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

VOL. 4.

OCTOBER, 1900.

No. 1

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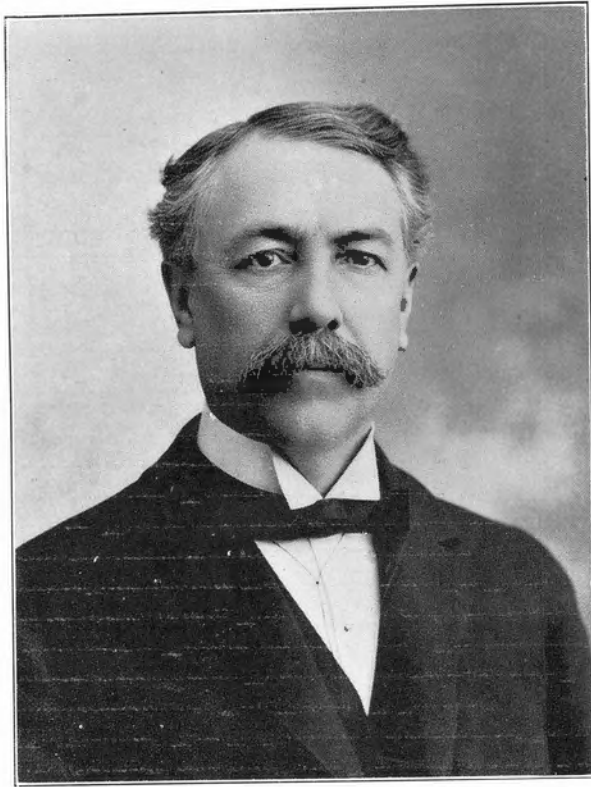
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# The O. M. C. Pulse.

VOLUME IV.

OCTOBER, 1900.

NUMBER 1

## EXOPHTHALMIC GOITRE.

BY W. S. GIBBS, M. D.

If I were to define Exophthalmic Goitre, I would say it was a disease which is characterized by protruding eye-balls, hypertrophy of the thyroid gland, rapid heart and great tremor.

The earliest reliable data on this subject which I have been able to find is an account given by Caleb Hillier Parry in 1825, in which account he speaks of a case seen by him in 1786, which was probably typical.

Writers disagree in regard to the causation of his disease, some alleging that it is caused by deranged function of the thyroid gland; others claiming that it is seated in the cerebro-spinal axis somewhere, and others that it probably originates in some of the central ganglia of the sympathetic system. When we consider the various phenomena presented in Exophthalmic Goitre it is difficult to imagine how it can possibly be primarily caused by any operation of the thyroid itself. In some instances we find the Thyroid uni-laterally enlarged and that the Exophthalmus is also unilateral. In some cases we find one prominent symptom at the beginning of an attack and in another case we will find some other prominent symptom commencing the attack. In some instances the enlargement of the Thyroid gland occurs only after there is great protrusion of the eye-balls, great rapidity of the heart's action and tremor present.

Pathologically lesions of the cerebro-spinal axis or of the sympathetic system have not been found, which would contra-indicate somewhat perhaps, the possibility of its being of nervous origin, but we also find in many of the nervous diseases that the pathology is not appaent. In view of the fact of the diversity of the nervous phenomena presented in these cases I am of the opinion that we are justified in considering it of ganglionic origin.

The etiological factors which lead up to its production are such as to render this conclusion justifiable. All writers



agree that it occurs frequently after a severe shock, great grief or great nervous strain. Hereditary conditions seem to favor the idea of its being of nervous origin, at least it seems to be closely allied to cretinism, acromegaly and strumous conditions. Persons are more frequently affected between the ages of fifteen and thirty-five, and females are many times more liable to this disease than males.

Pathologically it appears that the protrusion of the eye-balls is caused by the deposition of fat and the dilatation of the blood vessels behind the eye. This sometimes is so great as to force the eye-balls, one or both, even out of the socket, rendering the closure of the lids impossible, and appearing to stretch the upper lid and widen the aperture of the eye, rendering the lids straighter and thinner, and lessening the power to wink, producing what is known as Dalrymple's Sign, Stellwag's Sign, Graefe's Sign, etc.

