John D. Schilling

CARTE POSTALE

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93
44

April 3rd 1919

Supplies bought at P.S. in Chaney.

1 Can Butter	$2.70
6 Milk	.78
4 Jam	1.20
2 Catsup	.38
	$5.06 = 29.35 ₰

April 4-19

Capt. Howard ₰17.34 Pd

Capt. Horn 4.4.19 7.34 Pd

Capt Crawford 17.34

Lt Schilling 4.4.19 17.34 Pd

2nd Intermediate.
John G. Schilling

JUNIOR-SENIOR SPECIAL PATHOLOGY.

Second Intermediate Examination, March 8th, 1909.

1. Give the synonyms of "pseudo-leukemia". Discuss its etiology.
2. Tell about the liver in myelogenous leukemia.
3. Give the gross and minute appearance of a typical spleen in primary splenomegaly
4. Give the morbid anatomy of primary tubercular lymphadenitis.
5. Give the morbid anatomy of chronic internal hemorrhagic pachymeningitis.
6. What do you mean by "incidental leptomeningitis"? Give the etiology of acute incidental leptomeningitis.
7. Describe the changes in the leucocytes in acute lymphatic leukemia.
8. Discuss endothelioma of the lymph nodes.
9. Discuss rupture of the spleen.

ANSWER ANY EIGHT. SIGN PLEDGE IN FULL.

1. Describe & corpus luteum and give its physiological significance?
2. What structures enter into the formation of the foetal portion of the placenta?
3. State & more common changes in the urine in pregnancy?
4. What signs of pregnancy may be detected by (a) inspection (b) touch (c) auscultation, and at what periods?
5. State the diameters of the pelvic cavity, and the level at which they are taken?
6. Give the average diameters of the foetal head, and the joint giving between them?
7. Give the mechanical acts of labor in vertex presentations and explain the advantage of

8. Explain the management of third stage of labour?

9. State the common complications after pains?

10. Give the signs of the threatened abortion and the indications of treatment?

1st Internal D5.
Give your views on the use of anesthetics in heart disease, Ch. Bright's dis, pulmonary Tbc. laryngeal diseases & diabetes, and hepatic conditions.
Give treatment in detail of accidents from anesthetics, anaesthesia.
Give uses with prescriptions of Chloral and K Br, with reference to nervous diseases.
Give uses of Belladonna, uses of Strych. in adynamic fevers, heart diseases, paralysis.
Give uses of nitrites and contraindications.
How is camphor given as a heart stimulant.
What drugs are used in cardiac, renal, and

and hepatic dropsy?
Discuss the uses &
opiates in lung, liver
and kidney diseases,
how does it act, and
its dose.

℞. K Br. 3 ss
Na Br 3 ss
NH4 Br 3 ss
Chloral Hydrate 1
Syrup Aurant ℥ ii
M. Sig. teaspoonful ad dose

1st What are the stages of a complete exudative inflammation. typical

Which is most important,

2. Describe emigration by which interstitial fluids.

3. Describe composition and varieties of pus.

4. What are the effects produced by fluid exudates.

5. Name chief types. Diphtheria and name 2 patients & each

6. Describe acute exudative inflammation of a serous membrane.

7 What degenerative changes in a tubercular lesion and why.

What conditions necessary for tubercular infection in part of patient and basilli.

9. What are the possibilities of a syphilitic skin lesion

10. Describe mixed leprosy

answer 9, 1, 5, 7 being optional

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(If unknown, give apparent age.)

Number of Street 27 + 28 between H + I.

Name of Disease Cerebral Hemorrhage

Is the Disease such as to confine the person to bed? .....

Will the person be confined to bed seven days? .....

Did you ever attend above named person for above named disease before? No

If so, when? .....

Date of first visit in this sickness 30th day of July 1909

Date of last visit up to present time ..... day of ..... 190 ....

Were you in actual attendance by visiting above named person? Yes.

Did the patient call on you? .....

I hereby certify of my own knowledge that the foregoing answers are truthful and correct.

Signed this, the ..... day of ..... 190 ....

..... M. D.

My address is No. ..... Street, City .....

District ....., Date: ..... 190 ....

Received of the AMERICAN NATIONAL INSURANCE COMPANY the sum of ..... Dollars and ..... Cents, being all benefits up to and including ..... day of ..... 190 ..., on Policy No. .....

Witness .....
Witness .....
} Signed .....

URINE REPORT

11 — 8 — 1909

Name of Patient Harrison Respo Ward 1 col.

Color Amber clear

Reaction acid

Specific Gravity 1024

Sediment flocculent.

Albumen Negative

Sugar Negative

Diazo Reaction

Urea

MICROSCOPICAL EXAMINATION

Epithelial Casts

Granular Casts

Blood Casts

Hyaline Casts

Fatty Casts

Leukocytes Some

Red Blood Cells Few

Crystals Urates

Epithelial Cells Many flat

Request of [redacted] M.D.

Reported by [redacted] M.D.

Junior Surgery.

March 1903.

1. Describe the symptoms and complications of a Whitlow(felon) occurring in the thumb.

2. Classify the various features of the humerus opening up the elbow joint. Discuss carefully the treatment.

3. In a fracture of the tibia and fibula in the lower third of the leg, discuss the deformity and particularly the principles underlying rational treatment.

4. Describe the pathology, symptoms, diagnosis and treatment of fracture of the neck(proper) of the femur.

5. Discuss the principles underlying the rational treatment of open fractures. Illustrate your remakrs by descrining an open fracture of the femur in the lower third.

6. Describe the deformity and treatment of dislocation at the acromial end of the clavicle.

Materia Medica.

What is Monsels solution?
The main ingredient of Monsels solution is carbonated Iron. The solution may be used as a stypstic

What is Norwood's Tincture.
It is the Th of Veratrum Viride

What is Labarraque's solution.
It is prepared by the action of HCl on NaO#.

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1.30
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257.91
15.30
273.21

1.40
7.00
1.60
.90
.60
.75
5.50
3.50
.15
7.00
2.00
1.50
4.00
3.25
2.25
2.00
1.50
.75
.15
.90
46.20
20
46.40

394.19
46.40
302.79
15.30
287.49

394.19
46.40
395.59

VOLUME XIII. NUMBER 8

The University Medical

MAY, 1909

CONTENTS

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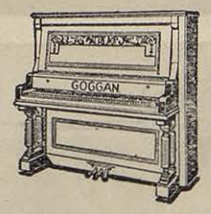

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The University Medical

Vol. XIV. GALVESTON, TEXAS. No. 8

FOETAL OVERDEVELOPMENT, WITH REPORT OF A CASE.

By L. C. Brown, Senior Medicine Class.

In this article it is not my purpose to go into an elaborate discussion of foetal overdevelopment, but to describe this particular case as I saw it, and to discuss its prognosis and treatment.

Your attention is called to this particular case for a five-fold reason. (a) Its extreme rarity. (b) Danger to both mother and child by allowing pregnancy to go past full term. (c) To show the probable difference in results of an operation early in labor, and the late operation. (d) Difficulty of treatment. (e) Danger incurred by improper examinations and use of instruments where strict antisepsis cannot be employed.

In over 100,000 births reported in hospitals in both Europe and this country, I find record of only 26 cases of foetal overgrowth amounting to as much as 5000 Gms., (11 pounds), and of this number only five weighed as much as twenty pounds, this proportion evidencing the rarity of the case.

Etiology.—Generally speaking foetal overdevelopment may be influenced by, (1) Large size of one or both parents

as in the case of giants. (2) Prolongation of pregnancy, the past mature foetus continuing to increase in size and weight every day after time for delivery. Hirst says that 6 per cent. of women go beyond the three hundredth day before labor begins. (3) Previous repeated pregnancies, the foetus generally increasing in size up to the fifth pregnancy. (4) Advancing age of mother—this often producing an increase in size of the children up to the thirty-ninth year.

"Women generally bear their largest and best developed children whenever the fourth or fifth labor happens to come about the thirty-eighth or thirty-ninth year." (Spiegelburg.)

The large size of this child was probably influenced by the above conditions. The father in this case was gigantic in statue, six feet two inches in height and weighed about 225 lbs.; the mother thirty-eight years of age, five feet ten inches high and weighing 215 lbs. Previous maternal history is not definitely known to be correct, but I understand that this was her fifth pregnancy. The first and second labors were natural and easy, the children being alive and healthy. The fourth labor, two years ago, was a very long tedious one, the foetus finally being delivered by Manual traction without other operative procedure. The attending physician stated that this foetus was very large, but was delivered without mutilation. The puerperium in this instance was said to be short, uneventful, and subsequent state of health was good.

"March 28, at 9:20 P. M., I received a call to go on the hospital ambulance to bring in a patient, said to be in labor. On arriving at the house I found the negress sitting on the edge of the bed supported on both sides by her

friends. On inquiry I learned that she had been in labor since 5 A. M. that day and had made no real progress towards delivery, despite the natural and artificial efforts made, and that she had been in agonizing pain all day. A short examination showed the fundus uteri in left hypochondrium very hard, prominent and in very rigid tonic contraction. Pains were constant and agonizing. Outline of foetus was made out with difficulty, owing to the rigid contraction. Pulse 96, respiration 26, and woman growing weaker.

On the way to the hospital I learned a part of the history of the case. When labor first began at 5 A. M. she had a colored midwife in attendance, who attempted delivery by tying a bed sheet around abdomen above fundus and then entertaining the visitors by allowing them to pull on the ends in a crude effort to expell the foetus by pressure. This mode was unsuccessful and at 3 o'clock P. M. a colored doctor was called, who attempted delivery by forceps, but this also without results.

At 8 o'clock P. M. two other physicians were called, who also tried the forceps operation, without results, and then the hospital ambulance was called to take her to the hospital. At the hospital the patient was found to have a temperature of 99.8, pulse 96, respiration 26. She was imdiately anesthetized to ease the pain and to prevent rupture of the tonically contracted uterus.

Dr. Sappington immediately took charge of the case and found the foetus to be dead, the head in right occipito posterior position, head well flexed, and very firmly wedged in pelvis. There was a large caput succedaneum present protruding into vagina. Vulva large, gaping and

very edematous, and with rectum and bladder empty. The fetal heart sounds could not be elicited over abdomen, nor could any movement of the foetus be felt.

She was immediately prepared for operation, and a preliminary trial by forceps was made to ascertain flexity of the head. Then the basotribe was applied and size of head was reduced, at which time a large amount of fetal blood and brains drained away through opening made in vertex Traction was then made and head was pulled down to vulva and at the same time rotated so that occiput was to the front when the head emerged from beneath pubes. The basotribe acted as perforator, cranioclast, and forceps so that traction might be made. At the vulva the head parted company with the trunk as the shoulders engaged firmly at the brim. Then the right arm was caught, pulled down, and by combined traction on arm and neck the shoulders slowly emerged from the vulva. The remainder of the second stage was rapidly completed, pressure being firmly maintained on the fundus to prevent hemorrhage, and to promote contraction of uterus. The placenta was found to be firmly adherent and was removed by digital separation from uterine wall. Very little hemorrhage resulted. A hot bichloride douche, 1-2000, was used to clean out uterus and to oppose as much as possible the extreme danger of sepsis due to undergoing treatment at so many hands.

The uterus responded well to the firm pressure on fundus and contracted firmly. One dram fld. ext. ergot was given hypodermatically. At this time examination of cervix, vagina and perineum revealed no lacerations, but showed contusions and other damages from the pressure of the child passing through the parturient canal.

Sterile dressings were applied over vulva and an addominal binder was tightly applied. Patient was put to bed and rested in comparative ease, She appeared, however, to be somewhat shocked. Pulse was slightly weaker, and 98, temperature 100.6 degrees, respiration 24. The operation was completed and patient was in bed by 12:30 A. M. March 29."

The foetus on delivery was found to be male child, the body and crushed head of which equalled 15 lbs., 2 ozs. This is the weight minus the blood and brains, which drained away during the operation. If you allow the medico—legal one-eighth of body weight for blood the weight comes up to 17 lbs. Then according to Mier, who allows a proportion of 1 to 5.9 for the brain of the new born child, we have a total weight of 19.87 pounds. The total length of child measured 27 inches, and the circumference of body over shoulders measured twenty-one and one-half inches. The finger nails extended to ends of fingers, the hair was longer than a child's hair usually is at term. The bones of foetal head were larger, thicker and better developed and more ossified than in a normal child at term, this going to prove this to be a post-mature foetus.

The subsequent history of the case shows that she took nourishment at noon on the 29th of March, but refused supper. At 9 A. M. on same day temperature 99.4, respiration 22, and pulse 106. After this, patient gradually became worse, sleeping greater part of day, but pulse and respiration increasing until 11:30 P. M. temperature 103, pulse 128 and respiration 34. The urine voided per catheter was dark, amber, turbid, Sp. Gr. 1018, acid reaction, no sugar, albumen present, and copious brownish sediment.

Microcopical examination showed presence of a few hyaline and granular casts, some lenkocytes and many red cells. A blood count made on the 30th showed 4,530,000 red cells, 16,100 lenkocytes and 90 per cent. Hb. Polynuclears 69.5 per cent. lymphocytes 22.5 per cent., large monos 3 per cent., transitional forms 2.5 per cent, the report showing nothing distinctive in the case, the polynucleosis being only slightly above normal, but with a hyper-leukocytosis.

From the time the above T. P. R. was taken there was a drop until at 12 M. on 30th, temperature was 99.4, pulse 90, respiration 32. She slept but little on this day, complaining of pain in side the greater part of day. She took some nourishment but seemed to be growing weaker, despite the stimulants and irrigations employed to combat the infection. Unfortunately no microscopical examination was made to ascertain the variety of infection, but the clinical symptoms were those of puerpial sepsis. The patient left the hospital on March 31, against the advice and wishes of the attending physician, and was at this time still growing weaker.

Prognosis—From the beginning in these cases the prognosis is dependant on early diagnosis and correct treatment, With a history of previous dystocia due to fetal overgrowth, the date of confinement should be estimated and if labor does not occur at proper time, or if the relative sizes of foetus and pelvic diameters are becoming disproportionate, even before full term is reached, then proper interferance will probably save both mother and child. But if the overdevelopment is not detected until labor begins the prognosis varies with the kind and promptness in performing the treatments. If the final result is

left to nature in a case of this kind that the prognosis is very unfavorable is self-evident.

With a head circumference of about twenty-one inches at least, and the normal pelvic circumference of sixteen inches, bones of cranium well ossified and unyielding, delivery is impossible. The mortality where proper treatment is instituted varies with the operation employed, the condition of woman, injury to parturient canal and the aseptic precautions observed.

As one of the physicians who saw the case remarked, Sepsis is elegant out there." But when you consider the frequent examinations, some of which possibly being improperly made, the application, crude manipulations employed, and the great pressure exerted on the soft parts, one need not be surprised to find sepsis resulting even though all precautions be subsequently taken.

Treatment.—The treatment of overdevelopment of foetus in utero if suspected early should be preventive, rather than curative. This patient with a history of a previous dystocia should have been carefully watched; the time of confinement estimated, the relative size of pelvis and fetal head compared, and when the time of full term approached, or the fetal head became as large as would safely pass through the pelvis, then labor should have been induced and foetus delivered while still of normal size.

The proper mode of treatment in the above would be by pelvimetry to ascertain the normal size of pelvis, this probably being best accomplished by the use of Hirst's pelvimeter. To ascertain the size of fetal head or shoulders cephalometry or foetometry may be done by use of regular

pelvimeter, or you may be more easily able to tell the relative size of pelvis and fetal head by the employment of Mueller's method of manual engagement of the head. This operation should be done at intervals of three or four weeks. As long as head engages easily in brim there is no absolute necessity for interruption of pregnancy.

The treatment where the case is first seen when in labor varies with the stage of labor, size of fetus, size of parturient canal, presence of obstructions, tumors, etc., condition of mother, and the condition of foetus, whether dead or alive.

In a similar case with woman in fair condition, head not impacted, no signs of pressure, no chance of sepsis from too frequent examinations, child alive and in good condition, and with the history of a previous dystocia, the choice of operation would lie between symphysiotomy, pubiotomy, and caesarean section, with preference being shown the latter in this case.

If the woman is unwilling to submit to abdominal section symphysiotomy could be performed and delivery accomplished easily with comparative safety. But with a patient in the lower planes of life where skilled care cannot be obtained for all pregnancies, then the abdominal section with removal of the uterus to prevent a recurrence of the dystocia would be preferable. However, if such skilled care can be had, the child may be delivered by doing symphysiotomy or pubiotomy, and the woman afterwards being well watched to prevent a recurrence of foetal overgrowth. The woman in this case subsequently bearing other children. But where the foetus is dead, head firmly

impacted, presure signs evident, probability of infection, then even abdominal section is constraindicated, and the necessity of action cause you to turn to embryotomy for relief. Here the treatment is really not one of choice, but of necessity. You must deliver the foetus in whole or by piecemeal, and do it immediately to prevent as much as is possible, the necrosis and sloughing that follows the great pressure exerted on the walls. In performing the operation the strictest antisepsis should be observed, and the operation followed up by antiseptic irrigations as often as necessary to combat the ever-ready-to-butt-in-infection.

In this case, in spite of the antiseptic observances in operation and subsequent use of antiseptic treatment, the infection proved itself to be beyond reach and death occurred about seventy-six hours after delivery from puerperal sepsis.

———o———

TO THE STUDENT BODY AND READERS OF THE MEDICAL.

For one more time I am forced to ask your indulgence. I want to reply to Dr. Thompson for all time and all eternity.

The series of articles concerning the giving of anesthetics in the John Sealy Hospital was called forth by an article from this same pen in the December *Medical*. The reason I wrote that article was because there are several students in the Senior and Junior classes who feel the lack of training in the giving of anesthetics. The article was forthcoming at the request of some of the Senior students.

