occurring in the mucosa.

The pathological conditions present in gastritis being so manifold, the difficulty of accurate diagnosis becomes evident.

The patient with chronic stomach trouble must be considered as a whole. The facial expression, the condition of the skin and teeth, the general nutrition, all are factors assisting in the diagnosis. The social position, age, habits, etc., must be inquired into.

It is customary largely to base the diagnosis on the symptoms of which coated tongue, anorexia, gastric distress, distension and belching, nausea and vomiting, vertigo, palpitation, constipation, insomnia, headache, loss of energy, diminution of weight, etc., all are frequently met with. However, many of these symptoms are associated with other forms of trouble, or

may be absent altogether, and interrogation, together with physical search often are of no avail. Ewald says, "Just as readily as the diagnosis chronic gastritis is made, just so little is an off-hand opinion justified in many cases, for neither the duration, nor the etiology, nor the kind of dyspeptic manifestations will suffice to make the diagnosis at once, but, in addition, there must be a careful examination with the aid of all our diagnostic resources."

Among the more recent aids to the diagnosis of gastric troubles, nothing is of more assistance than the accurate estimation of the functional signs. Based on this form of investigation chronic gastritis is divisible into four classes, viz.: I. Acida. 2. Anacida. 3. Mucosa. 4. Atrophicans.

In the form called acida there is present a normal or increased amount of HCl and also much mucous. Ewald says that acid gastritis is not a gastritis at all but a hyperacidity, the result of secondary irritation of the mucosa. Ewald is correct up to a certain point. However, should the irritation continue for a sufficient length of time actual gastritis certainly does result.

Two patients have come under my observation who presented a condition of hyperacidity with defective elimination by the skin, kidneys and bowels. Treatment soon relieved the condition and the patients disappeared before complete restoration had been effected. Within a year these patients returned with undoubted gastritis, much mucous and an increased amount of HCl being present. These certainly were cases of irritative hyperacidity. The irritation existing a sufficient length of time, however, gastritis, as a logical sequence, was added to the clinical picture.

Of this class the following case will serve as an illustration. Mrs. N., married, age 35, no children. I first saw the patient in September, 1901, when she presented the following history. At 15 years of age had typhoid fever, the recovery from which was uneventful. At 25 first noticed trouble with the stomach when she began to suffer from water brash and a pain in the epigastric

region. This pain came on usually from one-half to one hour after eating and would continue nearly up to the time of the next meal. Eating would give temporary relief. Pressure on the abdomen would stop the pain a trifle. Eight years ago she had some form of pelvic inflammation and was confined to bed, during which time she was largely on a fluid diet. For two years subsequent to this there was no marked gastric disturbance when the old trouble seemed to return with renewed violence.

Status praesens: Patient fairly well nourished. All chest and abdominal organs in normal condition. The chief symptom complained of is pain and burning in the epigastrium, which comes on one-half to one hour after eating and continues for an hour or more, but is usually gone before the time of the next meal. Eating food relieves pain for a time. The appetite is good and frequently excessive. The bowels are constipated, although a daily evacuation occurs. The urine is heavily loaded with urates and shows a very marked indican reaction. Blood examination was negative. A distressing water brash occurs on arising and at varying intervals after meals. The gastric analvsis shows the following: HCl, 24; combined HCl, 30; total acidity, 68. Quantity in the stomach at the end of an hour, 186 c. c. Achroodextrin present. Pepton digestive active. In other words the acid secretion is excessive, starch digestion slower than usual, motor power of the stomach somewhat diminished. The food is finely divided. At all times there is present an immense amount of mucous. Analyses made from time to time showed a constant condition. In February, 1902, the patient was discharged, all symptoms then being entirely controlled by diet alone.

In anacida all ferments and acids are diminished and a small amount of mucous is present.

In the form of gastritis classed as mucosa, at all times much mucous is present. Depending upon the amount of degeneration suffered by the mucosa the stomach contents show an acidity varying from normal to zero. The majority of cases of gastritis come under these two subdivisions.