The pathology of the Thyroid shows hypertrophic condition of the parenchyma of the gland with enlargement of the arteries and veins. The heart is sometimes hypertrophic and dilated, the hypertrophy and dilation being general and not producing marked displacements in the organ. Other pathological conditions are present in many cases affecting the tegumentary surface, among which may be mentioned Urticaria and Eczema. Sometimes the skin shows a discoloration, cachexia.

The development of the disease in its progress shows frequently the results of the pathological condition of the heart, notably: Ascites, Hydro-thorax, Hydro pericardium, passive congestion of the liver, kidneys and spleen, and in many instances general Anasarca resulting in great dyspnoea.

The symptomology is palpitation of the heart, protrusion of the eye-balls (which, it is alleged by some, does not affect the vision. My observation, however, is that in some instances the vision is affected somewhat, patients complaining of objects moving rapidly in front of them), enlargement of the Thyroid gland, general nervousness, more or less sleeplessness, and general weakness.

In the diagnosis, the early symptoms may not be very marked and might easily be mistaken, as has frequently been done, for some heart lesion or simple goitre, or for some disease of the eyes. It should always be remembered that it is not necessary that all the cardinal symptoms which have been spoken of, viz: exophthalmos, hypertrophy of the Thyroid, rapid heart and tremor are necessarily present, for we find that two or more of

them may be absent, particularly in the early stages of the disease. Any two of these important symptoms being present in marked degree would lend a strong suspicion that the individual was suffering from what is termed Exophthalmic Goitre. As the case advances, sooner or later all the cardinal symptoms are developed. The Thyroid becomes more and more enlarged, the eye balls more and more protruding; the heart's action more and more rapid until its pulsations are 140 to 160 per minute, and finally it becomes so rapid that it cannot be counted; the tremor increases, general nervousness increases; the derangements of the digestive system come on, nausea and vomiting sometimes finally ensue, and the dropsies to which we referred in our remarks on pathology.

In making our diagnosis we should be guided by the symptoms which have been spoken of, including the various signs laid down by Basedow and others. In examining the heart we will find in the early stages that while it is rapid there are no valvular lesions present; that it is simply rapid and nervous; that tremor exists in the heart muscle. Sometimes later on the heart becomes very irregular and we may find various abnormal valvular murmurs. We should also take into account particularly in the early stages, the exciting cause, if it can be ascertained, great excitement, shock, great grief and struma. I think with careful attention to all these points, correct diagnosis can usually be made. The duration may extend over two to four years.

The prognosis in many instances is fatal, while spontaneous recoveries sometimes occur. This means without proper treatment.

The treatment is that to which I specially desire to call our attention. In the first place it is very important to the successful treatment of this disease that an early and correct diagnosis should be made, for it is where an early diagnosis is made that the treatment will be most successful. It has been my fortune within the last five or eight years to have treated several cases, all of which except one have made satisfactory progress toward recovery. The one case to which I refer had been attended for about two years before it came under my observation, a correct diagnosis not having been made, the physician telling the people and the patient that she, a young lady, was suffering from organic heart disease primarily. Under treatment for a short time this patient rapidly improved and so much that they discontinued any treatment at all until a relapse occurred, which proved suddenly fatal.

It is alleged by many medical writers that the best treatment

is surgical; that the removal of the thyroid gland is essential to the recovery. This is the treatment urged by those who claim that the disease is due to deranged function of the organ. Statistics, however, show that this operation is eminently unsuccessful; that extirpation of the gland is followed usually either suddenly or in a short time by death. Others claim that partial extirpation, that is removal of one lobe is more successful, thus cutting down the increased function of the gland. This, however, has been more successful than complete extirpation, but it also fails. Ligation of the arteries and excision of the nerves which supply the gland have been tried and these also have failed often.