The State of Texas appropriates $60,000.00 per annum to maintain the Medical Department of the University of Texas. The City of Galveston appropriates $37,000.00 to run the John Sealy Hospital, from which the students derive benefit. The average graduation class numbers about twenty men; it costs each of these men not less than $1,000.00 to get a Medical education—$20,000.00 for the whole class. That means an outlay of $117,000.00 to graduate about twenty men; these students, after so great an expenditure, lack the proper teaching and training in the giving of anesthetics. There is no excuse for this.

Another reason why the first article was written was the fact that the men whose duty it is to train the students in the giving of anesthetics, hesitate and even refuse to let the students give an anesthetic for them; yet these same men feel no hesitancy in signing their names to the diplomas by which they signify that the holder of the diploma is a competent physician, full fledged and capable doctor and recommended to the world as such by those men whose signatures are attached thereto.

In the February issuee of the Medical, in which Dr. Thompson branded my previous article "deliberately false and misleading," he says that the present Superintendent of the Operating room is a specially trained nurse whose skill as an anesthetist is beyond all argument.

I tried to learn the training of the nurse in question, and the following is my experience:—

The Hospital force refused me the information; I told Dr. Thompson of my rebuff and he volunteered no information on the subject. I cannot see the motive for withholding it, since I have given them the opportunity to furnish

me with proper data. I later learned that the nurse in question has been in the John Sealy Hospital since late in the summer of 1907, coming to Galveston from Augusta, Georgia, as a graduate from St. Luke's Hospital in St. Louis. Her training as an anesthetist, from what I can learn, was obtained at the John Sealy Hospital. I have this from one or two of the city physicians to whom she applied for experience in this line of work. This substantiates my position. Therefore I infer that there is bound to have been a time when she was inexperienced and her experience was being gained on the John Sealy patients, while the teaching and the training of the students were being neglected. Yet Dr. Thompson says this nurse, "Has been specially trained in this class of work. Her skill in administering an anesthetic is beyond all argument————————." What is the difference between an inexperienced nurse and an inexperienced student?

Further in his article in the February Medical, Dr. Thompson said: "as a matter of fact only one nurse ever administers an anesthetic in the institution. The nurse in question is the head nurse of the operating theatre who has been specially trained————————, etc." By his use of the singular number and the present tense, one naturally infers that he means that the present operating room superintendent is the only nurse who has given an anesthetic in the institution. In picking charts at more or less random, I find charts, Gen. Nos. 1729, 2143, and 1644, dated respectively Feb. 4, April 22, and Feb. 20, 1907, are signed, Anesthetist, I. M. B. with the M. D. scratched out. These are the initials of the superintendent of the operating room who preceded the present incumbent. She was another St. Luke's

nurse from St. Louis. If the St. Luke's Hospital gives its nurses a course in anesthetics and the giving of the same, it is about the only institution of its kind in the U. S. A. which does.

Dr. Thompson has shown great duplicity in his interpretation of this matter. When he read my first article, he sent for one of the members of the Senior class and said to him somewhat as follows:—"That article should never have been published. If the students or the Seniors wanted an anesthetists, why did they not ask for it?" In less than three weeks the students asked for and were granted the privilege of being assistant anesthetists. By voluntarily offering to grant the request of the students, Dr. Thompson showed that he placed the proper interpretation upon the article—i. e., a petition of the students for teaching and training as anesthetiists, and that he recognized the justice of the same, yet in the February number of the Medical he dodges the issue and branded the sum total of the article as "a deliberately false and misleading statement." Every student who has attended the Medical Department of the U. of T. in the past ten years knows that the students lack experience and training in this line of work. Yet Dr. Thompson felt no hesitancy as prefessor of surgery of the U. of T. in saying that the above fact was deliberately false and misleading when he branded the whole article as such.

In conversation with Dr. Thompson several days ago, we discussed the situation, and I explained the reason for the brevity of my first reply and the feeling of the students in the matter, etc. He promised me that he would first educate the students as assistants and when they were

proficient as assistants, they could act as anesthetists, but the choice of the student, time, etc., must be left entirely with him. And he further said, "The next time you want anything, please come to me or to Miss———; I do not think you will find us unreasonable. The truth is we do not like publicity." The truth is I like publicity. And if it takes publicity, I am willing to publish from the housetops this deficiency in our curriculum and to cry it through the streets until we get the desired teaching and training. I told Dr. Thompson and Miss Shackford that I was willing to correct the impression that he had claimed that I had made that the John Sealy nurses were in the habit of administering the anesthetics indiscriminately. I even went so far as to say that I knew of no nurse who had given an anesthetic, meaning that I personally could not furnish them the nurse's name from my own experience. Dr. Thompson has willfully taken this statement out of the context and quoted it to his own advantage. But I would like to impress it upon Dr. Thompson that I hold the proof that others have seen John Sealy Hospital nurses giving anesthetics in the John Sealy Hospital. I am prepared to give the proof of the same to the proper authorities at the proper time. And if they find that the article that Dr. Thompson branded false and misleading is not true, I am willing to be put out of the school as an aggitator and a liar. Yet in all fairness and justice to the hospital, I will add that it is not the general custom and that the nurses do not give the anesthetics indiscriminately.

Dr. Thompson claims that I have not kept my promise to him, that he had given me a chance to, but my statements were not to his liking. This is a very misleading statement. I want it distinctly understood that I never at any

time submitted any statement of any sort, kind, or description to Dr. Thompson for his approval, regardless of the impression he seeks to create. He went to the Editor-in-Chief of the Medical and asked to see what I had to say. Here is what he read:—

"Since writing my previous article, I have learned that several persons who read the same article took it to mean that any and all of the John Sealy nurses gave anesthetics. Of course, all the students and all others personally concerned know that Miss Rutherford, superintendent of the operating room, is the nurse who acts in this capacity. The object of this paper is to call attention to the fact that I never said who the nurse was or where she come form." Dr. Thompson sent this article to me, saying that I must publish that "no John Sealy nurse had given an anesthetic, and that Miss Rutherford was the only nurse who acted as such," with a touch as to her capability. And he even said further that unless I published this, he would publish the conversation that he had had Miss S——— to witness. In other words he tried to bring pressure to bear, to threaten, to bluff or to buldoze me into writing and publishing what he dictated. I refused to do it. I asked the Editor-in-Chief for my article and left Dr. Thompson free to publish whatever he wished. Personally, I consider the above statement to eminate from a desire on the part of Dr. Thompson to place me in a false light before the student body and the readers of the Medical.

Now I leave it up to you without any further comment. Who has acted fairly and squarely in this matter? Who is the author of the misleading and false statements? And further, I ask why is the teaching and training of the students in the giving of anesthetics disregarded and neglected?

Yours until the end,
THAD SHAW. (Signed)

The University Medical

GALVESTON, TEXAS

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EDITORIALS.

—o—

Au Revoir.

With this issue another volume of the Medical is completed and our connection with journalism ended as well.

We have striven earnestly to make the Medical worth while, and whatever success we have attained has been contributed to greatly by the valuable assistance of our class editors, members of the faculty, Senior class and others who have furnished us with interesting and instructive papers on subjects well worth consideration.

The business men of the city have patronized our advertising pages liberally. We appreciate this and hope they are satisfied with the results produced.

While all the things we had hoped for in the way of advancement for the Medical have not been accomplished, a few have, so we pass the editorial *toga* to our successor, feeling confident that strenuous efforts will be put forth to make the Medical a journal the pride of the Medical Department and its alumni.

—o—

The following are some of the points of progress noted in this department for the session just closing: (1) As the entrance requirements are being raised a greater number of the students entering are able to do the work, and consequently are not being "busted" out to be chronic knockers on the school the rest of their days. (2) Those who do not make good after first third of term are either dismissed, or are left on probation after a heart to heart talk with the dean, so they are not in the way of those who will work and are able to make the course. (3) Attendance upon clinics is being made more attractive, aside from the gaining of actual clinical experience as it is to show up in the grades. (4) The establishment of the obstetrical outdoor service, which is growing beyond our most sanguine expectations, and which promises to make our obstetrical knowledge more practical than heretofore.

—o—

Since the last issue of the Medical we have noticed that the appropriation bill for $150,000 to establish a Tuberculosis Sanatorium in Texas has failed to meet the governor's approval. We think it is indeed a sad reflection

on the State that the chief executive did not see fit to lend his signature to a measure that so vitally concerns the interest of every person in the State.

While, as some contend such an institution would be entirely inadequate to care for the thousands of tuberculosis patients in the State, yet it would have been a great stride toward the solving of a problem that so much concerns the health, happiness and lives of a great number of our people.

———o———

After undergoing many reverses and passing through a stormy contest with politicians, the bill providing for the creation of a State Board of Health has become a law.

Our present State Health Officer, Dr. Brumby, who has done much toward establishing a system of vital statistics in the State will succeed himself under the new law.

———o———

On April 19, at 8 P. M., Dr. F. Creighton Wellman, of Washington, D. C., delivered a lecture in the lower west lecture room on "Why the Physicians in Temperate Climates Should Study Tropical Diseases."

Then on the following afternoon at 2 P. M., on "Insects and Human Diseases."

To us a borrowed phrase, "Dr. Wellman speaks with authority on Tropical Diseases," having resided in South Africa for some time, and making some interesting observations while there.

Both lectures were interesting and instructive.

On Saturday afternoon, April 10, through the courtesy of the management of the Theatorium Vaudeville the faculty and students were treated to a free performance.

Every feature of the entertainment was well carried out and was much appreciated and enjoyed by the students, most of them being present.

———o———

As Business Manager of the Medical, one has opportunity to make many observations of things which would be of benefit to the magazine.

In the first place the student body does not "in toto" feel that the Medical is a magazine of the students, for the students, and by the students. The result is that many show a lack of interest in its welfare and consider it as one of the necessary grafting evils, and in so doing do not give it the financial support that it should have.

It is the duty of every student to subscribe for the magazine and in giving it his support he has the right to expect value received for his money, but as long as only a minority give it their support just so long it will be impossible to place the publication on the standard that it should be.

Do you ever consider when you are patronizing a firm whether or not they are giving your enterprise their support? When you begin to consider this matter seriously and patronize those who advertise with the college paper you will find that you will soon have the representative business men on the advertising list; and in that way the income from the ads. will be increased and the management enabled to put out a larger magazine.

The management wishes to thank those who have given them their support for this year and in behalf of next year's management wishes to urge you to remember that it is your magazine and your duty to assist in making it such that it will be representative of the University of Texas.

Respectfully,
C. O. TERRELL.

———o———

NEWS ITEMS.

Because of an outbreak of smallpox in the Sealy Hospital all clinics were suspended for about three weeks during the past months.

Regardless of the precautions taken to isolate each suspicious case new ones would develop in the wards, finally making it advisable to provide ample accommodations in tents for the patients and to disinfect the wards in which the outbreaks occurred.

President Meyer attended a faculty meeting here on Saturday night, April 10.

Born to Dr. and Mrs. J. T. Collier of Purmela, Texas, on April 18, 1909, an eight pound boy, who immediately assumed the name of Ivan Thayer and announced his intention of attending the meeting of the State Medical Association at Galveston next month.

THE DOCTOR AND THE PATIENT.

By Rudyard Kipling.

The average patient looks on the average doctor very much as a non-combatant looks on the soldiers who are fighting for him. The more soldiers who stand between him and the enemy the better is the non-combatant pleased. It is an army which is always in action, always under fire, against death. Of course, it is a little unfortunate that death, as the senior practitioner, is bound to win in the long run, but we non-combatants, we patients, console ourselves with the thought that it is the business of the doctor to make the best terms he can with death on our behalf; it is the doctor's business to discover how long the attacks of death can be delayed or diverted; and, when he insists on driving the attack home, to see that he conducts himself according to the rules of civilized warfare.

Every sane human being agrees that this long fight for time which we call life is one of the most important things in the world, if not the most important. It follows, then, that the doctors who plan and conduct and who reinforce this fight are among the most important people in the world. Certainly the world treats them on this basis, for it has long ago decided that doctors have no hours which any one is bound to respect—and nothing except extreme bodily illness excuses them, in the world's eyes, from giving their help and skill—at any hour of the day or night—to any one who needs it. Who cares whether a doctor is in his bath or in his bed, or on his holiday, or at the theatre? If any of the children of men have a pain or a hurt he will be summoned quickly, and what vitality he may have accumulated during his hours of leisure will be dragged out of him.

In all times of flood, fire, plague, pestilence, famine, murder and sudden death it is required of the doctor that he report himself for duty, and remain on duty till his strength fails him or his conscience relieves him—which ever shall be the longer period.

This is the position of the doctor; these are some of his obligations. They will not grow less with time. Has any one heard of any proposed legislation to limit his output; any suggestion for an eight-hour day for doctors? Has any one noticed any change in public opinion which allows the doctor to refuse to attend a patient who he knows will never pay him? Is there any outcry against those people who are perfectly able to pay for medical advice and surgical appliances, but who cadge around free hospitals for bottles of tonic and cork legs and glass eyes? It is laid down that the doctor must save others. It is nowhere laid down that he need save himself.

But, with all these obligations, the doctor belongs to the privileged classes. Consider for a moment what his privileges are.

It is given to him to be practically the only person whose explanations the police will accept when he exceeds the legal speed limit.

On presentation of his visiting card the doctor can pass through riotous and turbulent crowds unmolested—even with applause.

He can hoist a yellow flag over a centre of civilization and turn it into a desert; he can hoist a red cross in the desert and turn it into a centre of civilization.

If he judges it necessary to the success of any operation in which he is interested he can halt a twenty-thousand

ton liner with her mails, in mid-ocean, till he can finish that operation.

He can forbid any ship to enter any port in the world; he can tie up the traffic of any port in the world without notice given.

He can order houses, streets, whole quarters of cities, to be pulled down or burned up, and if his patients object to the prescription he can count on the armed co-operation of the nearest troops to see that his orders are obeyed.

To do us poor patients justice, we seldom dispute the doctor's orders unless we are upset by prolonged epidemics of disease. Then if we are uncivilized we may declare that he has poisoned the drinking water for his own material purposes, and we may stone him in the streets. Even civilized people throw stones at him some times. He is open, for example, to the contempt of the gifted amateur, who knows by intuition what it has cost the experienced practitioner years to learn. The doctor is exposed to the criticism of the persons who consider their own undisciplined emotions more important than mankind's most bitter agonies; who would cripple and limit research for fear research might be accompanied by a little pain and suffering. But if the doctor has the time to study the history of his own profession he will find that such persons have always been against him—ever since the Egyptians erected statues to cats and dogs on the banks of the Nile.

Yet the doctor's work goes on, and the medical profession remains, perhaps, the only class which dares to tell our world nowadays that we cannot get more out of a machine than we put into it; that if the fathers eat forbidden fruit their children's teeth are liable to be affected.

His training and his practice show him daily and directly that things are what they are, and that their consequences will be what they will be. Better still, he can prove what he asserts. If a patient disregards his advice the doctor has not to wait a generation to convince him. He knows that in a few days or weeks he will be called in again, and he will find his heedless friend with a pain on his inside, or spots on his outside, or madness in his brain, precisely as the doctor assured him would be the case if he continued in his errors.

All this is the tremendous privilege of the doctor! At a time when a few things can be called by their right names, when it is opposed to the spirit of the day even to hint that any act can entail unpleasant consequences, he is the one man who is paid to tell the truth, and whatever departure he makes from the truth is in concession to man's bodily weakness, not a man's intellectual weakness.

The doctor's calling is at once the profession that carries the largest powers and the highest death rate of any profession in the world. We, as patients, therefore, can only wish for its members as much work as it can do, and strength enough to accomplish that work—without having to go to a doctor!—*A Reprint.*

———o———

JUNIOR CLASS NOTES.

Recently Mr. T. C. Gilbert was suddenly taken ill and upon calling Drs. Moore and Randall a diagnosis of appendicitis was made and immediate operation advised. He was taken to St. Mary's Infirmary where Dr. Moore did an appendectomy, finding that only a few more hours would

have resulted in rupture. Mr. Gilbert suffered very little and made a rapid recovery, He was visited during convalescence by his father, Dr. Gilbert of Irving, Texas.

Some one stated that it was a negro soldier who slew his fellowman between Strand and Mechanic recently, whereupon Mr. Montgomery became all inquisitive to know if he wore his *union suit* at the time the deed was done.

While many of the class have tried to find some specimen which would be of interest, and do to store in the Museum, Mr. Thad Shaw has never shown himself overanxious of such distinction as might naturally devolve on one from such a find. He has done his work creditably and such has no doubt been appreciated by his instructors. However, he could not but feel elated over a specimen which he recently discovered. It was indeed a surprise to him and all who were working at the same table with him. It was a case where there was a direct connection between the stomach and duodenum. When Mr. Shaw first saw this he could hardly be convinced that it was true but such was the case, and it seems as if when food was ingested that instead of passing on through the intestinal tract as it normally does, it must have been forced to pass, first from the stomach into the duodenum, and from here it was driven on in some strange and mysterious way into the jejumum. Once in the jejumum there is no reason to suppose its further passage was other than normal.

Recently at an election for the purpose of electing a manager for the cigar store of the Young Men's Dining Club, Mr. C. F. Smith was elected.

Mr. Scull has been on the sick list for the past few days, but is now well enough to attend lectures.

It has recently been demonstrated that in the absence of abundance of lemons pepper sauce is about as good for ice tea. The liberty to so use the more convenient article is not covered by patent nor copyright. For specific directions see Mr. Warren.

———o———

RESOLUTIONS OF SYMPATHY.

Whereas, Almightly God, in his infinite wisdom, has seen fit to sadden the heart of our fellow classman, Mr. W. J. Jinkins, by the removal of his mother from this life;

Be it resolved, that we, the Sophomore class, extend to him our sincere sympathy and condolence in the present sad hour; and,

Be it further resolved, that a copy of these resolutions be presented to Mr. Jinkins, and other copies be furnished for publication in his home paper and in The Medical.