In gastritis atrophicans both free and combined HCl, the ferments and their pro-enzymes are absent. Food removed from the stomach has the same appearance as when in the mouth. The total acidity varies from 6 to 12. Should a trace of pro-enzyme be present partial restoration of the mucosa is possible. To illustrate this allow me to cite briefly the following case:

Mrs. L.; age 42. The patient first visited me in January, 1901, when she gave the following history. Has never been sick except during pregnancy when she would be troubled with frequent fainting spells and cramps in the abdomen. After the third pregnancy, eight years ago, these spells have recurred frequently and with intensified severity. Occasionally the patient would be unconscious for four or five hours at a time. Constipation, vomiting, and renal insufficiency would usher in the attack. I have seen her in several of the spells and believe them to be ptomaine storms. For, when active elimination is established, the patient recovers.

Three years ago a local surgeon performed an amputation of the cervix, together with ventral suspension of the uterus and also perineorrhaphy, which, however, relieved the condition but a short time. The patient was badly nourished and suffered from anorexia and inability to digest proteids. The physical signs were normal. The test meal showed absence of acids and enzymes and the contents appeared the same as when in the mouth. The motor function was normal. The mucosa was not entirely destroyed, however, for after persisting in treatment several months I could detect a slight quantity of proenzyme. The ptomaine storms diminished in number and have now been absent for seven months. In all cases of gastritis a careful microscopical examination of detached fragments of the mucosa is often advantageous and frequently diagnostic.

It not only requires careful study to distinguish chronic gastritis from other diseases, but also to distinguish the forms just discussed from each other. Primary and secondary forms are usually recognized without difficulty. Ulcer, cancer, and the neuroses must be excluded. And it is often only by such ex-

clusion, and by repeated analyses that the diagnosis of chronic gastritis can be satisfactorily made. Accurate appreciation of the pathological condition present leads to accurate therapeutics.

TREATMENT.

Treatment may be considered to be divided under two general heads, viz.: 1. Prophylaxis. 2. Treatment of the disease.

There are some individuals who naturally have weak stomachs. A diet adapted to the individual is here a necessity. The digestion of patients suffering from anemia, Bright's disease, etc., must be carefully watched to ward off, if possible, a complicating gastritis.

It may be superfluous to mention that, as Americans persist in eating and living fast, a condition arises which of necessity demands a careful scientific training of cooks. The Domestic Science Departments of the Universities and some private institutions certainly are of assistance in arresting the tendency of the American people from becoming a race of dyspeptics. The kitchen should be considered a chemical laboratory and the chemical changes induced in food by cooking should be as carefully superintended as the reactions occurring in the laboratory of the chemist. Every physician, moreover, should have an accurate scientific knowledge of dietetics for there is scarce a disease where such knowledge would not be advantageous.

Chronic gastritis being present, we have several means of combatting the disease, viz., by diet, by medicines and general hygiene; by lavage, and by electricity.

The pathological changes being so manifold each case must be considered separate and distinct, and treatment must be based in accordance with the anatomical conditions present.

As patients with chronic gastritis are poorly nourished a nutritious diet is one of the chief means of combating the disease. Frequently there is loss of food by putrefaction and fermentation. The ptomaines formed by this process have of themselves a depressing effect on the digestive progress.

Among the exclusive diets may be mentioned the milk treatment, the meat and hot water treatment, and the vegetarian

diet. Ewald, and most German authorities allow a liberal diet of milk, meat, eggs, and many carbohydrates. Sometimes two meals a day are preferable, sometimes five. The individual requirements should be ascertained. Where the digestive power is low it should be educated up to the demands of the organism.

Among the medicines AgNO3 as a spray or douche is often excellent. The oxide of silver, arsenic, and bismuth have a place. The bitter tonics, HCl, and the various ferments are useful. Fothergil says: "Ferments are crutches which may be used with success temporarily, but the best thing to do is to find out how the patient may digest without them."

General hygenic considerations as baths, massage, fresh air, exercise, etc., are essential. Lavage is especially useful where much mucous or putrifying food is present in the stomach. The intragastric use of electricity often gives excellent results.