I am of the opinion that there is no treatment known today which is always successful in producing a favorable result. That treatment which I have followed and which has in my hands seemed to be most successful, is the administration of digitalis and strychnine. The hypodermic administration of 1-100 grain of digitalin and 1-40 grain of the nitrate of strychnia administered every four hours has proven of very great benefit in all these cases. That it may be administered *per aurum* in the form of tincture of digitalis and tablets of strychnia is also true. This treatment is indicated particularly and its continuance is indicated in all those cases which have produced dropsies.

I have a case in my mind, a gentleman about thirty-eight years old, a German farmer, who came under my care with general Ansarca. He had all the cardinal symptoms present of exophthalmic goitre. These occurred first, resulting in the other general dropsical symptoms. The pulse was uncountable; on auscultation no valvular sounds whatever could be heard; the man was unable to lie down; he had extreme dyspepsia. The temperature was slightly above normal. The liver, which was passively congested, was so large that its lower border extended to the crest of the ilium and to the umbelicus, which could only be palpated after the ascites had somewhat subsided. In this case the patient was taken to the hospital, placed in bed in a sitting posture, bolstered up in bed and kept warm so that the skin was continuously moist. For immediate stimulation we administered aromatic spirits of ammonia every twenty minutes, twenty drops. Hypodermatic introduction of 1-100 grain of digitalin and 1-40 grain of strychnia nitrate at first every six hours. We also administered Sal Rochelle one drachm in one-fourth glass of water, with a little lemon juice squeezed in, every two hours. The bowels

were kept freely acting. The digitalin and the strychnia was increased in a day or two up to 1-100 of a grain of digitalin and 1-40 grain of strychnia every four hours. His diet was liquid. Under this treatment the dropsy rapidly subsided and in two weeks was nearly all gone. The patient remained in the hospital four weeks, when all the symptoms of dropsy had entirely disappeared and the man instead of measuring about 50 inches around the abdomen now measured about 26. The liver had assumed its normal relations and size; the heart had subsided in its action down to 80 beats per minute; no valvular sound could be heard on auscultation; it seemed of normal size; the appetite improved; the man was able to walk around. Added to this treatment; as soon as the dropsy had sufficiently subsided, we administered extract of Thyroid 3 grains three times a day. The three grains three times a day produced bad results, causing a more rapid action of the heart, dyspnoea and return of the symptoms. I was of the opinion that this was because we were giving too much so we cut it down to 3 grains per day, one grain three times a day. Under this treatment the man again improved, we continued, of course, the strychnia and digitalis. After a short time he became tolerant to the extract of Thyroid and we were soon able to administer three grains three times a day with very beneficial results. This man went home to the country and went out of my immediate observation, but I have had a letter from him stating that he was still doing well. I see no reason why he should not make a happy, and ultimately, a perfectly successful recovery.

I want to call your attention to another case, a Miss S——, aged about 16 years, who lives in Omaha, a High School girl of German extraction, also, of good family history, but who, after a severe fright and great nervous strain came to my office for treatment, and after a few examinations I came to the conclusion that she was developing Exophthalmic Goitre, which proved to be correct. This patient complained of seeing things in rapid motion in front of her eyes; she had enlargement of the Thyroid; she had a very rapid pulse, about 120; general weakness; but there was no protrusion of the eyeballs; there was no dropsy; there was no organic heart sound. This patient has been under my observation for several years now. The treatment at first was generally tonic. I did not administer the extract of Thyroid for some time. I did give tincture of digitalis twelve drops every twelve hours and the nitrate of strychnia 1-40 of a grain three times a day. This patient improved slowly, was able to continue



in school; finally, after graduating, went away to school and graduated, and has since been a successful person. I thought after a time that there was something lacking in the treatment. I put this patient on the extract of Thyroid; I found that she could not bear, to exceed a grain and a half twice a day at first; that this grain and a half twice a day had a very beneficial effect, reducing all the abnormal signs, and that she progressed favorably. After a time she became more tolerant of it and was able to bear three grains three times a day. This, I may say, has been the largest amount that I have ever administered to any patient in a single day. I am of the opinion that when we sufficiently learn the influence of the extract of Thyroid on this disease, its therapeutic application, that we shall find in it a remedy which is at least very beneficial in the treatment of these cases, if not specific in its action.