AUG. STREIT,
W. F. SPILLER, Jr.,
G. C. KINDLY,
Committee.

———o———

SENIOR PHARMACY NOTES.

We are now on the "home stretch" in our race for a much coveted and dreamed of diploma. We feel fairly certain that we will all make a "grand slide" and be called "safe in home" by the "reverend umpire." However, we all realize that Pharmacy, Clinical Chemistry, Theapeutics, and last but not least, Organic, stare us in the face and present to our six senses (more or less) a giant question mark.

Know all men by these presents, we who are "by the board" sincerely and affectionately offer our good wishes, reconciliation, etc., to the applicants for examination before the said State Board, which is to be held in Houston on May 18, 1909.. We feel confident that all will "show their raisin'."

Miss D.—Professor, don't some kind of blackberries grow just under the ground?

Professor B.—No, ma'am, your are thinking of Irish potatoes.

Professor C.—Mr. W., how do spiders move?

Mr. W.—By their legs.

Professor C.—What is the difference between yours and a spider's legs?

(Who knows?)

Miss R. wants to know if she may graduate without a "cap and gown."

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II

Give constituents, official name, use, dose and mode of administering. (a) Spirits of Mindererus. (B) Basham's Mixture. (C.) Solution of Iron. (d). Give official name, constituents doses and use of a. the two Syrups of Hypophosphites

Pharmacy
J. G. S.

31/12/08.

III.

Give official name, constituents, doses and use of (A.) the two Hypophosphites. (B.) Syrup of Iron. (C.) Syrup of Iodide (D.) Syrup of Gum Arabic.

Howey
am. Ut Vol 12.83 hz
Berg strych. gr 1/400 ✓
8 P.M.

For Berg.

Give an enema
with S.S.M.S. ℥ ii.
Glycerine ℥ ss.
in the morning.

When he came in he
was in comatose
condition with
mental reduction
and evidences of
a right sided
hemiplegia.
For oedema pulmonary
give atropine 1/100 hy

dem.
and rub the chest
with turpentine.
+ Leonard Tronte
left night.
Louis Worlington
36th Portoffice
See Abercrombie
about symptom.
1 est Meal Wd III
9 am
Left M. Wd II
9.20 am
from Worlington
Calvince
Squills
Digitalis aa gt i
at night for 3 days.

Enema for distension.
Evacuant Enema
+ Milk Asafoetida 3i
and Turpentine 3ii

15 ½ i
15
75 60
5 4
15 240
225
7
232

Peter
Henry Thompson
+ vermin

℞. for Bronchitis
Syr. Squills.
Ammon. chlor.
Tr. Opii camph.
Syrup. ocine
aquae q.s.
ad ℥II.

Bed 10 Iodine to sill
~~Strychnine Loppsite~~
~~pill for 2 night~~

Thompson Caffeine
Cit. gr. 3 q 4 hrs.

Harris digitalis infus
℥ iii q 4 hrs.

Ella Morris

Pulse 188.
Resp. 50
temp. 6 a.m. 104

Caffeine gr. III
Camphor gr. X.

No 10. pint.

No. 3.

Martha Mitchell
agaracin gr. 1/6
Sod. chlori

R.B.C 3.648.000
W " " 27.700
Polys 25.5 %
Lymphos 17 " "
Large Monos 35 " "
Hb. 50.

Dr. Dudgeon Private
patient room 4
Graybill.

Livingstone Trional
if don't sleep.

34—108—101

ʒ 0 5

notify Dr Dudgeon
of autopsy.
Soap lin[illegible].
Mustard oil
ʒss 3oz ℥i

Urotropin ʒi
Salol, ʒi
Benzoic acid ʒss
Cap. No XII

Int.

Tr. Nux [illegible]

Ferric chloride
m 10

each a.c. 10 min.

Creosote ℥ss
Alcohol
Tr. Cardamom
Co. aa 1 1/2 ℥.

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Mrs A. E.
Woodruff
~~Youngstown~~
Heights.
~~Tina~~ Hartnett.
Primipara
Menbl. 6:30
Labor 2 hrs.
Miex.

E
F
G
H
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
Z

Stephen Steel
15-10-2nd St.
33
M
W
Typhoid

Max Goranovich
38 T K.
21.
M
W
Typhoid
Secondary
Dementia
Carbon Monoxid

3100
Mrs Constable.
Private Floor.
Frank Werry
23 C T B
26 — M. — W
Typhoid

Gustave Carlson
2702 Market St.
24 — M. — W —
Typhoid fever.

Annie Bobeen
40 — 124 — 103.
46 — 128 — 106.6

F G H J K L M N O P Q R S T U V W Z

ac. Corbolis F 55
Ac. Boric F 11
alcoholis F T
aqua - F 55

Bernice
Bertram
1019 – 16th St.
3 – F – W.

Mrs. Bohem.
14.000
+B 85 L.9
Polys 84 v5. L.M.25
40% Transitional.

John Williamson
James Gooding
1210-29th St.

~~Colon~~
36 – M-C
typhoid.

James Gooding.
1210 – 29th St.
36 yrs. – M – Col.
typhoid fever.

GH JKLMNOPQRSTUVWXYZ

W. Aug 26.
M. Aug 14

A.C. Carbolic MT
Alum 8 X
A.C. Boric 9 XX
Agar 3 II
—
Bismuth Subnit.
gr. XX.
Mistura Creta
Comp. 3 I
~~Tr. Rhei~~ ~~III~~ X
Turpentine
Mucil. Acaciae
II 3.

24
20
480
2

24
3
15
24
60
30
360

Mrs Annie Bolcom
20 — F — W.
3922 Ave H.
House wife.
Typhoid Fever.
1473 Pleas
T. E. Morgan.

H J K L M N O P Q R S T U V W X Z

John Williams.
1305 – 28
34 yrs.
M – C
Tuberculosis.

℞. Ferri Chlor. ʒ iv
KClO3 gr 20
Glycerine ℥ i ss
Aquae ℥ iii

George Elson.
31st 1/2 – 23rd
M – W – 48
Typhoid Fever.

Roman Marshall
M – W – 18 –
down the island
Typhoid fever

Tannic acid gr v
Iodoform gr iii
Morphine.

Stella Crawford.
M 1/2 & 15th St.

Tillman Foster
Houston, Tex.

J K L M N O P Q R S T U V W X Y Z

Mrs. Vaughan.
If nervous give
Aromat Spts. ammon
ʒi
Potass. Bromide gr
XXV

6 P.M. T. P. R
102.4 – 110 – 30

T. P – R
102 – 104 – 32
7:30

John Willicott
24 – 108 – 98
22 – 104 – 97.8

Vaughan.
9 PM – 24 – 108 – 102.8

Pot 24 + S.
ample.

Potass. Citrat. ʒiv
Ol. Santal ʒv
Syr. acaciae ʒi
Aquae Menth. pip q.s.
ʒiii
M. Shake ʒ
Sig: One teaspoonful
in water 2 hrs. H.C.

K L M N O P Q R S T U V W Z

Balsam Copaiba
Co. Spts. Lavender
Spts. Nitrous Ether aa ℥ ss
Liquor Potass ℥ ss
Ol. Gaultheria ʒ ii
Mucilage Acacia q.s. ad.
℥ vi.

Wharton Dolly
25 17 L. ...
2 yrs. M-N
Reported

Chas Hanna
M — C
32 & 33 Church.
37 yrs.

Joseph Torcy
1475 A.
17 — M - N.

2:50 A.
3:05 a.

L
M
N
O
P Q
R
S
T
U V
W
X Y Z

27 & K.

12:40 a.m.

1:25 p.m.

~~10/4~~

10 – 5 – 09.

St. 7:15

a.m. 1:51

O'Neil.

~~5/6~~

10 – 6 – 09.

2:48 a.m.

3:00 a.m.

~~police stat.~~

Patrick Rowers

10 25

11 09

John Dunne.

Screwman

Pier 21

To St. Mary's.

N
O
P
Q
R
S
T
U
V
W
Z

11:12 P.M.

on

S. West Cor 20 N.

Will Moore

24 [illegible] M.

[illegible] 100

10-6-09.

24+30

4+4

7:16 P.M. [illegible]

5:50 a.m.

Sam Lee.

10-7-09

6:55 M.

7:25 on

Hope

POSITIVE

10-8-09
3:50 st.
4:47 ar
4 3 7 8
Mrs. A. J. Beard,

10-8-09
11:50 st PM
~~ar~~ 12:15 ar am.
Mike Isaacs.

10-9-09
1:43 st
2:15 ar

10-9-09
1:45 st
ar

10-10-09
St
3:40 ar
Holman

OPQRSTUVWXYZ

10-15-09
12:50 pm
1:05 am

10-16-09
9:45 pm
10:00
312 20th
Walter Morris

10-16-09
6:13 pm
6:45 am

10-16-09
10:23 pm
10:35 am

CRESTLINE

Learning Will of God.

The following suggestions for finding out the will of God are given by Henry Drummond:

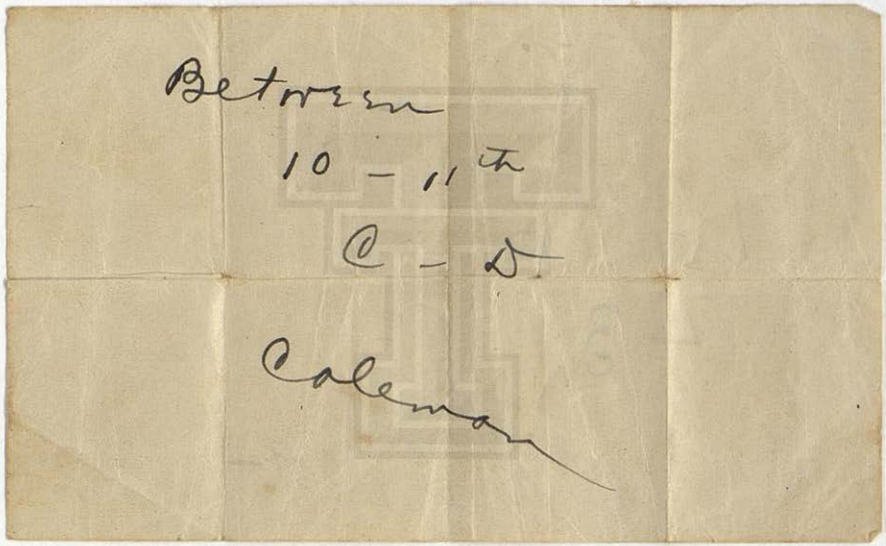
1. Pray.
2. Think.
3. Talk to wise people, but do not regard their decisions as final.
4. Beware of the bias of your own will, but do not be too much afraid of it.
5. Meantime, do the next thing; for doing God's will in small things best prepares for knowing larger things.
6. When decision and action are necessary, go ahead.
7. Never reconsider the decision when it is finally acted upon.
8. You will probably not find out until long afterward that you were led at all.

Phone.

1395.

43.

11/3/09—


Between
10 - 11th
C - D
Coleman

10 — 16 — 09
10:28 A.M.
10:55 am
Col. 100
131 Mi/2

---

10 — 19 — 09
1:05 A.M. 05
1 — am.
Schools Drug Store
100 Collected.

10 — 19 — 09
9:32 A.M.
10:11 am " "
26 C → 03
Geo. Halbert

---

10 - 19 - 09
2:35 P.M.

27 — C → 5.

10-21-07
8. AM st
8:18 ar
23rd B.
~~Brautsch[illegible]~~
~~Bolivar~~
Bolivar.

10-21-07
3.40 PM st

Pier 10
Oliver Warren
Scowman No 2

10-22-07
12:21 st
12:45 ar
13 : 8 :
Harry Bockman

10-23-07
3:30 st
4:15 ar
35 [illegible]
Aaron Henderson

P
S
T
U
V
W
Z

10-24-09
St
ar
3426 N 1/2

10-21-09
11:25 St
11:37 ar
Josephin Fronkov-
ska

10-25-09
4:25 P.M. St
ar
2608 P 1/2
Miss Pearl Credo

10:50 St
ar

10 – 28 – 09
3:20 St. P.M
4:15 Ar. " "
39 + 2

C. J. Wolfer
Builders Exch-
-ange.
Herman Höfbeck

10 – 28 – 09
8:22 St
9:15 Ar
2610 [illegible]
Geo. Christmann

10 – 29 – 09
9:52 St
10:10 Ar
27 + 8
Jacob Kelp.

10-30-09.

9:25 Pt

10:05 Ar

Schultz Drug Store

Jose Arnow

Velia

10-30-09.

39 th.

Paul

Dan Murphy

Pat Malarich.

10-30-09.

11:50 Pt

12:42 Ar.

Boulevard Park

200 Col. of

10-30-09

1:30 Pt

2:10 Ar

St. Mary's

to 1814 M.

102 Col.

10 – 31 – 09
4:05 ar
4:35 or
Mallory Dock
~~H. Foot~~
Wm Webb
Fore man of gang

10 – 31 – 09 or
9:05 ar
9:35
27 & Church
Walter Osborne

11 – 2 – 09
5:07 ar
5:30 or
713 – 2 gr
Pearl Swan

11—2—09
10:27 L
11:10 ar
"21st K
Mrs. Annie

11—3—09
7:10 St. A.M.
7:22 Mon.
R.D. 5
James Washington
No collection

11—3—09
8:25 St. A.M.
ar " "
44 D
8th Smith
Baptist Union No. 135

11—3—09
10:10 St. A.M.
10:26 ar " "
Per 25
G. Anderson

11-3-09
6:42 P.M
ar
Pier 2 N 5
Frank Simon

11-3-09
7:29 St P.M.
8:06 ar
2909 M
James Washington

11-4-09
6:14 St
6:35 ar
624 Fremont
Mrs Lena Flores
Cig 100 ambafel

11-5-09
7:20 ar
1312 L
Mrs Etta Shaw.

11—5—09.
8:25 St. all.
9:00 ar " "
16—17 0 1/2
Carolina Buchan

~~11—5—09~~
St.
ar
P.R. Morris
312—20 th
Norfolk.

11—6—09.
8:56 St P.M.
9:35 ar " "
Alfred Winesburger
R.R. Stoker.

~~3911 Sue L~~

11—7—09,
2:13 St P.M.
2:50 Ar "
3911 L
Two Years.

Reuben Simms

11—9—04
10:42 AM 25
3524 2
Calvin Evans.

11—10—04
10:50 25
2002 Cl
M Lockett

11-12-09.
1:45 ~~Ar~~ Lv A.M.
2:05 ar " "
R.R. Depot
Goodwin

11-13-09.
5:20 Lt.
ar
35 Chi
via Joint

11-14-09
6:42 Lt A.M.
7:00 ar " "
R.A.
Owens.

11-14-09.
2713 L.
6:40 Lt P.M.
ar

11-15-04
1:30 St P.M.
Pier 6 or 100
J. Rhodes

11-15-04
St P.M.
J. Rhodes 100
1512-25.
2 P.M.
2:45 " " 100

11-15-04
3:26 2T P.M.
1921 D/L or
W. Fort.

11-16-04
10:57 2T A.M.
11:25 or " "
Miss Ogilvie
1714 H 200

11-17-09
0:45 AT
7:05 on
7:14 a
No patient to
Hosp Pat. dead.

11-14-09
12:15 AT
on
2715 C
100

11-12-09
3:57 AT
on
Pier 25
~~Wilson Butch~~
Wilson Butch.
2608 C

~~10-04~~

10-12-07

Oscar Richards †

Napoleon Lockett †

~~C. J. Jackson~~ "

~~T. J. Devine~~

~~Alfred Schaffer~~ "

Peter Jackson.

Mrs. L. Fant

Mrs. Liza Jordan

Geo. Roberson †

D. Moore "

~~Alex Johnson~~ "

Chas. Edmonson.
Sept 11 to 23 rd.

Katie Biggle "

Alex Thompson

Mallory S.S. Co.

Don't know —

~~Mallory S.S. Co.~~

Boeckel, vol IV
S.G.M.A. 37
Zooman (?) E.
at 6 AM,
Prep. for Operat.
at 10 AM,
Some for Framing
Brandy in Wd
2 col,

Chas. Edwarson,
Sept 11 & 23rd.

Jos. Mcclintock
34
Morehound
Smith - 34

~~12-04~~
10-12-07
~~Oscar Richardst~~
~~Napoleon Lockett~~
~~[illegible] 22~~
11

2

Dc. dif. peritonitis; sc. gang. appendicitis; Ch. Colitis (ulcerative); Ch. parench. nephritis Con traction etc. Fatty & Cirrhotic liver.
Fatty degen. Heart.

1902 P 1/2
G. W Morgan.
Will Mason

Albert. Lehmberg.
49th & Q Denver
Reservoir.

12:03
12:05
12:08
12:14

Ureka Laundry.

6:51

10:0

Rx

After castor oil
acts well give
Paregoric ʒ / m 20.
Bismuth gr XV.
Better Berg
Cerebral soften-
ing. Fe
Terminal Broncho
pneumonia
Beginning fibrosis
of liver and kidneys

10:10
9:58
10:16
H to 3 5 and
to beach

Sept 4:23
arr. 4:35 about
Lv 5:04
Ar 5:14
take temp twice
daily 4 & 6 phone
Mrs F. H. Wilson.
L. Jones
Broncho Pneumonia
Vegetative Mitral
Endocarditis.
Wm. Jones.
Lobar Pneumonia
Pleurisy and peri-
Carditis.

Enema 5 [illegible]
Whiskey [illegible]
Caffeine [illegible] gr.
[illegible]
John Mitchell
phone 2992.