The object of all treatment in chronic gastritis is to restore the digestive power of the stomach sufficiently to meet the demands of general cell metabolism. This restoration may be partial or complete. If this fail, then, by temporarily assisting the organism, other organs may somehow learn vicariously to perform the work formerly done by the stomach.



The writer embraces the present opportunity to refer to the pleasure and gratification he experienced in a recent visit to the Lincoln branch of our college, and to thank his entertainers for the kindness of which he was the recipient. Certainly no one can come into touch with our people there and not be impressed with their enthusiasm for our young enterprise and the work in which they are now engaged. This is true in respect both to faculty and students. As illustrating the zeal of the latter, I mention the medical society, composed of undergraduate stu-

dents, which meets once in two weeks with an occasional "open meeting," at which some one from without is asked to speak. This enterprise involves a little extra work, but it is proving very profitable to the students.

It has happened within the memory of man, that medical societies have existed for brief periods among the students of the Omaha college. If the scheme is feasible and advantageous among the students of the freshman and sophomore classes it must surely be many times more so among those occupied with the practical work of the advanced classes. Why can not the class of '03 take the initiative, establish a society that shall be attractive to every under-graduate member of the institution and. as the first class of the College of Medicine of the University of Nebraska, leave behind it a well-organized medical society. Don't attempt too much; a simple organization, involving little or no expense, and occupied with the current work of the classes will be the thing. Participation in the proceedings of this society will go far toward preparing a man to assume a creditable position in the Society of the Alumni, in which, of course, each new alumnus will seek membership.

The meeting of the Lincoln Society, above referred to, of January 15th inst., was opened by selections, beautifully rendered, by the Male Quartette of the Lincoln "Medics." When each individual member of any association feels it his privilege as well as his duty to contribute to the common good the best of whatever he has to give, the association's highest success is assured. This contribution to the pleasure of their colleagues, by four members of the college at Lincoln is probably counted by them as no great thing; but it is a great thing, because it is another evidence of that enthusiasm which exists among them and renders the success of our college, upon the highest lines, assured. Every individual interested in this success owes a debt of appreciation and thanks to these four gentlemen.



VOLUME 6

NUMBER 5

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WE ARE PLEASED to present to our readers this month an able article on "The Diagnosis and Treatment of Chronic Gastritis, by one of the faculty, Dr. Alfred O. Peterson, who is making diseases of the alimentary tract a specialty.

* *

WITHIN THE LAST two or three weeks there has come to our notice a neat little volume on "Pharmaco-Therapy," by Dr. Paul H. Koerber. Those acquainted with the author as an instructor know of his ability along therapeutical lines, and the subject matter is certainly fine. The work is dedicated to Dr. W. H. Christie, professor of the department of Materia Medica and Therapeutics.

WE NOTICE a recent number of Science contains an extensive critical review of the character and results of the Washing-

ton meeting of the American Association for the Advancement of Science. The article was written by Dean Ward.

AGAIN THE subscription list has gone the rounds. This time we trust the football season has ended.

THE STUDENTS of the two upper classes appreciate the increasing efforts of our faculty to make the clinics large, varied and practical. The division into small sections and assignment of cases is of inestimable value to the student and patient as well.

WE HAVE noticed of late that several medical journals have been trying to get a hold upon our students. This is not meant as a "knock," but as a simple reminder of the fact that a student's reading should be chosen with greatest care. One or two of these journals have been of the best class, but time spent on unreliable, random shots of an unknown author in a one-horse medical journal is worse than wasted. Choose your reading from the well known periodicals, whose contributors are the best men in the country in their line.