Of course, in the treatment of all these cases any symptoms which may arise which are not directly attributable to the Exophthalmic Goitre must be met as they arise. For instance, hysteria, should be met by its appropriate treatment; constipation should be met by its appropriate treatment; insufficient diureses should be met by its appropriate treatment. Of course we should treat these cases on general principles, but this plan of treatment has been the most successful in my hands.

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### SUCCESS.

Opening address delivered by WM. B. ELY, M. D., of Ainsworth, Neb., at the College, Tuesday evening, September 25th.

It is the usual practice of the medical school to reserve to the end of the prescribed course the general subject, a phase or two of which I propose to discuss before you this evening. The rule is to concentrate the student's attention upon the fundamental sciences and their application to the treatment of disease; impersonal disease in contradistinction to sick *people*. The sick *man*—and the anxious friends with whom he is surrounded, a matter quite as important from a practical standpoint—gets little consideration comparatively. And, considering the fundamental necessity to the physician of a thorough intimacy with these sciences, their continually increasing number and the shortness of the course, there is no room for just criticism that the personality and the idiosyncracies of the sick should occupy so subordinate a place in the curriculum. Such attention as this subject does receive is usually condensed into a single lecture at the

end of the last term of the last year, in which the neophyte is given a glimpse of the arcana of medical realism; but a glimpse so evanescent as to be of little or no use or benefit to him in his after struggles at the solution of the bread-and-butter problem as a practicing physician.

My own mature judgment is, that some of the practical side of the medical life should be brought to the student's attention and its true character impressed upon his mind early in the course; at its very beginning—before the beginning even—before he has committed himself to it by actual entrance upon its studies.

The young man who contemplates devoting himself to such a form of service, is entitled to receive, at the hands of one who has passed through it, some adequate idea of the real inner nature of that which he proposes to take upon himself, and the profession owes it to itself, in sheer self-protection, if for no other reason, to enlighten him. For, I am persuaded that the ranks of frank charlatanism are largely—almost wholly probably—recruited from the great army of professional disappointments; and not this alone, but also that the prevalence of pretty much every form of medical "fadism" among the laity (osteopathy, christian science, Weltmarism, magic healing and all their congeners and progeny) is traceable directly to lines of conduct grounded in a lack of any just comprehension, within the body of the profession itself, of the limitations between which only may practical medical work be successfully prosecuted; lines of conduct resulting from the extravagantly distorted notions concerning the philosophy of medicine as a vocation by which to earn a livelihood, of what constitutes professional success and of the methods by which it is to be worked out, which, existing almost universally among the laity, are carried into the profession by the average medical student, and, if not corrected at the very beginning of his career, become a powerful influence for evil all through it.

The phases of medical realism which might be of interest to you and their consideration a matter of profit, are abundant enough, but I have chosen that one which comes first in order in the young doctor's experience, as it is first in importance to him throughout his whole career. It was his chief thought when for the first time he crossed the threshold of the lecture-room, and anticipations of it sustain him through all the trials and perplexities of his college course. From the moment he determines to enroll himself as a medical student till the preparatory course is completed and he steps out before the world a full-fledged doc-

tor, the theme of his thought by day and the substratum of all his dreams by night, is the grand success for the achievement of which he is to devote all his powers. It is stamped upon his retina in letters of gold, and wherever he looks its dazzling resplendency is perpetually before him.

But, gentlemen, who of you have given a thought to the means whereby the success you so fondly dream of, is to be carved out? How many have the remotest idea of the details of the process? In how many of your minds does it exist otherwise than as an achieved reality; siezed in its entirety; the goal reached, the work of getting there all done. Imagination skips tedious details; it jumps from conception to accomplishment at a single bound.