J. A. MAJORS COMPANY
MEDICAL BOOKS
1301 TULANE AVE. NEW ORLEANS, LA.

New Orleans, La., Dec 13, 1917

RECEIVED OF Dr John. G Schilling —

— Twenty seven and 00/100 — DOLLARS

$ 27 00 — Wassermann 15 Cole

J. A. MAJORS COMPANY

Per

DR. E. F. COOKE

LABORATORY OF CLINICAL PATHOLOGY

HOUSTON, TEXAS

view of the foregoing facts, and also knowing that no city in as or the Southwest possesses these advantages at the present , and after thorough deliberation, The Physio-Medical College Texas has decided to cast its lot with The College of Medicine Surgery of Chicago.

is college with its own hospital and excellent equipments and great Cook County Hospital only a block away, offers advan- s not surpassed, if equalled by any other institution of its kind the American continent. Therefore, The Physio-Medical College Texas heartily commends The College of Medicine and Surgery of icago to all its undergraduates, as well as to all prospective udents in medicine and surgery.

P. HOLT,
J. M. MASSIE,
LESTER H. PAINTER,
R. L. SPANN.

The Samuel D. Gross Prize.—The conditions annexed by the testator are that a prize of fifteen hundred dollars "Shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the competitor who receives the prize, shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title page, it shall be stated that to the essay was awarded the Samuel D. Gross Prize of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 219 S. 13th St., Philadelphia," on or before January 1, 1910.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing same motto, containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

Investigation of Diastase Ferments.—Among medicinal agents which may be classed as legitimate pharmaceutical preparations few are more widely advertised than are the starch-digesting ferments, the disatases. Several are good preparations. Some grossly exaggerate their claims in such a manner as to lead to distrust. Those which have merit have not always been marketed by methods which are wholly free from criticism. In most cases the method of reporting the digesting value is too obscure. Statements regarding the digesting power of disastases should be based on standard and uniform methods of testing. Recognizing the importance of uniformity in such work the sub-committee of the Council on Pharmacy and Chemistry has had a large number of comparative tests carried out on the more important products of this class, employing several methods of analysis. A comparison of the results made with the statements which appear in the manufacturers' circulars, etc., show the digestive powers are all lower than claimed, when the test is carried to the colorless endpoint reaction, and anhydrous starch conversion. For obvious reasons results should always be calculated to anhydrous starch for reporting.

The widest discrepancy between the values as claimed by the manufacturer and those found by actual tests seems to be shown in the case of Taka-Diastase. The liquid preparation has been tested a number of times in different samples and has always been found weak; some samples, in fact, were quite inert. This ferment appears to lose strength very rapidly in solution, as the manufacturers now concede. The stability of the solid product is also far from satisfactory, and appears to be less than that of the ferment as marketed some years ago.

Below is given a table of sugar formation in ten minutes. Column A gives the weight of ferment required in each case. Column B gives the weight of sugar formed in each case.

	A.	B.
Panase	8.85	622 mg.
Holadin	9.79	634 mg.
Taka-Diastase	62.5	611 mg.
Diazyme Essence	163.4	633 mg.
Diazyme Glycerole	163.4	635 mg.
Vera Diastase Essence	238.1	630 mg.

Frederick Stearns & Co., "Patent Medicine" Vendors.—*Physicians who attended the Chicago session of the American Medical Association doubtless noticed while riding on the street cars the blatant advertisements of the headache remedy SHAC (Stearns Headache Cure). This nostrum, which seems to have been responsible for at least two cases of poisoning,* is put on the market by Frederick Stearns & Co., Detroit, a fact that was noted in these pages a few months ago. It was not unnaturally assumed that these Peruna-like advertising tactics had been adopted by an enterprising local representative anxious to make a "showing." The June issue of the *New Idea*—a monthly journal published by Frederick Stearns & Co. and devoted to advertising their products to retail druggists—shows that this assumption was not well founded. In their journal they inform the druggist that "a new series of SHAC street-car cards are now ready for use in the large cities."

The evils of the indiscriminate use by the public of such powerful and insidious drugs as are contained in the various headache remedies need no further iteration. The question has long since ceased to be an academic one, and no casuistic reasoning nor specious arguments can hide the fact that enormous harm is being done by the exploitation of these acetanilid-containing nostrums, and the medical profession has expressed itself in no uncertain tone regarding the matter.

SHAC, however, is not the only "patent medicine" put on the market by Frederick Stearns & Co. Just as extensively advertised—and in the same mediums, the street cars—are Zymole Trokeys "for husky throats." *Then there is Pam for the dyspeptic, a "tiny tablet of wonderful power," of which the modest statement is made that "every ferment of the digestive tract that is available is used in these tablets, fitting them for use in all kinds of indigestion."* Surely, with such drugs at their command, dyspepsia need give physicians no further cause for worry!

These are some of the products put on the market by Frederick Stearns & Co., and vigorously "pushed" by them in advertisements to the laity. A form which, while soliciting the patronage of physicians through the pages of medical journals, is at the same time furthering the interests of self-drugging and dangerous nostrum-taking, will be looked on with distrust and suspicion by the medical profession—*Journal of the A. M. A.*

Examination Questions Submitted by the Texas State Board of Medical Examiners at the Examination Held in Waco, June 30, 1908.

SURGERY.

1. How would you prepare linen and gauze for a surgical operation? 2. How would you treat a lacerated wound? 3. Give diagnosis and treatment of a varicocele. 4. Give symptoms and treatment of fracture of the clavicle. 5. What are the symptoms and treatment for stone in the kidney? 6. In what position would you dress the thigh after amputation of the lower third? 7. What is pyemia, its symptoms and treatment? 8. Name the inflammatory diseases of the bones. 9. How does nature repair a fracture? 10. What is caries, and what are the causes and treatment?

E. P. BECTON.

MEDICAL JURISPRUDENCE.

1. Describe the phenomena of death, and signs of same. 2. By what means may the dead be identified? 3. Describe asphyxia, and the conditions found after death resulting from it. 4. Give the post-mortem appearances resulting from acute and chronic starvation. 5. What are the common causes of death following criminal abortion? 6. What are the most important proofs of a living birth? 7. What is meant by infanticide? 8. Define illusion, delusion, and hallucination. 9. What is meant by a lucid interval, and what is the importance of its recognition? 10. Describe a post-mortem examination in a case of strychnin poisoning.

J. D. OSBORNE.

PHYSICAL DIAGNOSIS.

1. Give topography and method of palpating the spleen. 2. Give the differential diagnosis between cholecystitis, appendicitis, and gastric ulcer. 3. Describe a case of multiple neuritis. 4. Discuss enterostenosis and how to locate the obstruction. 5. What are the physical signs of a typical case of typhoid fever? 6. Differentiate between chronic parenchymatous nephritis and chronic interstitial nephritis. 7. How would you diagnose a case of gastrectases? 8. Differentiate between cardiac and bronchial asthma. 9. Differentiate between tabes dorsalis and multiple neuritis. 10. Give significance and diagnostic value of Kernig's sign, Von Graefe's sign, Dietl's crisis, Argyll-Robinson's pupil, Kopleck's spots, Romberg's symptom, and McBurney's point.

G. B. FOSCUE.

CHEMISTRY.

1. Differentiate the terms caloric and thermal unit. 2. What is the chemical effect of the galvanic current when applied to the human body? 3. Differentiate between a physical and a chemical change. 4. Give the definition of an acid. 5. What terminal end-

ings are affixed to the names of acids to distinguish the higher and lower acids of a related acid group? 6. The finding of an excess of chlorides and nitrites in a water supply would indicate what? 7. How would you determine the presence of hydrochloric acid (free) after withdrawal of a test meal? 8. Describe the poisonous effects of nitric acid, and say how you would antidote it. 9. Describe a method (test) of determining the presence of arsenic in stomach contents. 10. Name and describe two tests for each of the following abnormal substances found in urine: albumen, sugar and indican.

T. J. CROWE.

BACTERIOLOGY.

1. Name three culture media (omit agar). Describe accurately the manufacture of agar media. 2. What is the Widal reaction? (a) State its significance. (b) Describe accurately the steps you would take to obtain it. 3. Name three antibacterial serums in common use. (a) State theory of their action. (b) What is an homologous vaccine? 4. Define the following: (a) phagocytosis, (b) chemotaxis, (c) opsonin, (d) lysin, (e) ptomaines. 5. Describe the technique of staining with Gram's method. (a) State its significance. (b) Give formula of solution used. 6. Describe the two most common pyogenic bacteria, and name the bacteria found in erysipelas, cellulitis, and pyemia. 7. State accurately the steps you would take to stain, mount, and examine a specimen of (a) sputum from an advanced case of tuberculosis; (b) section through a diphtheria membrane in the trachea. 8. Name and describe a malarial parasite. 9. What bacteria are likely to be mistaken for the tubercle bacillus, and how may this error be avoided? 10. What is a diplococcus? Give the name of two pathogenic diplococci.

J. P. RICE.

OBSTETRICS.

1. What is meant by the term abortion? Missed abortion? Give causes of abortion; treatment of threatened and of inevitable abortion. 2. Define ectopic pregnancy? Classify, based upon the situation of developing ovum. Give diagnosis. 3. What equipment would you carry in your grip to a case of labor and your conduct of a normal case? 4. Give your management of the puerperium, including care of mother and child. 5. Give indications for the use of forceps. Describe application of forceps. 6. Name some pathological conditions met with in labor, causing delayed labor. 7. Give diagnosis of breech presentation. Mechanism of labor in breech presentation. Prognosis and treatment. 8. Give frequency, causes, diagnosis, prognosis, and treatment of face presentations. Mechanism of labor in face presentations. 9. What is version? Indications for it? Describe podalic version. 10. Define and classify embryotomy. Describe craniotomy, and give indications for it.

J. D. MITCHELL.

HYGIENE.

1. What are the normal constituents of atmospheric air? 2. What hygienic measures are advisable for the prevention and eradication of scorbutus? 3. What diseases are communicated by stool and sputum, and what are the best methods of prevention of communication? 4. How would you care for an infant artificially fed? 5. Name the qualities desirable in water for drinking and domestic purposes? 6. Mention the sources of infection in tuberculosis, and describe suitable preventive measures. 7. What precautions are necessary, and what is the length of quarantine of (a) variola, (b) scarlet fever, (c) diphtheria, (d) yellow fever? 8. What occupations cause a predisposition to pulmonary diseases? 9. What is the difference between contagious and infectious diseases? 10. What methods would you prescribe for the care of a typhoid fever patient to prevent the spread of the disease?

J. F. BAILEY.

PHYSIOLOGY.

1. Describe the physiological action of gastric juice; of bile. Give the daily quantity secreted and chemical reaction of each. 2. What constitutes the cerebro-spinal axis? Give the relative position and function of the white and gray matter of the spinal cord. 3. Where are the following cerebral centers: expression, phonation, auditory, taste and smell? 4. Give the name, distribution and function of the third cranial nerve. 5. Give the essential difference between blood and chyle. 6. Give the name, number of each and the order of eruption of the temporary and permanent teeth. 7. Give the specific gravity, chemical reaction, average quantity in the body and normal constituents of human blood. 8. Describe the two routes through which lymph gains entrance to the general blood current; name the vessels through which it passes and into which it empties on each route. 9. Give the specific gravity, chemical reaction, daily quantity secreted and the physical composition of human lymph. 10. In what respect does the circulation of the lymph differ from that of the blood?

M. E. DANIEL.

GYNECOLOGY.

1. Define: (a) Menstruation, (b) amenorrhea, (c) dysmenorrhea, (d) menorrhagia, (e) menopause, (f) vicarious menstruation. 2. Define endometritis, acute and chronic. Name three forms and give treatment for each. 3. Name four classes of dysmenorrhea, and give treatment for each class. 4. Define: (a) Anteflexion, (b) anteversion, (c) retroflexion, (d) retroversion. Give remedy for each. 5. Define: (a) Vulvitis, (b) vaginitis. Give etiology and treatment of each. 6. Give operative technique for amputation of the mammary gland, and for what pathological condition would you advise an operation? 7. Name ten indications and five contraindications for abdominal section in operative gynecology. 8. Give differential diagnosis between carcinoma of cervix and submucous uterine fibroid. Give operative technique of suprapubic hysterectomy. 9. Give differential diagnosis between chronic cystitis and stone in the bladder. Give operative technique for removing the stone and draining the bladder. 10. How would you prepare a patient for abdominal section? What are the three chief dangers of abdominal section and what would be the after-treatment from the first to the tenth day?

R. O. BRASWELL.

ANATOMY.

1. Describe the scapula and name the muscles attached. 2. N the bones and ligaments forming the ankle joint. 3. Describe collateral circulation after ligature of the common carotid ar 4. Describe the rectum, giving its nerve and blood supply. 5. scribe the stomach in detail. 6. Fully describe the inguinal c 7. Give subdivisions of the abdominal cavity, naming the viscer right hypochondrium. 8. Name the muscles that flex the leg the thigh. 9. Name the flexer group of muscles of the forea 10. Give the origin, course and terminal distribution of the gr sciatic nerve.

Substitute Questions.

1. Describe the collateral circulation around the knee joint. 2 Describe briefly the kidney.

W. B. COLLINS.

HISTOLOGY.

1. Define histology. 2. Name the layers of the retina. 3. Describe the histological structure of the thyroid gland. 4. Describe the histological structure of the suprarenal gland. 5. Describe the phenomena of indirect cell division or karyokinesis. 6. Name the different forms in which connective tissue occurs. 7. Describe the histological structure of the liver. 8. Give histological structure of the neurons. 9. Differentiate the striated and non-striated muscular tissue. 10. Name the different cell formations in the body.

J. P. RICE.

PATHOLOGY.

1. Give pathology of thrombosis. 2. Give pathology of la grippe. 3. Give pathology of dysentery. 4. Give pathology of syphilis. 5. Give pathology of acute endocarditis. 6. Give pathology of appendicitis. 7. Give Cohenheim's theory of tumor formation. 8. Give pathology of tuberculosis. 9. Name the varieties of sarcoma from the kinds of cells that predominate. 10. Give pathology of simple anemia.

J. J. DIAL.

DISTRICT SOCIETIES.

THIRD OR PANHANDLE DISTRICT.

The Panhandle District Medical Society met in Quanah July 14th and 15th. The meeting was called to order by the President, Dr. A. F. Lumpkin, of Amarillo. After the invocation by Rev. J. S. Jesse, ex-Senator D. E. Decker, of Quanah, delivered the address of welcome. The Section on Practice was opened by Dr. J. M. Ballew, of Memphis, and the following program was presented: *"Volvulus, a Report of Case,"* Dr. R. D. Gist, Amarillo; *"Hydrotherapy,"* Dr. Geo. W. Carter, Plainview; *"X-ray Treatment of Skin Diseases,"* Dr. Geo. D. Bond, Fort Worth; *"Hereditary Plus Acquired Nervous Exhaustion,"* Dr. J. H. Turner, Fort Worth; *"Goiter and the Surgical Treatment, with Reports of Cases and Specimens,"* Dr. Chas. H. Harris, Fort Worth; *"Surgical Maniacs, Varieties and Causes,"* Dr. J. H. McLean, Fort Worth; *"Surgical Treatment of Wounds of the Extremities,"* Dr. J. H. Reeves, Decatur; *"The Country Doctor as a Surgeon,"* Dr. Sneed Strong, Bowie; *"Report of a Case,"* Dr. Hines Clark, Crowell; *"Medical and Surgical Treatment of Streptococcic Infection,"* Dr. Irl Dycus, Archer City; *"Peri-phalangeal Cellulitis,"* Dr. J. C. A. Guest, Wichita Falls. Addresses by the following: Dr. Mike Walker, Wichita Falls; Dr. A. C. Scott, Temple; Dr. H. D. Barnes, Tulia; Dr. H. Z. Pennington, Claude; Dr. J. N. Stoops, Estacado; Dr. Geo. T. Thomas, Amarillo; Dr. J. J. Hanna, Quanah; Dr. A. J. Caldwell, Amarillo.

All the papers were thoroughly discussed. The clinics were better at this meeting than ever before. Dr. Saunders did a double herniotomy. Dr. Small demonstrated the removal of ingrowing toe nails, and gave a splendid clinical lecture. The physicians and their wives never enjoyed a reception and banquet more than they did the one given at the home of Dr. and Mrs. G. W. Radford.

SIXTH OR CORPUS CHRISTI DISTRICT.

District Personal.—Drs. M. F. Vick, N. W. Atkinson and J. J. Boerum have recently been appointed to serve on the board of health of Alice, Texas.

EIGHTH OR DeWITT DISTRICT.

District Personals.—Miss Cassie Ledbetter, daughter of Dr. A. A. Ledbetter, of Hallettsville, died June 27th.

Dr. J. W. Burns, of Cuero, reached home July 10th from Europe, where he has been for the past four months.

Graduating Exercises

of the Medical Department
of the University
of Texas

Sixteenth Annual Session
1906–07

May Thirty-first, Nineteen hundred and seven
Eight fifteen o'clock

Scottish Rite Cathedral
Galveston, Texas

Programme

MARCH . . . . . .

Entrance of Regents, Faculty and Graduating Classes

PRAYER . . . . . *Rev. Glenn Flinn*

ANNUAL FACULTY ADDRESS TO GRADUATING CLASSES . . . . . *Marvin L. Graves*

MUSIC . . . . . .

CONFERRING DEGREES TO GRADUATES OF SCHOOLS OF MEDICINE AND PHARMACY, AND CERTIFICATES OF PROFICIENCY TO GRADUATES OF SCHOOL OF NURSING . . . . *President David F. Houston*

MUSIC . . . . . .

ANNOUNCEMENT OF HONORS . . . . . .

BENEDICTION . . . . . *Rev. Glenn Flinn*

MUSIC . . . . . .