An unusualy interesting case was recently seen at Dr. Milroy's clinic at the County Hospital. The case was that of a man 38 years of age who was admitted January 1st. At the time of admission he was suffering from a general anasarca which he said had been present for about two weeks. Upon examination his arteries were found to be artherometous, the apex beat was displaced downward and to the left, while the area of cardiac dullness extended about an inch to the left of the left mammary line. On ausculation over the aortic area the second sound was found to be accentuated and upon listening over the mitral area

a distinct murmur was heard immediately following the second sound. Diagnosis: Aortic regurgitation which was transmitted in the direction of the regurgitated blood but which was not heard at the seat of the lesion. Ten days later the murmur had disappeared and the area of cardiac dullness while still abnormally large had decreased to a considerable degree. This result was probably brought about by the enforced rest and clearing up of the anasarca which allowed compensation to be reestablished.

Last month it was our privilege to see a case of pleurisy which went on to an uneventful recovery; this month we were enabled to see a case in which operative procedure was necessary. The case was that of a farmer 28 years old, who was taken ill with pleurisy about July 15th. For some time he received medical treatment but became no better, so that about the middle of September in an out-of-town hospital about a pint of pus was aspirated from the left pleural cavity. For a short time foilowing the aspiration he felt better, but the pain and weakness soon returned so that he could do no work of any kind. December 22nd at the Methodist Hospital, Dr. Jonas resected the 6th and 7th ribs at the angle on the left side and evacuated a quantity of exceedingly offensive pus. A drainage tube was inserted and the wound was irrigated daily, but so great was the contraction of the lung that it was seen that a cavity would always exist. To remedy this defect a Schede operation was done January 7th. This consisted of the formation of a skin flap and the resection of parts of five ribs, thus permitting the flap and the lung to come close together and so obliterate the cavity produced by the collection of pus.

Not all gall-bladder troubles are caused by gall-stones, neither is jaundice a constant symptom. So say the text-books, so also spoke the results of an operation recently seen at the Methodist Hospital. The operation was performed upon a young married woman 28 years old, who gave a history of having had for the past three years recurrent attacks about every eight weeks in which she suffered from pain radiating from

the region of the gall-bladder. About nine months ago she began to notice a tumor in the region of the gall bladder. This disappeared or slipped away on pressure, but returned as soon as the pressure was removed, thus eliminating the possibility of the tumor being a floating kidney. No jaundice had ever been present. Upon making an incision over the gall bladder it was found to be enlarged, hard and tense. By aspiration a quantity of clear fluid was removed, indicating a condition known as hydrops vesicae felleae. On opening the bladder no stone was found, indicating that the cystic duct was occluded as a result of an inflammation. Drainage with a siphon was established and allowed to remain for five days, when the siphon was removed and drainage maintained, with the result that the discharge has greatly decreased, indicating that the duct is once more becoming patulous.



Alumni Department

GEO. H. BICKNELL, M. D., Editor.

Clements, '96, is spending the winter in Southern California. Stevenson, '95, has sold his practice in Emerson and will locate in Sheridan, Wyoming.

Preston has moved from Beemer, Neb., to Palmer, Mich., where he is doing contract work for a mining and lumbering firm.

Griffith, '02, has located in Beemer, Neb., assuming the practice of Preston.

Westerhoff, '99, has just returned from eighteen months' post-graduate work in Europe, having devoted his time principally to surgery and gynecology.

Beal, '94 is in Vienna, where he will remain two years doing work in general diagnosis.

Mercer is spending two years abroad, limiting himself to genito-urinary and skin diseases and incidentally endeavoring to acquire a knowledge of the German language.

Cooper, '02, is in the city for a few weeks' recreation, after which he will return to the Wyoming General Hospital at Rock Springs for a year's work.

time as a teacher. He was Professor of Anatomy at Harvard for thirty-five years. He became closely identified with the advance of medical education in America. He believed in systematic study, where one could sift out the essentials and forget the impracticable, but be better off for having known it once. He did not approve of women entering the medical profession. He always talked against the excessive use of drugs. He believed that doctors became more compassionate instead of hardened to suffering in later years."

Dr. Milroy closed by wishing all present success in their studies and profession. The meeting was adjourned and all were presented to the speaker of the evening.

No one can now complain that a true medical atmosphere is lacking about the campus. The medical students have engaged in their first fight. The two divisions in anatomy discovered a bone of contention and went at each other for blood. Foster got the "Dutch rub" and Harden lost his Junior hat, but everything is now quiet on the Potomac.