Oh! But how I envy you your visions! You see yourselves with reputations firmly established in your community, driven from door to door in the aristocratic portion of the city, your services sought after by the wealthy and influential, your office hour crowded with an anxious throng seeking one moment of your precious time, and with your name upon the applauding lips of your professional brethren and associated for ages to come with that science—revolutionizing, world astonishing discovery you are to work out. What is there thinkable you will not accomplish? New operations! Perfected technique over the old! New serums or other agencies which shall bring the whole nosology within the category of the “preventable” or the “curable” and so sickness and death be banished from the world.

Ah! Well-a-day! It’s a pity to disturb the gossimer thread which fancy is weaving into a pattern so delightful, for you’ll waken from your dreams all too soon to the grim realization that the figures which have so enchanted you are worked upon a foundation all coarse haircloth and burlaps. The artful Jade shows you the silken outside only, nor will she give a single glimpse of the background’s bristling harshness, till the garment is thrown upon your shoulders. Then ’twill not be long till you discover its airy lightness to be weighted down with leaden care, and every nerve of your sensitive nature feel the torture of its cowhage lining.

You are dreaming of success; good—excellent!—but of what sort of a success? Success in what? In what direction? What is the precise goal of your ambitious longings? Is it disinterested service to your suffering fellowmen; purely philanthropic? Is it the glory of professional renown? Is it the advancement of medical science and the perfection of medical art?

Or is your dream of material success only the acquisition and accumulation of wealth merely? In a word: Is your dream a dream of professional success with all the labor, disappointments and self-denial inseparably associated with it? Or is it of material success alone? What is your meteward of success in the profession you have chosen?

Your decision upon these questions will determine your future professional course, for, in the life you have chosen, success in both directions is a practical impossibility for the average man. "As truth owns me for an honest teller," I am obliged to confess to you that many, all too many, of the brightest lights in medicine fail utterly of carving out material success, and, on the othe rhand, that the number of professional failures who succeed financially far beyond the deserts of honest effort, is all too large for the honor of our calling. The limitations of our common humanity are such that none but a select few specially gifted ones, may hope for the enjoyment of both forms of success; a little coterie so *excessively* select that I sometimes doubt that it exists at all.

The possibilities of professional success lie open before you, so also does the road to financial success. But husband your resources; don't make the attempt to travel both roads, for if you do, it's a million to one you'll fail of both prizes. Finance in itself is a great science and a difficult art, and its devotees must serve the fickle Goddess with singleness of purpose or she turns her back upon them.

If there be one among you whose ideal of material success in his profession reaches beyond an income sufficient for his moderate needs, with a margin for savings large enough to accumulate a modest competency at the end of his years of usefulness, let him seek other fields for the exercise of his talents, for he has made a grave mistake in his choice of a calling. As sure as night follows the setting sun, so surely will he but add one to the long list of failures, if he does not do worse in utter professional wreck. Let him seek the fields of trade or manufacture in some one of their numerous branches—they are equally as honorable callings—and his talants will find more ample scope for their exercise. The world has no need for the financier-doctor, and the mantle of honorable medicine is not large enough to cover him.

This is a truth that ought to have wider recognition among the laity. The physician who gives to his profession all the thought and attention that its duties and responsibilities impera-



tively demand, like that eminent naturalist of Harvard, will "have no time for moneymaking." It is a questionable commendation of a doctor that he is a "moneymaker." That carries with it, *almost* of necessity, that he is a "commercial" doctor, and *he* is rather apt to be anything but a safe medical adviser; not necessarily because of any lack in his scientific attainments or for want of skill, but because in all men the commercial instinct reverses the telescope; it magnifies *meum* at the expense of *tuum*. The commercial and the scientific instincts are antagonistic to each other. So that the general public cannot go far wrong in the conclusion that, in the measure that a given physician is a financial success; i. e., that he accumulates wealth and has diversified financial interests, he will be a professional failure. When the time comes that you get a clear view of the inside of the profession, you will find that this conclusion is borne out by the facts of your observation. Bear in mind, I do not say that the genius has disappeared from the world, and that the combination in the same individual of medical capacity with large financial sense, is an impossibility, for probably it is not; but what I do wish you to understand is, that their union in the same person is so rare an occurrence as to make it a contingency that may be disregarded without danger of doing injustice to any one more than once in a lifetime. The rule is so nearly universal that society would be nearer right than in most of its unwritten laws, if it assumed the money-making doctor to be incompetent till he proves himself to be both competent and trustworthy. Instead of the assumption being, as it now is, in his favor, it should be against him, and the burden of proof placed upon his shoulders. Popular sentiment should compel the financier doctor to abandon medicine, rather than to accept his half-hearted service.