The Degree of Doctor of Medicine is Conferred upon the following Members of the Class in Medicine:

Enga Mitchell Arnold
Charles Marion Aves
Charles Adolph Bahn
Simon John Clark
Ralph Emerson Cloud
Joel Isham Collier
Charles Christopher Cooke
Fredrick Donald Cooke
*Joe Dyer Davis
James Graham Flynn
Lawrence Robert Harris
*Henry Carl Hartmann
René Hector Huvelle
Oscar Hunt Judkins
*John Otto Kemp
*Harry Obadiah Knight
Oscar Victor Lawrence
Simm Hartt Moore
Thomas Margemon Morris
Henry Fuller Philips
Charles Walker Skipper
Sam Houston Spruiell
Herbert Rogers Wardlaw
Willis George Youens
Beverly Thomas Young
James Wells Young
James Guy Jones

The Degree of Graduate in Pharmacy is Conferred upon the following Members of the Class in Pharmacy:

Harvey Earl Cone
*George Adolph Hensel
*Alexander John Hinman
Elisha Roy Jones
Erwin Marcus Joseph
Thomas Kyzer
William Ludwig Meier
*Philip John Pfeiffer
Henry Reid Robinson
Hubert Io Shield
Miss Columbus Annie Shipe
Orrin Lewis Sholars
Charles Garner Tanner
Joseph Emmet Tims
*William George Whittington

The Certificate of Proficiency in Nursing is Conferred upon the following Members of the Class in Nursing:

Harriett Leslie Allen
Josephine Christine Bohn
*Mary Ferguson Britnelle
Frances Nina Duty
Leola Gaedcke
Mabel Lott Humphries
Margaret Sealy Ladd
*George Harriett Lott
Mary Edna Neff
Annie Laurie Van Arsdale.

*The Graduates whose names are marked by an asterisk have attained honors by an average grade of ninety per cent or over, for the entire term.

The South Texas District Medical Association

All members of the County Medical Societies of the 9th and 10th Councilor Districts are members of the *South Texas District Medical Association* and are cordially invited to attend this meeting

J. M. O'FARRELL, PRES'T
E. F. COOKE, SEC'Y

Galveston, : : Texas

Meeting Place, Caronkaway Hall

N. W. Cor. 21st & Market Sts.

December 9th, 1909

Program

Meeting called to order at 10 o'clock a. m.

1. The Present Status of the Glycuronic Acid Question ..... Dr. A. E. Austin, Galveston (By Invitation)
2. A Note on the Value of Repeated Widal Tests in Doubtful Cases of Fever ..... Dr. Ethel Lyons, Galveston (By Invitation)
3. Infant Feeding ..... Dr. L. B. Kline, Houston
4. Differentiation of Diseases Affecting the Lower Right Abdominal Quadrant ..... Dr. D. S. Wier, Beaumont
5. Nervous Influences in Rheumatism ..... Dr. S. C. Parsons, San Angelo (By Invitation)
6. Pellagra ..... Dr. John T. Moore, Houston
7. Report of a Case of Pellagra ..... Dr. W. G. Priester, Houston

   Report of a Case of Pellagra ..... Dr. E. B. Stokes, Crockett
8. A Hitherto Unpublished Operation for Hæmorrhoids under Local or General Anasthesia ..... Dr. Wm. Keiller, Galveston
9. Biliousness and Hepatic Insufficiency ..... Dr. F. H. Neuhaus, Houston
10. Some Interesting Observations on the Surgery of the Gall Bladder ..... Dr J. E. Thompson, Galveston
11. Larva Migrans, with Report of a Case ..... Dr. L. R. Harris, Galveston
12. A Plea for More Knowledge for the Laity in Regard to Cancer ..... Dr. Belle C. Eskridge, Houston
13. Eclampsia ..... Dr. H. O. Sappington, Galveston
14. Is the Origin of Lobar Pneumonia Bronchogenic or Pleurogenic? ..... Dr. James Greenwood, Galveston
15. Some Cases of Angio-neurotic Œdema ..... Dr. Allen G. Heard, Galveston

The following Counties compose the Ninth and Tenth Councilor Districts and all members of these County Societies are members of The South Texas Medical Association and are entitled to all rights and privileges:

Ninth District

AUSTIN	FORT BEND	MADISON
BRAZORIA	GALVESTON	MONTGOMERY
BRAZOS	GRIMES	WALKER
BURLESON	HARRIS	WASHINGTON

Tenth District

CHAMBERS	NACOGDOCHES	SAN AUGUSTINE
HARDIN	NEWTON	SAN JACINTO
JASPER	ORANGE	SHELBY
JEFFERSON	POLK	TYLER
LIBERTY		

Announcements

The South Texas District Medical Association will hold its meeting in Caronkaway Hall on the Northwest Corner of 21st and Market Streets, Galveston, Texas, December 9th, 1909, at 10 o'clock a. m.

ENTERTAINMENT:—The Following Extract from a letter of the Secretary of the Galveston County Medical Society tells the story:

"The night of the meeting we will give an oyster roast for the visiting brethren, and want everybody to come and to stay for this notable event. Those who desire can take the early morning train for home (the News train.) We will have some one capable of putting each visitor aboard."

BUSINESS SESSION AND ELECTION OF OFFICERS:—A business session will be held at the call of the Presiding officer, at which officers will be elected for the ensuing year.

DEAR DOCTOR:

Our South Texas District Medical Association meetings have been growing steadily in scientific interest. You are making a mistake if you do not attend. Medicine is progressive, and you must keep up with the crowd. You will find some Doctors still treating cases of Hook-worm anæmia for Chronic Malaria. These are the men who never attend Medical Society meetings. How many cases of Pellagra are you treating for Eczema? Even if the Papers do not interest you, remember that you can find some fellow who will be glad to talk over that case that is puzzling you so much. And if all these arguments fail, come and get some of Galveston's famous oysters under your skin.

E. F. COOKE, SECRETARY.

1609-606-1m

MEDICAL DEPARTMENT
OF
UNIVERSITY OF TEXAS

Galveston, Texas, June 1, 1906

The following grades were attained in the studies of the ***FIRST YEAR CLASS IN MEDICINE***

By J. G. Schilling Student

in said class in this Institution, Session 1905-'06

	First Intermediate	Second Intermediate	TERM	FINAL	General Average
Major Subjects:					
Anatomy	92	94	93	88	90.5
Physiology	—	85	85	90	87.5
Chemistry	77	86	81.5	78	79.75
Materia Medica	88	—	88	93	90.5
Histology	80	69	74.5	86	80.25
Minor Subjects, with fractional values indicated:					
Physics (⅓)	73	—	73	86	79.5
Biology (⅓)	—	—	—	91	91
Embryology (⅓)	—	—	—	85	85

For promotion, a grade of at least 60 is required, both in Term and Final marks. If Term Grade is less than 60, a Final Grade of at least 75 is requisite for promotion. If a student fail in more than three branches, he will be required to repeat the course in its entirety.

[redacted]

Sec'y of Faculty.

1609-606-1m

MEDICAL DEPARTMENT
OF
UNIVERSITY OF TEXAS

Galveston, Texas, June 1, 1907

The following grades were attained in the studies of the ***SECOND YEAR CLASS IN MEDICINE***

By John G. Schilling Student

in said class in this Institution, Session 1906-'07

	First Intermediate	Second Intermediate	TERM	FINAL	General Average
Major Subjects:					
Anatomy	86	83	84.5	87	85.75
Physiology	76	92	84	93	88.5
Chemistry	78	80	79	66	72.5
Therapeutics	65	90	77.5	90	83.75
Pathology	76	66	71	70	70.5
Minor Subjects, with fractional values indicated:					
Minor Surgery (½)	—	95	95	94	94.5
Physical Diagnosis (⅓)	—	—	—	85	85
Bacteriology (⅓)	—	—	—	81	81

For promotion, a grade of at least 60 is required, both in Term and Final marks. If Term Grade is less than 60, a Final Grade of at least 75 is requisite for promotion. If a student fail in more than three branches, he will be required to repeat the course in its entirety.

[redacted]

Sec'y of Faculty.

EXTRAIT DU PRIX COURANT GÉNÉRAL

(Prix sauf variations)

SPÉCIALITÉS

Bière de malt de Déjardin	le flacon	1 10
Capsules de goudron Guyot	—	2 25
Cigarettes Legras	la boîte	1 80
Crème Simon	le pot	1 90
— —	le demi —	» 95
Goudron liquide Guyot	le flacon	1 75
Pepto-fer Jaillet	—	3 25
Poudre Legras	la boîte	1 80
Papier d'Arménie	le cahier	» 25
Pétrole Hahn	le flacon	3 50
Pilules Suisses	la boîte	1 10
Phénol Bobœuf	le flacon	1 25
Sel de sedlitz Gustave Chanteaud	—	2 »
— — **Charles** —	—	2 50
Sirop Jane	—	2 »
Sel de Vichy-Etat	par 10 paquets	» 80
Thé Chambard	la boîte	» 85
— **Russe** purgatif, dépuratif	—	1 »
— **antilaiteux**	—	1 »
Thymol Doré	le flacon	1 25
Tisane des Shakers	le grand —	3 50
Vin de Bugeaud	le flacon	3 »
— **glycérophosphatique du Dr Gérard**	le litre	6 »
— **de Mariani**	le flacon	4 40

Spécialité d'Huiles de Foie de Morue (voir page 14)

Produits Chimiques et Pharmaceutiques

Le Prix des vasee sst à ajouter aux prix ci-dessous

Acide bo ue, dose pour 1 litre		» 15
— pl iique — —		» 40
Antipyrine Knorr	le gramme	» 20
— —	les 10 —	1 50
Bicarbonate de soude sursaturé	les 125 —	» 25
— — —	les 250 —	» 40
— — —	les 500 —	» 70
Bromure de potassium	les 30 —	» 60
— —	les 100 —	1 50
Capsules de goudron pur	les 100 —	» 75
— — —	les 250 —	1 50
Eau boriquée	le litre	» 80
— ph nique	—	» 80
— sédative	—	» 40
Farine de lin (toujours fraîche et moulue à la maison), le kilo		» 80
Glycérine chimiquement pure, à 30°	le litre	4 »
Huile de ricin préparée à froid	—	2 50
— — — —	les 30 grammes	» 20
Magnésie calcinée	le flacon	» 80
— —	le demi —	» 50
Noix de kola, dose pour 1 litre		» 50
Orge perlé	les 125 grammes	» 20
Pastilles de Vichy à la menthe	—	» 40
— — au citron	—	» 40
— — à l'anis	—	» 40
— de soufre	—	» 60
— de Tolu	—	» 60

Rob Dépuratif Végétal H. Gérard (voir page 12)

MANIÈRE DE NETTOYER LES BAS ÉLASTIQUES

Les mettre tremper dans l'eau froide pendant trois ou quatre heures avec un morceau de carbonate gros comme une noix; brasser et jeter cette eau. Ensuite faire bouillir de l'eau avec la même quantité de carbonate en ajoutant une poignée de son; laisser tiédir et verser sur les bas en brossant en tous sens. — Lessiver à l'eau froide sans tordre et éviter le soleil ou le feu pour le séchage.

Bas simple

Genouillère

Chaussette

Douche émaillée (Canule deux usages)

Molletière

Lanière en crin tissé ou crin brosse

Poire à lavement

Injecteur

Irrigateur

Tetine

Pour tous ces articles nous avons différentes qualités et différents prix.

Enémas anglais

PROPRIÉTÉS ET MODE D'EMPLOI

DES

Produits Chimiques et Pharmaceutiques

LES PLUS USUELS

Acide borique. — S'emploie en solution saturée (4 0/0). C'est un antiseptique précieux dans les inflammations aiguës des muqueuses, qui ne présente pas les inconvénients de tant d'autres produits usités autrefois. Dans la conjonctivite on doit employer la solution boriquée aussi chaude que possible.

Alcool camphré. — Est employé en frictions comme stimulant et antirhumatismal.

Aloès. — S'emploie avec avantage dans les cas de constipation atonie, et comme dérivatif dans la congestion cérébrale. N'en user que modérément, car il prédispose aux hémorroïdes.

Alun. — Astringent énergique très employé en gargarismes ou en injections.

DOSE. — Une cuillerée à bouche de poudre pour un litre d'eau.

Amidon. — Employé en poudre pour calmer les démangeaisons dans les maladies de peau : *dartres*, *eczéma*, etc. On en fait des cataplasmes émollients, des bains adoucissants (500 grammes par bain). On en poudre les petits enfants pour éviter les gerçures, etc.

Antipyrine. — Son action est remarquable dans la migraine, névralgie, douleurs rhumatismales et goutteuses, principalement chez les personnes arthritiques.

DOSE. — Un à trois grammes dans les vingt-quatre heures en cachets ou en solution.

Baume tranquille. — Calme les douleurs rhumatismales ou névralgiques. Frictionner matin et soir la partie douloureuse.

Bicarbonate de soude. — Constituant le principe actif des eaux de Vichy et de Vals, il est employé comme antiacide et comme diurétique pour empêcher la formation des graviers dans les reins et les concrétions dans la goutte.

DOSE. — Une cuillerée à café par litre d'eau.

Bismuth (*sous-nitrate*). — Remède populaire de la diarrhée, utile aussi dans certaines affections de l'estomac.

DOSE. — Deux à quatre grammes par jour, en plusieurs fois et au moment des repas.

John G. Schilling.

Special Pathology, Final Examination

May 15, 1909.

1. Give the morbid anatomy of cerebral apoplexy, including the usual locations thereof.

2. Describe grossly and minutely red softening of the brain.

3. Give the morbid anatomy of "Insular Sclerosis"

4. Describe grossly and minutely the changes found in an old case of anterior poliomyelitis.

5. Draw a properly labeled diagram showing the spinal degenerations which will follow a hemorrhage into the right internal capsule.
Do the same where the lesion involves the transverse axis of the cord at the level of the second dorsal vertebra.

Not optional

6. Tell what you can of chronic interstitial neuritis.

7. Give the etiology of tuberculosis of the joints.

8. Give briefly the usual blood changes in (a) typhoid fever, and (b) malaria.

9. Tell what you can of hypertrophy of the kidney.

Answer any 8. Sign pledge in full.

Give seat number.

John G. Schilling.

First Intermediate Examination in Pathology

Junior-Senior, December 17,1908.

1. Discuss the congenitally cystic kidney.
2. Give the cellular changes in progressive pernicious anemia.
3. Give the gross and minute changes in a typical kidney of chronic interstitial nephritis.
4. Describe tuberculosis of the urinary bladder.
5. What do you mean by the following: a.hemoglobin index, b.megaloblast, c.myelocyte, d.microcyte, e.polychromasia, f.poikilocytosis, g.hyperleucocytosis, h.chlorosis.
6. Discuss urogenic suppurative nephritis.
7. Discuss briefly the congenital anomalies of the kidney.
8. Classify the leucocytes met in the circulating blood.
9. Describe the microscopic picture in the large white kidney.

Give pledge in full. Answer any eight.

DRS. N. AND J. G. SCHILLING
CEDAR BAYOU, TEXAS

Diabetes Mellitus
Definition -
(Osler)

A disorder of nutrition, in which sugar accumulates in the blood, and is excreted in the urine, the daily amount of which is greatly increased.

For a case to be considered one of diabetes mellitus it is necessary that the form of sugar eliminated in the urine be grape sugar, that it must be eliminated for weeks, months or years, and that the excretion of sugar must take place after the ingestion of moderate amounts of carbohydrates.

DRS. N. AND J. G. SCHILLING
CEDAR BAYOU, TEXAS

Diabetes Mellitus -

Definition -
(Edwards)

A disease of metabolism characterized (a) by a permanent lessened capacity of the organs fixing, storing and consuming grape sugar; (b) by excess of sugar in the blood (hyperglycaemia), resulting in (c) grape sugar in the urine (=glycosuria); and (d) causal changes in the pancreas.

Normal amt of sugar in urine 0.01 to 0.02 %.

~~Definition~~ Etiology -

1. Incidence -
2. Hereditary influences -
3. Sex.
4. Race -
5. Obesity.
6. Nervous influences - {mental shock, severe mental strain & worry.
7. Injury & or disease of spinal cord.
8. Experimental Diabetes -

DRS. N. AND J. G. SCHILLING
CEDAR BAYOU, TEXAS

Location of Bullet wound.
Mr Wallis.

Bullet entered at the upper median portion of the anterior axillary fold. and ranged downwards and towards the back. apparently. A swelling or mass was felt on left side of back at about the level of 12th rib and 2 inches to the left of median line, which was thought to be the bullet, and was afterwards removed by Dr Shearer.

Urine was examined on following dates and sugar was present each time.

12-18-10 first.
12-27-10 24 hr 12 pints 6%
1-20-11 24 hr 7 pints 8%.
3-27-11 24 hr 7 pints
4-28-11 24 hr 7½ pints.
8-24-11 24 hr 5 pints. 9% sugar

W. T. KEENER & CO.,

Medical Booksellers, Publishers and Importers,

90 Wabash Avenue, CHICAGO.

NOW READY.

The

Accessory Sinuses of the Nose

and their relations to neighbouring parts.

Illustrated by fifteen coloured plates

by

Dr. Gustav Killian,

Professor of Laryngology and Rhinology, Freiburg in B.

Translated by

D. R. Paterson, M. D., M. R. C. P.

Assistant Physician in charge of Throat Department, Cardiff Infirmary.

Price, $7.50 Net.

This atlas owes its origin to the author's observation that the formalin method of preparing tissues is particularly suitable for the proper display of the nasal accessory sinuses. He found that the membrane of the cavities might be readily separated from the surrounding bone and still retain its original shape and that the bone might be removed piece by piece without disturbing the form and relations of the mucous membrane—a point of much importance in the investigation of the exact relations of the intricate system of accessory sinuses.

A series of preparations were therefore planned and carried out by Prof. Killian to illustrate the topography of the accessory sinuses and this atlas is the result.