Dr. Lillie is to have the Embryology class next semester, and Professor Willard, the class in Comparative Anatomy.

All will welcome the fact that Dr. Waite is to have charge of the Bacteriology next semester.

The class in Invertebrate Morphology finish the semester's work with a study of the medicinal leech. All are glad to finish, for they have found this one of the hardest courses yet encountered.

There is a general tendency on the part of instructors to have plenty of quizzes and to have them on Friday. This makes it rather hard on the loyal ones who attend the Medical Society meetings on Thursday evening. There should be a change.

Provision has been made for those who wish to enter the medical department next semester. It is hoped that this will add a goodly number to the disciples of Aesculapius in the University.

The new pins of the College of Medicine have appeared on the campus. Some Freshman thought that C. M. stood for Conservatory of Music and that the skull and cross-bones was a bass viol with two bows.

SENIOR NOTES.

OLIVER CHAMBERS, '03, Editor.

The difference between acne and comedo is a dollar's worth according to Gage's pocket book.

Some of the members of the class are anxious to have a bill introduced in congress, compelling all persons, especially intimate friends, to sign their names to all letters, postal cards and telegrams sent by such persons. During the past week "Our Fuzzy" received a telegram from Minnesota upon which there was a question mark. We demand an explanation also.

Not many days since our ponderous friend who has acquired fame in the line of Oral Surgery, received a postal card from Denver, upon which was a picture of a mule. The unassuming sender penned an uncomplimentary remark and forgot to sign his name.

The class secretary, McClymonds, spent a part of his vacation visiting in Missouri.

Papa Beck, who has been deceiving his friends by shaving off his whiskers, spent his vacation with Aloe-Penfold Co. selling instruments. He reports—"bottom prices to students."

"Mike" Platt returned to his classes last week from the hospital. "Mike" seems to be a better man as the result of an operation.

Another of our Seniors has been added to the hospital list. This time we are sorry to mention that Mr. Jungbluth is in the Immanuel Hospital. The operation is hoped by Dr. Davis to give permanent relief.

Another bad habit has crept into the class. Every time certain popular members of the class attempt to recite the "inferioriarity" of "sleepy row" crops out and they all in unison "wave their wooden legs."

Koetter, who believes in the old saying, "Laugh and the world laughs with you," kindly submitted and took hold of one corner of the stretcher after maneuvering to get the corner from which the leg had been amputated.

Townsend (in clinic): "Why wouldn't it do to treat chronic skin disease in a woman the same as in a man?"

Dr. G.-Well, I think it would."

Townsend-""Well, I would recommend that this girl shave herself each day."

Have you seen? If not, look inside of Bill's watch.

The book man wishes the boys would stop bowling so they would have money for other things.

"Bless her little heart."-Sentimental Root.

If you don't want to lose, don't play checkers with Mike.

Have you noticed Mrs. Mathews' Christmas present? Ask her about it.

Remember Beaton-McGinn Drug Co., 15th and Farnam, sells cigars.

JUNIOR NOTES.

ISADOR S. TROSTLER, '04, Editor.

Dr. Paul Ludington met with one of the saddest events in the life of man, when his mother passed away, a few weeks ago, after a protracted illness. Mrs. Ludington was very well known and much beloved in Omaha and is mourned by a large circle of friends. The members of the Junior class tender to Dr. Ludington their sincere sympathy and condolence.

Joseph A. Kohout was recently called home on account of the death of his mother on January 8, at Wilbur, Neb. The Juniors tender their sympathy to their classmate in his great bereavement.

We are informed that Mrs. O. H. Reilly is convalescing from her recent illness.

"Dad" Merkel ate so much Christmas dinner at his home that he was sick abed for the succeeding two weeks. We can't blame you, Dad, if it tasted as our's did.

Kerr, Dempster, Nye, Merritt and Bening are suffering from an acute attack of hirsuties facialis premeditano, and as a result we have *samples* of all colors of beards on exhibition.