But don't misunderstand! Far be it from me to advise neglect of the business side of our profession; we have no right to do so. We owe it to ourselves; we owe it to our families and we owe it to society that we give earnest attention to it. Neglect of it ties our hands for the best work and is the surest road to disrepute, not of ourselves alone, but of the calling we represent.

But what is the business side of medicine? For medicine is unique in this, that it is an adaptation of scientific knowledge, of which society at large is profoundly ignorant, to the purposes of earning a livelihood. It is two sided. There is a scientific side, and there is a business side, and the too exclusive persuance of one is pretty sure to entail neglect of the other. It is possible to be too mercenary, but it is also entirely possible to be too

deeply devoted to the purely scientific side of our calling, either for our own well being or for the accomplishment of the best professional work. It is precisely here that the line of cleavage separates honorable, legitimate medical practice from quackery and imposture. Failure to recognize the precise limitation of medicine as a business proposition, has led thousands over the barriers of legitimate medicine into the fins of quackery, and that too without conscious design on their part.

Precisely what, then, is the doctor's "business?" Wherein is it analogous to other forms of business enterprise; say finance or trade?

In these the moving spirit is money-making, accumulation; and individual success is very properly measured by the amount of money made and the size of the accumulation. The arts by which success in them is won, are the arts of crowding their wares upon the public at prices "as high as the traffic will bear." In a general way, the public is as familiar with their quality and worth as is the tradesman who handles them, so that, in the contest over their price between the public and the tradesman both parties meet on fairly equal ground, and, in the long run, the public wins by forcing the price down to the lowest living level. The salient point is, that in trade, the crucial test of excellence is the amount of money made, and the degree to which the individual concentrates his powers to that end, a work in which the minor moral lapses are taken for granted by society and are very liberally discounted. This is the ideal of trade and of "business" in general.

In practical medicine, on the contrary, the moving spirit, the controlling, energizing impulse to effort, is ardor for excellence in the quality of its work, and the measure of success, is the degree of excellence achieved, the money return being an assumed sequence, but a subordinate consideration; a by-product, so to speak. So that it is entirely possible to work out the most brilliant success as a physician upon a very small basis of money-making—a condition of things unthinkable of trade. The doctor deals in a commodity the qualities of which are almost wholly unappreciated by the masses of the community, the ignorant masses and the educated classes pretty much alike, so that the public is profoundly incapable of making nice discriminations as to the excellence of our work. Whether or not the doctor's wares are wanted at all, or what they are worth when received, are subjects upon which the people have but hazy notions at best. In their blindness, they are almost totally dependent upon the

advice of the doctors themselves. It is much as though the public had to depend upon the tradesmen for advice as to when they need his wares, what kinds to buy, the quantity needed and at what price. If such conditions obtained in the "business" world, how long would it be before every penny of the wealth of the world would be in the hands of trade?

It is unnecessary to push the comparison farther. It is apparent at a glance that medicine considered as a "business proposition" bears no analogy whatever to any of those lines of effort which are usually included under the term "business." And this is the reason why every attempt to lay down so-called "business rules" for the conduct of our profession must, and without exception always has ended in egregious failure. The medical journals are filled with them, but not one that has come under my notice is of any value, except to him who is anxious to find a fair-looking excuse for the practice of "ethical quackery."

Specifically what, then, is the "business" side of medicine and what are its limitations?