An endeavour has been made in it to show the sinuses from all aspects and to obtain illustrations that will be of practical service to the operator. At the same time special attention has been directed to the relations of the sinuses to the neighboring organs, e. g. nasal fossae, mouth cavity, orbit including the eye and its accessor parts and more particulary the brain, and for this purpose removal and fenestration of superficial structures has been largely used.

The drawing of the preparations has been carefully carried out under Prof. Kilian's supervision by an experienced artist and the use of colors helps to represent the complex relations more clearly and graphically. A special explanatory sheet accompanies each plate and the drawings are consequently not disfigured by reference lines.

In the text the description of the preparation is confined as far as possible to the particular specimen, general statements being avoided. Each description is complete in itself so that it may be easily understood without having to refer to other plates. Taken altogether, these notes constitute a topographical account of the accessory sinuses of the nose based upon actual specimens. The latest results of research in Embryology and Comparative Anatomy have been embodied and for the first time in an account of the nose, purely morphological terms have been adopted throughout and are more especially used in dealing with the ethmoidal cells and frontal sinuses.

The Atlas will be of special value to those interested in affections of the accessory sinuses and will serve as a sound basis for studying the problem of the extension of accessory sinus disease to neighboring parts.

Prof. Killian's work will not only appeal to rhinologogists and laryngologists but will prove of great value to the general surgeon the ophthalmologist and the neurologist. It opens up several new points of view in pathological anatomy and brings the general anatomist into closer relations with a region of much practical importance.

Extracts from Reviews of the German Edition:

Deutsche Medizinische Wochenschrift.

In view of the keen interest taken in disease of the accessory sinuses of the nose even by those who are not specialists this atlas must be regarded as a very welcome addition to the literature . . . An accurate picture is given of the relation of the accessory sinuses to the face, the nasal fossae, the base of skull, to the brain and its regions and not merely from one but from several aspects. For the display of these anatomical relations it is hardly possible to conceive better representations than those contained in this atlas . . . It is to be hoped that the work will receive the greatest attention in professional circles.

Monatsblatter fur Augenheilkunde.

Professor Killian, the well known laryngologist, has devised a new method to demonstrate anatomically the relations of the accessory nasal cavities to the orbits . . . The regions of special interest to the ophthalmologist are so admirably depicted and described and give such excellent information upon operative procedures that every ophthalmic surgeon who studies the important subject of accessory sinus affections may be referred to this work.

Annales des Maladies de l'oreile, du larynx, du nez et du pharynx. *Bd. XXX. 20. Juli, 1904.*

The large colored plates used to illustrate Prof. Killian's preparations are a new departure . . . By means of an interesting method of preparing the parts the author was enabled to preserve the exact size of the sinuses and also their precise relations to the neighboring parts as in the living subject . . . Such plates are much more instructive than mere photographs from frozen sections and leave no possibility of erroneous impressions. In a word this atlas gives the exact detail wanted. . . .

Internationales Centralblatt fur Laryngologie, Rhinologie und verw. Wissenschaften, *Jahrg. XX. Heft 6.*

Dr. McBride (Edinburgh) says: "In this large work all those striking qualities of the Frieburg observer are prominent which have already secured him at a comparatively early age a place among the most eminent living authorities . . . Plate V is of great important for the clinical study of Rhinology. In it the outer wall of the nasal cavity has been exposed and then fenestrated only narrow bony bridges remaining. The intimate relation of the posterior wall of the antrum to the nerves and vessels of the palate is very well brought out, as also the relation of accessory sinus and lachrymal canal . . . I cannot conclude without thanking Prof. Killian in the name of rhinologists for his highly artistic and excellent work . . . The atlas deserves a place in every medical library.

Zentralblatt fur Chirurgie, *No. 49. v. 10. Dez. 1904.*

During the last few years a number of new methods of operating for nasal accessory sinus disease have been introduced with the result that many cases formerly but little benefited are now successfully treated. Only those however who have a clear understanding of the complex relations of these parts can use these methods with safety and success . . . Killian's Atlas should therefore be welcomed by all in any way interested in accessory sinus disease, not only by the rhinologist but by the surgeon, the ophthalmologist and even the neurologist.

The Pathology of the Eye. By J. Herbert Parsons, F. R. C. S., Assistant Ophthalmic Surgeon, University College Hospital; Curator and Pathologist, Royal London (Moorfields) Ophthalmic Hospital, etc. In four volumes with over 700 illustrations, Volume I, Histology; Part I, 8vo, 388 pages with 264 illustrations. Just ready. Cloth, net $3.50.

"No complete monograph on the Pathology of the Eye has yet been written in any language. Various attempts have been made from time to time to discuss and illustrate the chief facts of the pathological Histology by Wedl, O. Becker, Pagenstecher & Genth, Alt, Wedl & Bock, Greef, Ginsberg and others. All of these, with the exceptions of Ginsberg's Manual and the incomplete works of Greef, are inadequate and out-of-date; and even the latter works are not available for our English speaking ophthalmologists."

"The object of this work is to give as complete an account of the Pathology of the Eye as is possible in the present state of our knowledge."

The work will be divided into four volumes, the first two volumes dealing with the Pathological Histology of the Eye; the last two with the General Pathology of the Eye.

"In Volumes I and II, the parts of the eye and its annexes will be taken seriatim, and the histology of the various morbid conditions described. In Volumes III and IV. the diseases which effect the eye as a whole will be discussed, and an endeavor will be made to trace them to their ultimate causes. They will therefore include such conditions as glaucoma, sympathetic ophthalmia, congenital malformations, etc. The microscopic features of these conditions will be more conveniently dealt with in immediate relationship with them. The volumes will be profusely illustrated by photographs and diagrams specially prepared. In all there will be nearly 750 separate illustrations."

"This is the most complete work of its kind ever undertaken in any language. Even in Germany the "Ginberg Manual" is the only book which may be said to compare with Mr. Parson's work. The first volume by its excellence promises much for those that are to follow: The work presents more than its title indicates. It abounds in practical applications of pathology to the surgery and treatment of eye diseases. In discussing a given condition, in addition to its pathology and histology, Mr. Parsons has collected the theories and opinions of the world's authorities, and has most successfully welded them into a practical, homogeneous whole. Many of the more valuable of the later methods of laboratory technic are also given."—*Journal American Medical Association.*

Diseases of the Ear. A text book for practitioners and students. By James Kerr Love, M. D., Aur. Surgeon Glasgow Royal Infirmary; Lecturer on Aural Surg., St. Mungo's College; Aurist Glasgow Deaf and Dumb Institute. With fifty-four stereoscopic photographs, illustrative of the Surgical Anatomy of the Ear, and explanatory keys. Four plates, two of which are fully colored, and many illustrations in the text. This work is designed mainly to spread amongst practitioners and students an accurate knowledge of the modern treatment of Middle-Ear Suppuration and its Complications and a corresponding sense of their responsibility in regard to it. A true appreciation of the difficult anatomy of the temporal bone is made easier by the beautiful photographs which have been produced at great cost. A simple stereoscope is furnished gratis. One volume, 8vo. Half green Morocco. Net $10.00.

Whiting. The Modern Mastoid Operation. The Development and Technicque of the Modern Mastoid Operation. By Frederick Whiting, A. M., M. D., Professor of Otology in Coruell University Medical College; Professor of Otology in the New York Polyclinic; Surgeon to the New York Eye and Ear Infirmary. Illustrated bv a series of twenty-four elaborate full-page engravings, with key plates, drawn from life by a special artist under the supervision of the author. Royal square octavo. Half Morocco, $6.00 net.

The Treatment of Diseases of the Eye. By Dr. **Victor Hanke,** First Assits. in the University Eye Clinic of Hofrath. Prof. E. Fuchs in Vienna. Translated by **J. Herbert Parsons,** B. S., D. Sc., F. R. C. S., Asst. Ophthalmic Surgeon, University College Hospital; Asst. Surgeon, Royal London (Moorfields) Ophthalmic Hospital; Ophthalmic Surgeon Hospital for Sick Children, Great Ormond Street; Lecturer on Physiological Optics, University College, London; and **George Coats,** M. D., F. R. C. S., Chief Clinical Assistant, Royal London (Moorfields) Ophthalmic Hospital. Cloth, $1.25 net.

The present book aims at supplying the practitioner with some hints and indications for the treatment of the diseases of the eye. The numerous excellent text-books can hardly give this subject all the attention which it deserves, for on the one hand they have to deal with a vast number of subjects and can therefore only sketch the treatment in broad lines while on the other hand it is scarcely possible for the practitioner to procure the latest editions so as to keep himself in touch with recent advances and innovations. The author has therefore set himself the task of putting together the results of some years of experience in a short yet detailed book of reference.

Trachoma. By Dr. J. Boldt, Translated by J. Herbert Parsons and Thomas Snowball, M. B., C. M. With an Introductory chapter by E. Treacher Collins, F. R. C. S. Royal 8vo. $3.00 net.

The Neurology of Vision. With Plate and Illustrations. Demy 8vo. Price $1.00 net.

Squint Occurring in Children. By Edgar A. Browne, F. R. C. S. and Edgar Stevenson, M. D. Cloth, net $1.00.

Cleft Palate and Hare-Lip. The Earlier Operation on the Palate. By Edmund Owen, F. R. C. S. Illustrated. Cloth, net $1.00.

Adenoids. By Wyatt Wingrave, M. D., Physician and Pathologist, Central London Throat and Ear Hospital; late President British Larnyngological, Rhinological and Otological Association. Cloth, net $1.00.

Commoner Diseases of the Eye. How to detect and how to treat them. Especially addressed to the general practitioner and students. By Casey A. Wood, C. M., M. D., D. C. L., Professor of Clinical Ophthalmology in the University of Illinois, etc., and Thomas A. Woodruff, M. D., C. M., L. R. C. P., Professor of Ophthalmology in the Chicago Post-Graduate School. One volume; 12 mo; 500 pages, (5x8 inches); 250 illustrations; seven colored plates. Cloth, net $1.75.

Diseases of the Nose, Throat, Ear, and their Accessory Cavities. By Seth Scott Bishop, M. D., D. C. L., LL. D. Third edition, thoroughly revised and enlarged. 8vo; 564 pages, with 94 colored lithographs, and 230 illustrations. Cloth, net $4.00; Half Russia, net $5.00.

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MEDICAL BOOKSELLERS,
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90 Wabash Avenue, = CHICAGO.

T. Col. O'Reilly, M.C.
with sincere wishes.
S.F. Seeley.
Maj. M.C.

AN ANALYSIS OF "SHOCK".

by

Major S. F. Seeley.

A. Hemorrhagic.
B. Traumatic.
    1. Mechanical
        a. Intestinal manipulation and or exposure.
        b. Trauma to large muscle-groups.
    2. Thermal
        a. Freezing of tissues.
        b. Burning of tissues.
C. Vasogenic.
    1. Crotalin.
D. Neurogenic.
    1. Psychic trauma.
    2. Severe, sudden stimulation of important visceral centers, epigastrium, testes.
E. Circulatory.
    1. Acute heart failure.
    2. Increased intrapericardial pressure.
    3. Compression of important venous trunks.

PHYSIOLOGICAL PROCESSES IN VARIOUS TYPES OF "SHOCK".

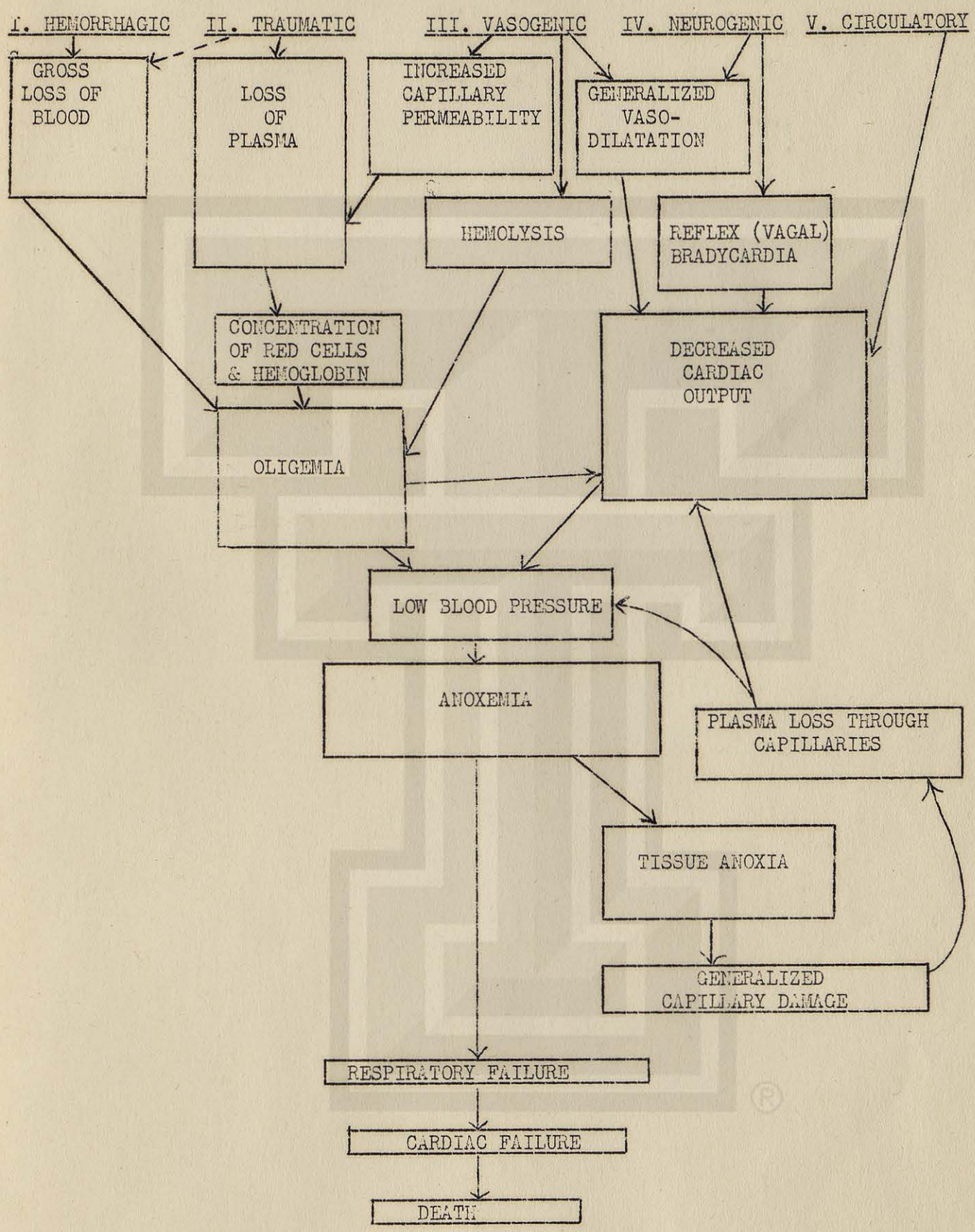

Chart 1.

SYMPTOMS AND FINDINGS AT INTERVALS ACCOMPANYING CHART I.

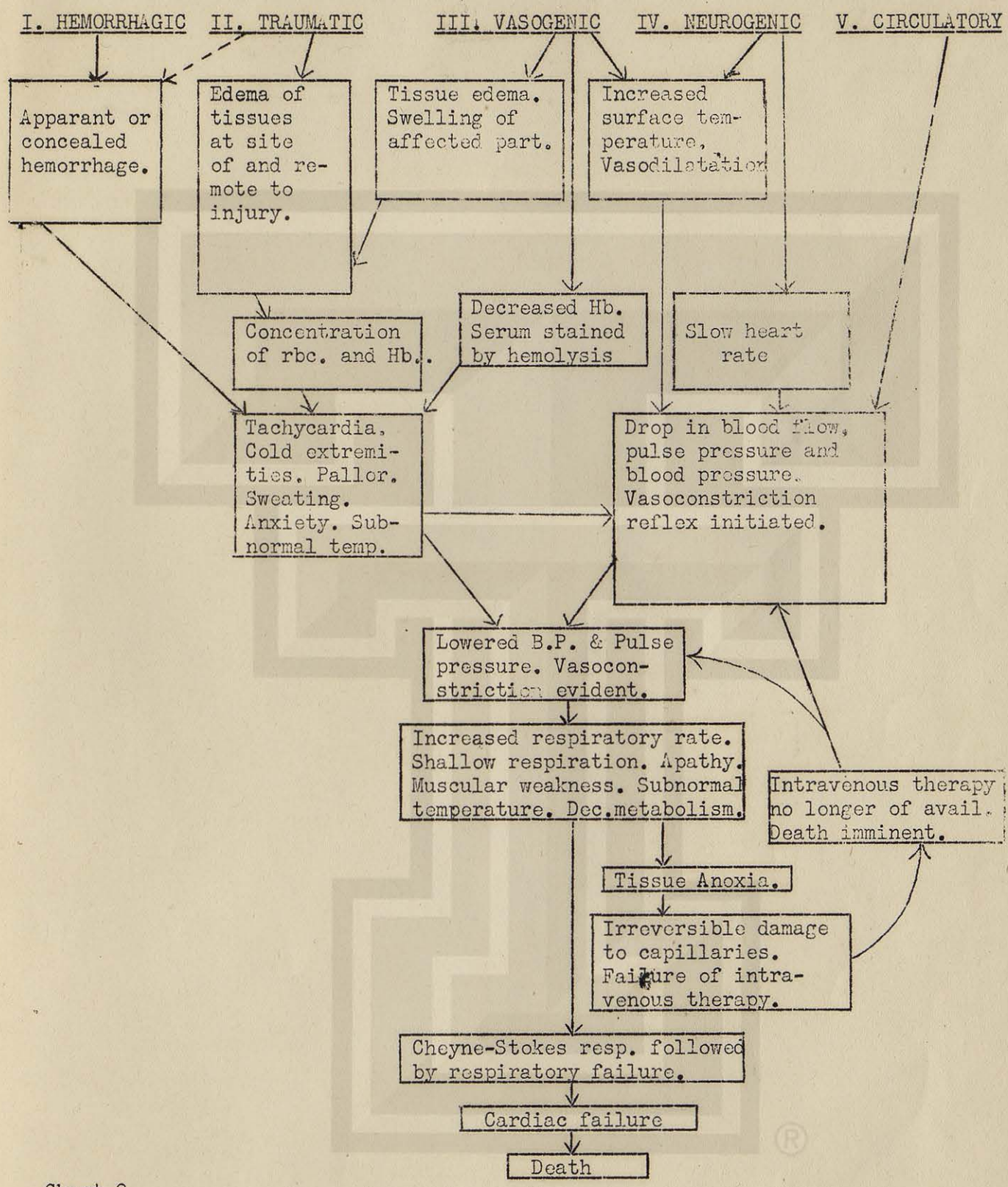

Chart 2.