Though it is not generally known, we have a prize "Weary Willie" in our midst. MacArthur was recently awarded a prize for impersonating that character at a "Hard Times Social."

"Yungens wir waren gegen das *real thing* dieses mal." Katzenjammer, Jr. "I second the motion"—Auburn Al, Biological Bill and Jejune Joey in concert.

"Laetus audio," Eby, Nelson and Decker, in unison.

When you feel blue, hunt up Meandering Mike and hear him spin his latest yarn. He always has a good stock on hand and a spigot ready to tap a new lot while you wait. Any kind you want and old ones at half price.

Old Man Perplexity has discovered who she is. He has recently added a new specimen (from California) to his already large collection. He has them from every state in the Union and some from the Hastings Asylum also.

"Bald Eagle" was out rabbit shooting during the holiday vacation. He killed no game, but became so interested in a certain individual, that he was loth to return to the slow hum-drum of college life. I am informed that she is a school teacher out in the wild and wooly West.

Pawky Patton's practice is becoming so extensive lately, that he has to utilize lecture hours for sleeping.

Professor to a trio of Juniors: "Will you three wizards please pay attention for a little while?

Dr. D. (quizzing)—"What is tubercular tendo-vaginitis?"

Chesteine Chauncey-"It is tuberculosis of the testicle"!

Merritt-"Give me some paraffin.

Dad—"Is that what you camphor?

With all due respect to the Freshman class I must say that as specialists in diseases of the eye one of them has proven himself a flat failure. Recently our classmate, Francis Petr, while suffering from a slight conjunctivitis, instructed his room-mate to drop some zinz-chloride collyria into his lame optic, whereupon Mr. Freshman instilled a couple of drops of *guaiacol* into it and as a result Francis is wearing his eye in a sling.

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SOPHOMORE NOTES.

BURTON A. ADAMS, O5, EDITOR.

Our class is hard at work again and all are glad that Christmas—the anomalous season when foul (fowl) murder promotes peace and good-will—is over and forgotten.

The few unfortunate or otherwise sophomores who remained in the city during vacation were invited by our esteemed classmate, H. A. Wigton, to his bachelor rooms to spend the evening of December 29. At a rather late hour the guests arrived and were received and warmly welcomed by Harry and six of his distinguished and refined gentlemen friends who had dropped in to spend the evening. Ping pong, ghost and other interesting games soon passed the hours away, when refreshments were served, and Harry, who is an excellent entertainer and toastmaster, called for toasts. Claude led off with one so fresh and breezy that the audience, who little looked for such a burst of oratory, fell back in their chairs and grasped for one more sip of Harry's excellent "lemo." Potter and others followed with telling effect, when finally it was time for us to say Adieu. It was afterwards learned that A'dams arrived at his room about one o'clock. Potter arrived in time to hear his alarm clock peeling out the warning, "Come, George, roll out!" while Mason was not home that night, and it was rumored that he was still absent at the office at ten o'clock next day.

Moral—"The excesses of youth are drafts upon old age, payable with interest about thirty years after date."

Dr. Treynor (calling roll)-"Miss Bushnell?

Miss B. (swings her hands and grabs at the air like a drowning person, but later says it was the deaf and dumb alphabet she was giving.)

Dr. Treynor (marks Bushnell absent and goes on with roll.)

Miss B. (poking Mr. Morris in the slats with both fists)— Tell him I'm here!

Mr. Morris-Doc! Miss Bushnell is here.

Dr. Traynor-Miss Bushnell, why don't you answer?

Miss B. (emphatically)—I have such a cold I can't talk, Doctor.