TREATMENT OF SHOCK AT INTERVALS INDICATED BY CHART I.

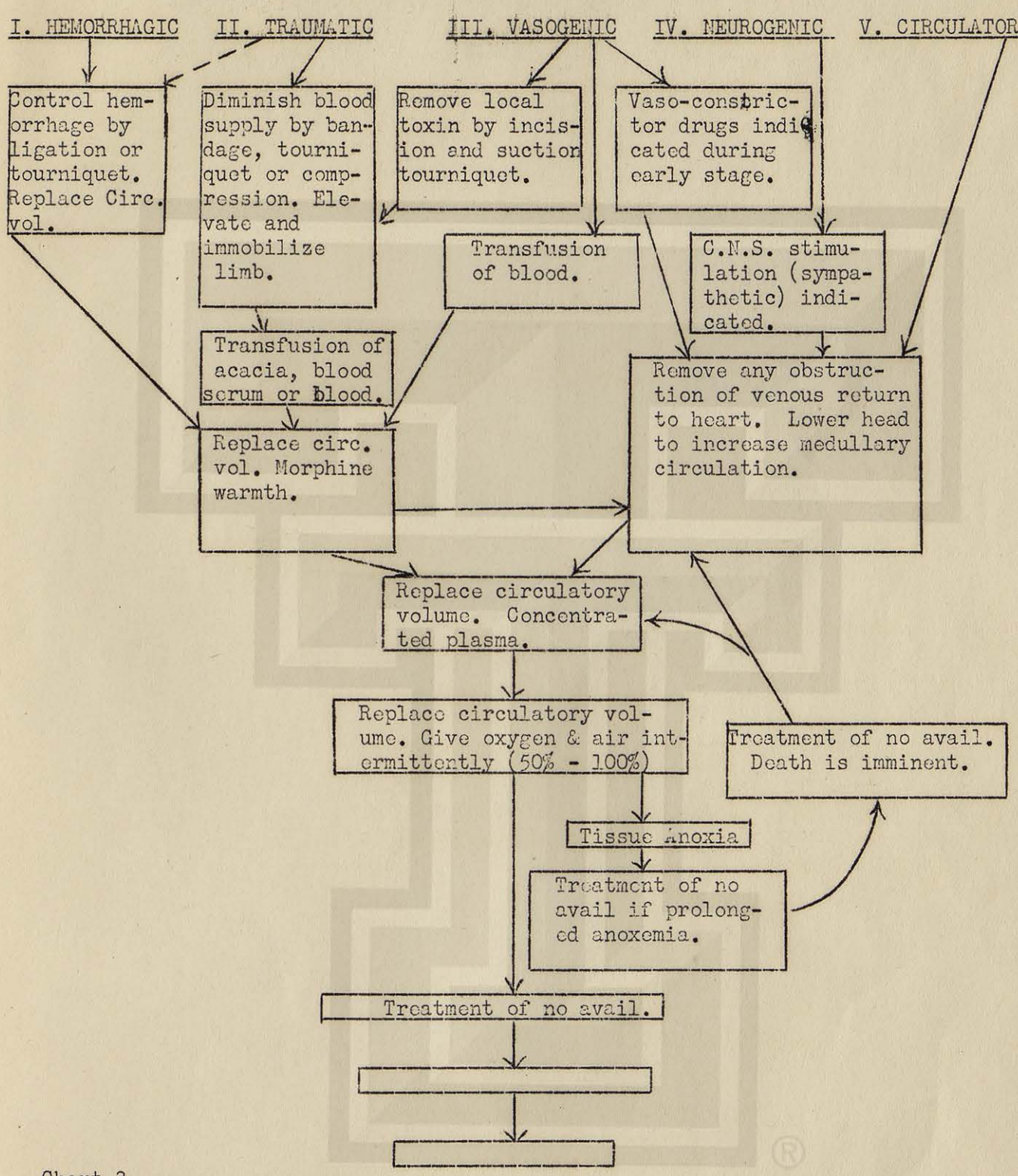

Chart 3.

1. $\frac{2 \text{ D in yds}}{\text{M.P.H.}}$ = Time in seconds for cloud to pass from A to B. = 705 seconds. Ans.

$$\begin{array}{r} 96 \\ 2 \overline{)192.000} \\ 1\,904 \\ \hline 1600 \\ 1360 \\ \hline 240 \end{array} \quad (705$$

$$\begin{array}{r} 24 \\ 60 \overline{)1440.000} \\ 1\,0560 \\ \hline 38400 \\ 37060 \\ \hline 13400 \\ 10560 \\ \hline 2840 \end{array} \quad (.272$$

10

2. (a) Precautionary 7. 1 2 to 5 m. Respirator must be some where within reach.

(b) Ready 7. 5 to 2 miles. Respirator hung over right shoulder.

(c) ~~Danger~~ Alert 7. 2 to 0 miles. Sometimes in bushes or trees it may be over 2 mile limit. Respirator carried in alert position.

10

3. (1) Lachrymatory
   - (a) Bromacetone
   - (b) Ethyl iod acetate

(2) Asphyxiant
   - (a) Chlorine.
   - (b) Phosgene.

(3) Paralysant
   - (a) Prussic Acid.
   - (b) Arsine

(4) Skin Irritant
   - (a) Mustard gas
   - (b) Sulphur dioxide.

10

2

3. contd. There is another sometimes given known as suffocating and CO is the best example of this - also known as "accidental gas".

4. April 22, 1915 at Ypres against French and Canadians. Chlorine gas - 10

5. (a) To kill or cause casualties. 9
(b) Barrage -
(c) Prevent repair of entanglements.
(d) Counter battery work.

6.


Ventilating pipe. Closed during gas attack -
Several feet of earth etc.
Blanket rolls that are to be kept moistened and lowered during attack or even when there is no attack if in a very dangerous position for gas.
Side view - Double entrance which is placed further out at the foot so that blankets will always lie snugly against the door jamb.

Blankets have strips of wood, those on the inside are short enough to come inside the opening and those on the outside are directly opposite but are too long to come through the opening. 9

blankets to stand away from each other

868-12011m.

SHEET No. .....

UNIVERSITY OF TEXAS.

LABORATORY OF BACTERIOLOGY.

Bacteriological Report by W.A. Dupree & J.G. Schilling
of study of B. Coli

Date 11-27-'06. Galveston, Texas.

NAME OF MICROORGANISM B. Coli SOURCE Dr. Ferrill

MORPHOLOGY: (Grown 24 hrs. in medium ..... at 18-20°C.; ..... hrs at 36°-38°C.

a. Shape of individuals rod shaped
b. Arrangement of individuals irregularly
c. Size of individuals 4 in diameter, 1 1-3 μ length.
d. Capsules .....
e. Spores no spores; position of spores —; time of development —
f. Motility and flagella motile, 4-12 peritrichiæ flagellae.
g. Pleomorphism on different media from above; characteristics of same .....
h. Stain: Ag. Gentian Violet Decolonized by Gram.

GROSS CHARACTERS OF COLONIES:

a. Agar +15 reaction):

1. Puncture 24 hrs. at 35-36 °C.
Form —; Line of Puncture Beaded; Gas Bubbles —
Color of Surface slightly yellowish; Color of Puncture slightly yellowish; Size of Surface 3-4 mm
Shape of Surface Amœboid; Elevation Raised; Edges Lobate-lobulate
Internal Structure and Consistence Refraction strong, homogenous, homobromous
Optical Characters Sebaceous, glistening

2. Stroke 24 hrs. at 35-36 °C.
Extent 3-4 mm; Form —; Elevation Raised
Edges lobate-lobulate; Internal Structure Homogenous Ref. strong; Color slightly yellowish.
Optical Characters Sebaceous, translucent

3. Plate 24 hrs. at 35-36 °C.
Surface Colonies: Size [illegible]; Shape round; Color white; Edges entire
Internal Structure Ref. strong finely granular; Consistence dry
Optical Characters Opalescent.
Magnified Same as above except edges are undulate.
Deep Colonies: Size ....; Shape ....; Color ....; Edges ....
Internal Structure ....; Consistence ....
Optical Characters Same as above only darker.
Magnified ....
Gas Bubbles ....

4. Changes in Medium: Consistence —
Color —
Odor —

b. Gelatin +1.5 reaction):

1. Puncture 24 hrs. at 35-36 °C.
Form filiform; Line of Puncture filiform; Gas Bubbles —
Color of Surface grayish white; Color of Puncture grayish white; Size of Surface 2 mm
Shape of Surface Round; Elevation Flat; Edges Entire
Internal Structure and Consistence Refraction strong, homogenous, homobromous
Optical Characters Opalescent.

2. Stroke 24 hrs. at 35-36 °C.
Extent 1 mm; Form —; Elevation Raised
Edges lobate-lobulate; Internal Structure Ref. strong; Color grayish white
Optical Characters Opalescent.

3. Plate 24 hrs. at 35-36 °C.
Surface Colonies: Size 1 m.m.; Shape Round; Color Brownish white; Edges entire
Internal Structure Refraction strong; Consistence Tough
Optical Characters Opalescent
Magnified Same.
Deep Colonies: Size ....; Shape —; Color ....; Edges ....
Internal Structure ....; Consistence ....
Optical Characters Same
Magnified ....
Gas Bubbles ....

4. Changes in Medium: Consistence —
Color —
Odor —

c. Bouillon (reaction +1.5) 24 hrs. at 35-36 °C.
Change in transparency becoming translucent, appeared 24 hours after growth;
Change in color very colored, appeared 24 hours after growth;
Character of growth producing turbidity diffused thru out liquid & on bottom
Presence and character of deposit none
Presence and character of surface growth grayish white, stringy
Odor —; change in reaction acid in 24 hrs. later alkaline (6th day, to phenolphthalein

c1. Fermentation in Glucose, Lactose, Saccharose, Bouillon:

	G.	G.	G.	L.	L.	L.	S.	S.	S.
Time of growth	24 hrs.	48 hrs	hrs	hrs.	hrs.	hrs.	hrs.	hrs.	hrs.
Amount of gas	1 cc	2 cc							
Pressure of air									
Temperature	35-36	35-36							

Absorbed by Na OH —
HCO_2 ratio —
Relative growth in arms of fermentation tube —
Special characteristics of growth in above —

c2. Acid production acid; Peptone production —
Indol production Positive; Diastatic ferments —
Reduction of Nitrates —; Invertin ferments —
Phenol production —

d. MILK: (35-36 °C.)
Does curdle after 144 hours; character of curd flocculent; effect of boiling —
Whey small amt.
Gas —
Reaction acid
Digestion —
Peptones —
Color not changed; odor —
Consistence moist
Litmus milk curdled & reddened. Reddened first.

e. BLOODSERUM: 24 hrs. at 35-36 °C., shows colonies of
Extent 1-2 mm.; Form —; Elevation Raised
Edges —; Internal Structure —; Color grayish white
Liquefaction —; Odor —; Color of medium opaque
Optical characters —
Consistence —
Magnified —

f. POTATO: 24 hrs. at 35-36 °C., shows colonies of
Extent —; Form —; Elevation flat
Edges —; Internal Structure Ref. weak; Color gray
Liquefaction —; Odor —; Color of medium gray not changed.
Optical characters Ref. weak
Consistence moist
Magnified —

OPTIMUM TEMPERATURE °C.; Limits of Temperature °C. to °C.
THERMAL DEATH POINT °C. minutes exposure
ANAEROBIC CONDITIONS —

SPECIAL MEDIA Elsner's Potato growth in 24 hrs.
Lactose Litmus Agar changes to red in 24 hrs.
Later loses its color and becomes lighter.

PIGMENT AND ITS PHYSICAL CHARACTERS —

PATHOGENESIS —

868-12011m.

SHEET No. .....

UNIVERSITY OF TEXAS.

LABORATORY OF BACTERIOLOGY.

Bacteriological Report by Wadsworth & H. Schilling
of study of Streptococcus Pyogenes

Date 11-24-06. Galveston, Texas.

NAME OF MICROORGANISM Streptococcus Pyogenes SOURCE Dr. Terrill.

MORPHOLOGY: (Grown 24 hrs. in medium Agar at 18-20°C.; hrs at 35-36 36-38°C.

a. Shape of individuals Spherical
b. Arrangement of individuals In Chains
c. Size of individuals 1 micron.
d. Capsules —
e. Spores —; position of spores —; time of development —
f. Motility and flagella Non-motile.
g. Pleomorphism on different media from above; characteristics of same In old Cultures will not show arrangement in chains unless reinoculated into fresh media.
h. Stain: By ordinary stains & Gram's. Stain. Best by Gram's Stain well by dilute Carbol-Fuchsin.

GROSS CHARACTERS OF COLONIES:

a. Agar + 1.5 reaction):

1. Puncture 72 hrs. at 35-36 °C.
   Form —; Line of Puncture Beaded; Gas Bubbles —
   Color of Surface Nothing visible; Color of Puncture Slightly yellowish; Size of Surface —
   Shape of Surface —; Elevation —; Edges —
   Internal Structure and Consistence Refraction strong, homogenous, homochromous, granulose
   Optical Characters Opalescent
2. Stroke 72 hrs. at 35-36 °C.
   Extent 3-7 mm.; Form —; Elevation Flat
   Edges Lobate-lobulate; Internal Structure Refraction strong homogenous homochromous coarsely granular; Color gray.
   Optical Characters Opalescent.
3. Plate 72 hrs. at 35-36 °C.
   Surface Colonies: Size 1 mm.; Shape Round; Color Milky white; Edges gross entire
   Internal Structure Refraction weak finely granular; Consistence Dry
   Optical Characters Sebaceous
   Magnified Edges are rose.
   Deep Colonies: Size 1 mm.; Shape Round; Color milky white; Edges entire
   Internal Structure refraction weak finely granular; Consistence dry
   Optical Characters Sebaceous
   Magnified Edges are rose.
   Gas Bubbles —
4. Changes in Medium: Consistence —
   Color —
   Odor —

b. Gelatin + 1.5 reaction):

1. Puncture 72 hrs. at 35-36 °C.
   Form —; Line of Puncture Beaded; Gas Bubbles —
   Color of Surface —; Color of Puncture grayish white; Size of Surface —
   Shape of Surface —; Elevation —; Edges —
   Internal Structure and Consistence Refraction weak
   Optical Characters —
2. Stroke 72 hrs. at 35-36 °C.
   Extent 1-2 mm.; Form —; Elevation Flat
   Edges entire; Internal Structure Refraction weak; Color gray
   Optical Characters Translucent.
3. Plate hrs. at °C.
   Surface Colonies: Size; Shape; Color; Edges
   Internal Structure; Consistence
   Optical Characters
   Magnified
   Deep Colonies: Size; Shape; Color; Edges
   Internal Structure; Consistence
   Optical Characters
   Magnified
   Gas Bubbles
4. Changes in Medium: Consistence
   Color
   Odor

c. Bouillon (reaction.....) .....hrs. at.....°C.

Change in transparency....., appeared.....hours after growth;

Change in color....., appeared.....hours after growth;

Character of growth producing turbidity.....

Presence and character of surface growth.....

Presence and character of deposit.....

Odor.....; change in reaction.....

c1. Fermentation in Glucose, Lactose, Saccharose, Bouillon:

Time of growth.....	G.....hrs.	G.....hrs	G.....hrs	L .....hrs.	L.....hrs.	L.. .....hrs.	S..... hrs.	S..... hrs.	S.....hrs.
Amount of gas.....									
Pressure of air.....									
Temperature.....									

Absorbed by Na OH.....

HCO_2 ratio.....

Relative growth in arms of fermentation tube.....

Special characteristics of growth in above.....

c2. Acid production.....; Peptone production.....

Indol production.....; Diastatic ferments.....

Reduction of Nitrates.....; Invertin ferments.....

Phenol production.....

d. MILK: (.....°C.)

Does.....curdle after.....hours; character of curd.....; effect of boiling.....

Whey.....

Gas.....

Reaction.....

Digestion.....

Peptones.....

Color.....; odor.....

Consistence.....

Litmus milk.....

e. BLOODSERUM: 72 hrs. at 35-36 °C., shows colonies of

Extent 1-2 mm; Form —; Elevation Raised

Edges lobate-lobulate; Internal Structure.....; Color grayish brown

Liquefaction.....; Odor —; Color of medium.....

Optical characters Transparent.

Consistence Moist.

Magnified —

f. POTATO: .....hrs. at.....°C., shows colonies of

Extent.....; Form.....; Elevation.....

Edges.....; Internal Structure.....; Color.....

Liquefaction.....; Odor.....; Color of medium.....

Optical characters.....

Consistence.....

Magnified.....

OPTIMUM TEMPERATURE.....°C.; Limits of Temperature.....°C. to.....°C.

THERMAL DEATH POINT.....°C.....minutes exposure.....

ANAEROBIC CONDITIONS.....

SPECIAL MEDIA.....