Potter one day during vacation, after he had returned to Omaha from a short Xmas visit to the comfortable and happy home of his sister and brother-in-law and their two little children. was heard to go into his room and then all was quiet. Soon after a lean, lonesome sophomore called at the house and with the manner accustomed to college boys, went directly to Potter's room and entered without even rapping, and there was Potter sitting upright in his chair sound asleep. The intruder at once noticed him talking as if in a beautiful dream, and being sort of a second-hand stenographer and remembering himself once a member of an editorial staff, grasped paper and pencil and rapidly wrote as Potter lazily drolled out: "Yes, college life is slow and discouraging. I am getting awful tired of it, and besides good cooking is a dream. I just hate these old restaurants where I have to eat whatever they give me-(A short silence as if thinking). Y-e-s, that is what I'll do. I'll just land some pretty girl, with plenty of coin, throw up this medical course, sit around with ease for a while and enjoy absolute rest. How nice it will be to have a beautiful wife, my own hearthstone, with a couple of registered St. Bernards lying around and here and there golden haired darlings romping and playing with a bottle of paregoric." The visitor, being somewhat used to college life, thought it would be a shame to disturb such happy dreams, so stole away and closed the door upon the sleeping beauty.

On Wednesday, January 7, our class was assembled in room two for a lecture on chemistry when Dr. Stokes appeared, ac-

companied by an old classmate, whom he introduced as Attorney Zmunt. Mr. Zmunt took the floor and made a short but right to the point lecture on "What a Doctor should say on the witness stand when called upon as an expert witness." The lecture was one of the very best we have ever heard—his flow of speech, command of words, and articulation were something of which any orator might be proud. We heartily thank Dr. Stokes for the treat and trust the words of the speaker will be long remembered by the class.

Most of the boys went to see "Ben Hur," but Swoboda has Ben going to see Hur.

A'dolphus H. says he did not know the boys were to have one way trip Christmas for round fare.

Arborgast does not believe in birthstones. He says if he was born in January his favorite is a Ruby.

Kennedy wants to go to Lincoln to lobby a bill through which will "increase the penalty for assault and battery, and prohibit old gentlemen from wearing box-toed shoes. Mr. Kennedy thinks that this penalty is now so low that it is a great wonder that the human race are not half totally blind and the rest wearing glasses, while the box-toed shoes are not stylish, for old gentlemen, and from a medical standpoint are a general detriment to the human anatomy.

One would think to hear Miller tell fish stories that he had lived along the sea of Tiberias in the time of Andrew, Simon Peter's brother. John vi, 9-14.

Remember, students, you get special rates at Beaton-McGinn & McGinn's Drug Store.

FRESHMAN NOTES.

BYRON B. BLOTZ, '06, Editor.

"Have those always been the functions of the stomach? Fuller.

Robertson spent his vacation "mid pleasant surroundings; father, mother, brother, sister, and _____"

Happy are they who work together in chemical lab., for their conclusions will be the same.

A' word to some is sufficient, but it takes several words to make Robey "clear."

Scholting has accepted a lucrative position with an eastern insurance company. He will be missed by the class, who always



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enjoyed his pleasant demeanor, and his presence will be welcome next year when he will resume his studies.

> The boarding house, it was quite neat; The waitress, O, she was sweet. And Jack, he lived in joy supreme— Of her alone he'd ever dream.

Alas! sad day! Ah, cruel Fate! He found a cockroach on his plate; Her winning ways changed not his frown— So he left the place and turned her down.

-Contributed.

Everyone has returned from a well-spent vacation at home, and work on the second semester has begun in earnest. So earnest that we find in it a vivid reality and not what in the parlance of the street would be called a "bluff." During the first few days the result of examinations was paramount in the minds of all, but we soon ascertained that the method of procedure here differs from the ordinary non-professional college and that final cards, only, would reveal anything definite.

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Embryology has taken the place of biology, and with that exception the schedule remains the same.

The anatomy and the dissecting case have been taken down and the anatomical laboratory has again been transformed into an arena for the combats between the odors of pipes and cadavers. Add to this the peculiar phraseology of the place and you have what to the onlooker is a veritable melodrama, although it is more real than any he has ever seen. To us, however, it will be cut, smoke, integment, superficial and deep fascia, for several more weeks, and then we follow the natural trend of things in the home stretch of our first collegiate year.

> A jolly young chemistry tough, While mixing a compound of stuff, Dropped a match in the vial, And after awhile They found his front teeth And a cuff.