PIGMENT AND ITS PHYSICAL CHARACTERS.....

PATHOGENESIS.....

868-12011m.

SHEET No. .....

UNIVERSITY OF TEXAS.

LABORATORY OF BACTERIOLOGY.

Bacteriological Report by Wadsworth & J. G. Schilling

of study of Ps. Pyocyanea

Date 12-3-06. Galveston, Texas.

NAME OF MICROORGANISM Ps. Pyocyanea SOURCE Dr. Terrill

MORPHOLOGY: (Grown 72 hrs. in medium agar streak at 18-20°C.: ..... hrs at 36°-38°C.

a. Shape of individuals rods

b. Arrangement of individuals irregular

c. Size of individuals .....

d. Capsules —

e. Spores — ; position of spores — ; time of development —

f. Motility and flagella —

g. Pleomorphism on different media from above; characteristics of same .....

h. Stain: Ag. Gentian Violet.

GROSS CHARACTERS OF COLONIES:

a. Agar + 1.5 reaction):

1. Puncture 48 hrs. at 35-36 °C.
   Form — ; Line of Puncture Beaded ; Gas Bubbles —
   Color of Surface yellowish white Color of Puncture yellowish white ; Size of Surface 3 mm.
   Shape of Surface ameboid ; Elevation Raised ; Edges auriculate
   Internal Structure and Consistence Ref. strong, homochromous, finely granular
   Optical Characters Opalescent.
2. Stroke 48 hrs. at 35-36 °C.
   Extent 3 mm. ; Form — ; Elevation Raised
   Edges lobate, lobulate ; Internal Structure Ref. strong ; Color yellowish white
   Optical Characters Opalescent.
3. Plate 48 hrs. at 35-36°C.
   Surface Colonies: Size 1 mm. ; Shape round and flat ; Color green ; Edges auriculate
   Internal Structure Ref. strong, finely granular ; Consistence Dry
   Optical Characters Ceraceous
   Magnified Color not shown
   Deep Colonies: Size same ; Shape lens ; Color slightly tan ; Edges same
   Internal Structure same ; Consistence same
   Optical Characters same
   Magnified same
   Gas Bubbles —
4. Changes in Medium: Consistence none
   Color to green
   Odor unpleasant

b. Gelatin + 1.5 reaction):

1. Puncture 48 hrs. at 18-20 °C.
   Form — ; Line of Puncture filiform ; Gas Bubbles —
   Color of Surface — ; Color of Puncture — ; Size of Surface —
   Shape of Surface — ; Elevation liquefaction crater form ; Edges —
   Internal Structure and Consistence Ref. weak,
   Optical Characters Ceraceous.
2. Stroke 48 hrs. at 18-20 °C.
   Extent 3-4 mm. ; Form — ; Elevation liquefaction
   Edges entire ; Internal Structure Ref. weak ; Color grayish white
   Optical Characters Nitreous
3. Plate ..... hrs. at ..... °C.
   Surface Colonies: Size ..... ; Shape ..... ; Color ..... ; Edges .....
   Internal Structure ..... ; Consistence .....
   Optical Characters .....
   Magnified .....
   Deep Colonies: Size ..... ; Shape ..... ; Color ..... ; Edges .....
   Internal Structure ..... ; Consistence .....
   Optical Characters .....
   Magnified .....
   Gas Bubbles .....
4. Changes in Medium: Consistence .....
   Color .....
   Odor .....

c. Bouillon (reaction +15) 48 hrs. at 35-36°C.
Change in transparency turbid, appeared 48 hours after growth;
Change in color to greenish, appeared 48 hours after growth;
Character of growth producing turbidity thin pellicle easily disturbed + settling to bottom
Presence and character of surface growth surface growth scanty.
Presence and character of deposit —
Odor —; change in reaction

c1. Fermentation in Glucose, Lactose, Saccharose, Bouillon:

	G.....hrs.	G.....hrs	G.....hrs	L.....hrs.	L.....hrs.	L.....hrs.	S.....hrs.	S.....hrs.	S.....hrs.
Time of growth									
Amount of gas									
Pressure of air									
Temperature									

Absorbed by Na OH
HCO_2 ratio
Relative growth in arms of fermentation tube
Special characteristics of growth in above scanty, Deeper in 72 hrs.
c2. Acid production Forms rosalic acid peptone greenish blue; Peptone production
Indol production Positive; Diastatic ferments
Reduction of Nitrates; Invertin ferments
Phenol production

d. MILK: (35-36°C.)
Does curdle after 48 hours; character of curd flocculent; effect of boiling
Whey small amt. acid in 72 hrs.
Gas —
Reaction —
Digestion partly.
Peptones —
Color Whey yellowish; odor
Consistence —
Litmus milk bottom decolorized, digested + alkali produced. gas + volume reduced. 72 hrs. decolorized

e. BLOODSERUM: hrs. at °C., shows colonies of
Extent; Form; Elevation
Edges; Internal Structure; Color
Liquefaction; Odor; Color of medium
Optical characters
Consistence
Magnified

f. POTATO: 24 hrs. at 35-36 °C., shows colonies of
Extent scanty; Form; Elevation Raised
Edges Slate lobulate; Internal Structure; Color Light brown
Liquefaction none; Odor; Color of medium Whitish gray.
Optical characters Viraceous.
Consistence moist
Magnified

OPTIMUM TEMPERATURE °C.; Limits of Temperature °C. to °C.
THERMAL DEATH POINT °C. minutes exposure
ANAEROBIC CONDITIONS

SPECIAL MEDIA Elsner's Pot. F. medium 24 hrs growth.

PIGMENT AND ITS PHYSICAL CHARACTERS Pyocyanin is soluble in Chloroform and turns it blue. It is not very soluble in alcohol and does not give a dark color even on chilling.

PATHOGENESIS

868-12011m.

SHEET No.

UNIVERSITY OF TEXAS.

LABORATORY OF BACTERIOLOGY.

Bacteriological Report by Wadbrea & J.G. Schilling

of study of M. Pyogenes Aureus

Date ..... Galveston, Texas.

NAME OF MICROORGANISM M. Pyogenes Aureus SOURCE .....

MORPHOLOGY: (Grown 72 hrs. in medium Bouillon at 18-20°C.; 35-36 hrs at 36°-38°C.

a. Shape of individuals Spherical

b. Arrangement of individuals In ones, twos + threes

c. Size of individuals .5 to .6 micron.

d. Capsules

e. Spores ..... ; position of spores ..... ; time of development .....

f. Motility and flagella Non-motile non-flagellate.

g. Pleomorphism on different media from above; characteristics of same

h. Stain: Loeffler's Blue + Gram's. Stains best by Gram's.

GROSS CHARACTERS OF COLONIES:

a. Agar + 1.5 ..... reaction):

1. Puncture 24 hrs. at 35-36 °C.
   Form —; Line of Puncture Beaded; Gas Bubbles None
   Color of Surface Yellow; Color of Puncture Slightly yellowish; Size of Surface 3-4 mm.
   Shape of Surface Contoured; Elevation Slightly elevated; Edges Undulated.
   Internal Structure and Consistence Refraction strong, homogeneous. Granulose
   Optical Characters Butyrous
2. Stroke 48 hrs. at 35-36 °C.
   Extent 3 mm.; Form —; Elevation Raised
   Edges Lobulate; Internal Structure Strong, homogeneous, granulose. Color yellow
   Optical Characters Butyrous
3. Plate 48 hrs. at 35-36 °C.
   Surface Colonies: Size 1 mm; Shape round low Porcelain; Color yellow; Edges Entire.
   Internal Structure Refraction strong; Consistence Thick
   Optical Characters Butyrous. Glistening
   Magnified Same as above, but faintly granular.
   Deep Colonies: Size 1 mm; Shape Round oval or irr.; Color Yellowish; Edges Entire
   Internal Structure Refraction strong; Consistence Thick
   Optical Characters Brownish granular.
   Magnified Same as above.
   Gas Bubbles No gas.
4. Changes in Medium: Consistence
   Color
   Odor

b. Gelatin + 1.5 ..... reaction):

1. Puncture 48 hrs. at ..... °C.
   Form —; Line of Puncture Beaded; Gas Bubbles —
   Color of Surface Greyish yellow; Color of Puncture Greenish yellow; Size of Surface 7-8 mm
   Shape of Surface Round; Elevation Saccate.; Edges
   Internal Structure and Consistence Weak, homochromous,
   Optical Characters Sebaceous.
2. Stroke 48 hrs. at 35-36 °C.
   Extent 2 mm; Form —; Elevation Raised
   Edges Lobate-lobulate; Internal Structure Refraction strong; Color Faintly yellow
   Optical Characters Macerans
3. Plate 48 hrs. at 35-36 °C.
   Surface Colonies: Size 1 mm; Shape round; Color greyish white; Edges
   Internal Structure ; Consistence
   Optical Characters strong, homogeneous, homochromatic
   Magnified Same as above.
   Deep Colonies: Size ; Shape ; Color ; Edges
   Internal Structure ; Consistence
   Optical Characters
   Magnified Brown color with coarsely gran. centre, periphery finely gran.
   Gas Bubbles None.
4. Changes in Medium: Consistence
   Color
   Odor

c. Bouillon (reaction + 1.5) ..... hrs. at ..... °C. within
Change in transparency ....., appeared x 48 hours after growth;
Change in color ....., appeared ..... hours after growth;
Character of growth producing turbidity Uniformly turbid
Presence and character of surface growth None
Presence and character of deposit None
Odor ....; change in reaction .....

c1. Fermentation in Glucose, Lactose, Saccharose, Bouillon:

Time of growth	G.....hrs.	G.....hrs	G.....hrs	L .....hrs.	L.....hrs.	L.. .....hrs.	S..... hrs.	S.....hrs.	S..... hrs.
Amount of gas									
Pressure of air									
Temperature									

Absorbed by Na OH .....
HCO_2 ratio .....
Relative growth in arms of fermentation tube .....
Special characteristics of growth in above .....

c2. Acid production none in 72 hrs. ; Peptone production .....
Indol production 15 days culture in bouillon Negative ; Diastatic ferments .....
Reduction of Nitrates ..... ; Invertin ferments .....
Phenol production .....

d. MILK: (36-37 °C.)
Does M. a. curdle after 5 days hours; character of curd Solid around edges fluid in center. ; effect of boiling .....
Whey No whey
Gas No gas
Reaction neutral
Digestion None
Peptones .....
Color None ; odor —
Consistence flocculent
Litmus milk 24 hrs. no acid. 48 hrs. small amt. of acid.

e. BLOODSERUM: 48 hrs. at 35-36 °C., shows colonies of
Extent 2 mm ; Form — ; Elevation Raised
Edges Auriculate ; Internal Structure Reproduction strong ; Color Grey
Liquefaction — ; Odor — ; Color of medium —
Optical characters —
Consistence Thick
Magnified Same as above.

f. POTATO: 48 hrs. at 35-36 °C., shows colonies of
Extent 1 mm ; Form ..... ; Elevation Raised
Edges undulate ; Internal Structure Reproduction strong ; Color Orange
Liquefaction — ; Odor — ; Color of medium Grey
Optical characters Dull
Consistence not very thick.
Magnified Same as above.

OPTIMUM TEMPERATURE 37 °C.; Limits of Temperature .....°C. to .....°C.
THERMAL DEATH POINT .....°C. .....minutes exposure .....
ANAEROBIC CONDITIONS .....

SPECIAL MEDIA .....

PIGMENT AND ITS PHYSICAL CHARACTERS .....

PATHOGENESIS .....

868-12011m.

SHEET No. .....

UNIVERSITY OF TEXAS.

LABORATORY OF BACTERIOLOGY.

Bacteriological Report by Wa Dupree & JG. Schilling.
of study of B. Typhosus.

Date 11-26-'06 Galveston, Texas.

NAME OF MICROORGANISM ..... SOURCE .....

MORPHOLOGY: (Grown 48 hrs. in medium Agar +15 ~~at 18-20°C.~~; 48 hrs at 36°-38°C.

a. Shape of individuals rods

b. Arrangement of individuals irregular

c. Size of individuals 5-8 μ 1-3 μ long

d. Capsules —

e. Spores —; position of spores —; time of development —

f. Motility and flagella 8-12 peritrichic flagella, very actively motile

g. Pleomorphism on different media from above; characteristics of same

h. Stain: Ag. Gentian violet Is decolorized by Gram's.

GROSS CHARACTERS OF COLONIES:

a. Agar +15 reaction):

1. Puncture 48 hrs. at 35-36 °C.
   Form —; Line of Puncture Beaded; Gas Bubbles —
   Color of Surface yellowish white; Color of Puncture yellowish white; Size of Surface 2 mm
   Shape of Surface —; Elevation Raised; Edges lobate lobulate
   Internal Structure and Consistence Ref. strong, granular
   Optical Characters Opalescent
2. Stroke 48 hrs. at 35-36 °C.
   Extent 2-4 m; Form —; Elevation Raised
   Edges undulate; Internal Structure Ref. strong; Color yellowish white
   Optical Characters Opalescent. Glistening.
3. Plate 48 hrs. at 35-36 °C.
   Surface Colonies: Size 1 m.m.; Shape Round, irregular; Color White; Edges Entire
   Internal Structure Refract. strongly granular; Consistence Dry
   Optical Characters Opalescent.
   Magnified Same as above.
   Deep Colonies: Size 1 m.m.; Shape Lens; Color Brownish; Edges entire
   Internal Structure Refract. strongly granular; Consistence Dry
   Optical Characters Opalescent.
   Magnified Same as above.
   Gas Bubbles None.
4. Changes in Medium: Consistence No
   Color No
   Odor —

b. Gelatin reaction): 1.5

1. Puncture 48 hrs. at 20° °C.
   Form —; Line of Puncture Filiform; Gas Bubbles None
   Color of Surface No surface; Color of Puncture Greyish white; Size of Surface No surface
   Shape of Surface None; Elevation None; Edges None
   Internal Structure and Consistence Refract. weak
   Optical Characters Opalescent
2. Stroke 48 hrs. at 36° °C.
   Extent 1 mm.; Form None; Elevation Raised
   Edges undulate; Internal Structure Refract. weak; Color Greyish white
   Optical Characters Opalescent
3. Plate 48 hrs. at 36° °C.
   Surface Colonies: Size 1 mm; Shape Round Oval & lense shaped; Color White; Edges Entire
   Internal Structure ref. strong; Consistence dry
   Optical Characters Finely Sebaceous.
   Magnified Same as above
   Deep Colonies: Size —; Shape —; Color —; Edges —
   Internal Structure —; Consistence —
   Optical Characters —
   Magnified —
   Gas Bubbles None
4. Changes in Medium: Consistence None
   Color —
   Odor —

c. Bouillon (reaction 1.5 acid) 48 hrs. at 35-36 °C:
Change in transparency Opaque, appeared 24 hours after growth;
Change in color Light buff tint, appeared 24 hours after growth;
Character of growth producing turbidity Fine granular
Presence and character of surface growth None
Presence and character of deposit None
Odor ; change in reaction

c1. Fermentation in Glucose, Lactose, Saccharose, Bouillon:

Time of growth	G. 96 hrs.	G. hrs	G. hrs	L. hrs.	L. hrs.	L. hrs.	S. hrs.	S. hrs.	S. hrs.
Amount of gas	none								
Pressure of air									
Temperature	35-36								

Absorbed by Na OH
HCO_2 ratio
Relative growth in arms of fermentation tube
Special characteristics of growth in above

c2. Acid production no acid in 10 days; Peptone production
Indol production slightly positive, shows not; Diastatic ferments
Reduction of Nitrates; Invertin ferments
Phenol production

d. MILK: (°C.)
Does not curdle after 14 hours; character of curd ; effect of boiling
Whey
Gas
Reaction
Digestion
Peptones
Color ; odor
Consistence
Litmus milk Faintly acid, not curdled in 48 hrs

e. BLOODSERUM: 48 hrs. at 35-36 °C., shows colonies of
Extent 1-2 mm.; Form ; Elevation Raised,
Edges Undulate; Internal Structure Repeat strong; Color Grayish white
Liquefaction None; Odor ; Color of medium Brown
Optical characters Translucent
Consistence Moist
Magnified Same as above

f. POTATO: 48 hrs. at 35-36 °C., shows colonies of The growth is moist & invisible
Extent ; Form ; Elevation
Edges ; Internal Structure ; Color
Liquefaction ; Odor ; Color of medium
Optical characters
Consistence
Magnified

OPTIMUM TEMPERATURE °C.; Limits of Temperature °C. to °C.
THERMAL DEATH POINT °C. minutes exposure
ANAEROBIC CONDITIONS

SPECIAL MEDIA Lactose Litmus Agar No Change in 72 hrs.
Elsner's Potato medium No growth in 24 hrs.

PIGMENT AND ITS PHYSICAL CHARACTERS

PATHOGENESIS

MEDICAL DEPARTMENT
U. of T.
GALVESTON.

1. Explain what is meant by catalysis & give example.
2. Prep. prop. & uses of I.
3. Give " " & occurrence of Oxalic Acid.
4. " formula for salsoda, sal prunelle, carbolic acid, hypophosphorie acid, saleratus, magnesia U.S.P. acetone & Chloral hydrate.
5. Process of est. of Cl in potable waters & explain significance of increase of Cl in potable waters.
6. Describe prep. of Ferrous Carbonate & name official prep. which contain it.
7. Describe the diazo-reaction in urine & explain the importance.
8. Give process of est. C, H, & O in organic substances.
9. Describe prep & prop. of $CHCl_3$ & reactions.
10. Give name of substances having formula $C_6H_{10}O_5$ & tell what class of substances to which they

belong. Tell what you know about the important members of this class.

11. Give graphic formula for sal-phonal, salicylic acid, antefebrin, phenacetin, resorcin, nitro-glycerin, acetic ether & benzoic acid.

12. Chem. names of