> > Why did the fly fly? Because the spider spid'er.

-The Polytechnian.

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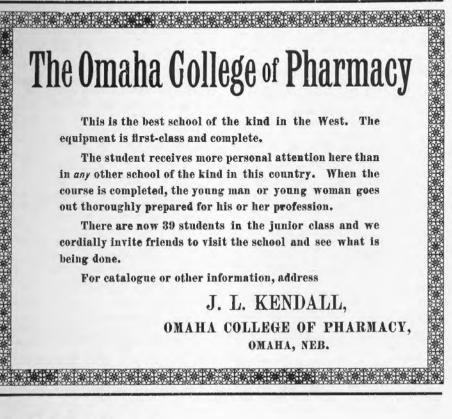
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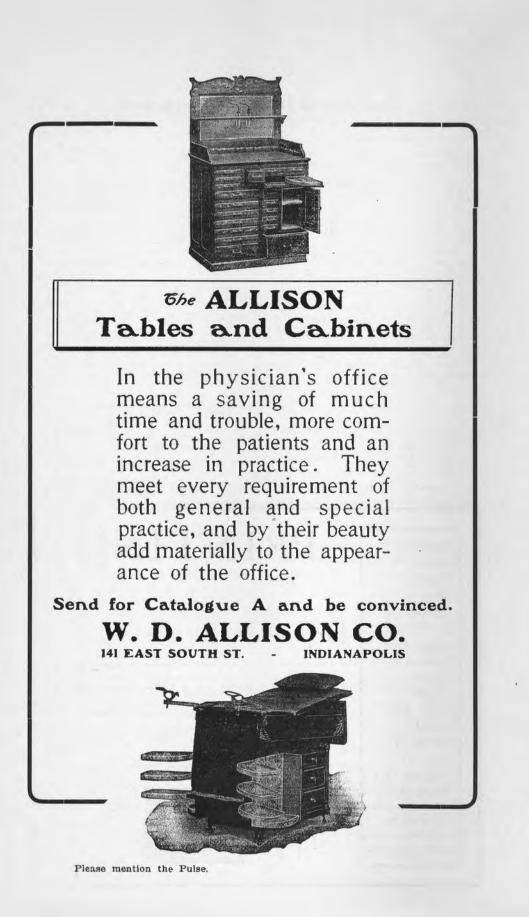
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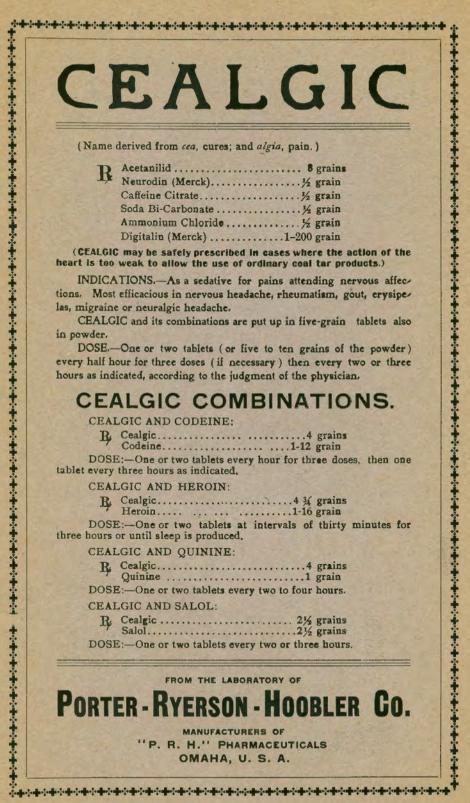
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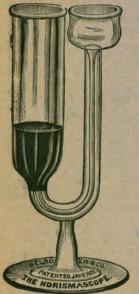
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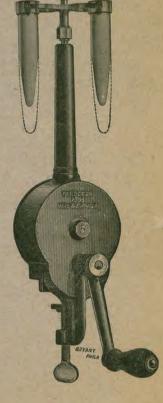
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