As was stated a moment ago, the whole body social is ignorant of the quality of the doctor's work, in the fact that it knows practically nothing of the sciences which underlie medical practice. Worse than that, it is possessed of an immense store of medical misinformation. Sustained by a degree of self-confidence impossible to real knowledge, it is impatient to the last degree of contradiction, either direct or implied. The medical novice is often struck with astonishment at the fierce resentment called out by his well intentioned attempt to enlighten his patient—or some one of his near friends—upon his own physiology.

Now the doctor is the exclusive custodian and purveyor of medical science and art, but he is not a missionary for the general diffusion of the latest phases of medical thought and speculation. It is imperative, both on his own account and his patient's, that he dispenses the best the profession has to give, but the ignorant presumption of society is a continual obstacle in his way. Medical truth, pure and unmixed, agreeable as it is to us, is excessively repugnant to the popular taste; nauseous even, like the Attar of Roses, musk or ambergris, and like them, in order to render it acceptable to the people at large, it must needs be very greatly diluted with some harmless but agreeable excipient. So that one phase of the *real* business side of the doctor's profession is to pharmacy his medical knowledge to suit the tastes and capacities of such of the laity as he comes in contact with. Skill in this phase of our "business," is acquired by a minute and careful

study of each person with whom we come in contact, to discover his special prepossessions, mental idiosyncracies, scientific hobbies and medical whims, with a view to such variations and modifications in our intellectual pharmacy as will suit each individual's palate, using this excipient for one person, that diluent for another and the other for the next, striving to give to each that which will be most acceptable. And the doctor's success as a *businessman* in his real business relation to the community, will be commensurate with his resources in the way of promptly available excipients and acceptable diluents for such scientific truth as the exigencies of his practice advise him should be administered. If he be *very* astute and more than ordinarily resourceful, each of his clientele, both immediate and prospective, will receive that which, to him, is especially palatable, like the various liquors poured from Hermann's famous magic bottle. That doctor will be received into the *sanctum sanctorum* of every one's heart's affections. His practice will grow to limits measured only by his capacities for labor, because he escapes the disastrous consequences of attempting to bend the community's false preconceptions at too great an angle, but corrects them along lines so nearly parallel to them that every one imagines the doctor to be in essential agreement with him upon his darling fad.

But there is one other element in the business side of the profession. The doctor must have money—and must is the word. Money is an indispensable requisite in any and every direction of usefulness, and medical work is no exception to the general rule. To that end fees earned must be collected; and again must is the word. The doctor owes it to himself as a man and to the excellence of his work, to collect them; he owes it to those who are dependent upon him, in order that he may provide for them; he owes it to the continued respectability of his vocation, to collect them, and he owes it to his patrons themselves that they pay for his services, subject only to the exception in favor of self-confessed paupers. Fees left uncollected from those able to pay them, are seeds of enmity sown in a rich soil, which spring up in contempt, not alone for the negligent doctor himself, but for medicine and all it represents, and militate against professional success more than positive ignorance upon medical subjects. Gentlemen, if you forget everything else that has been said tonight, remember this; collect your fees, gently, easily, tactfully, if it be within your powers, but collect them as you fear failure and professional disgrace, in the eyes of the people themselves.



These two elements combined, the pharmacy of medical truth to suit the popular palate, and the collection of fees earned, constitute the whole of "medicine as a business proposition." The extension of one's practice and, hence, increase of his income, is no part whatever of the "business side" of the profession. These things must come, if at all, as the natural and necessary products of excellence in one's work, and in that fact they are part and parcel of the scientific side as subsidiary contingencies. The adoption of extraneous and artificial aids to spread one's reputation for superior knowledge and exceptional skill, it to adapt the business methods of trade, with all their moral and ethical obliquity, to the scientific side of medicine, and, as scientific truth and honesty are the controlling nerve centers of professional success, the very life and perpetuity of the profession are jeopardized by resort to them; it is the very essence of "commercialism" and a long step into the realm of quackery. The doctor who has trod the paths of professional "enterprise" long enough to feel at home in them, has but a very—*very* short and easy step between him and frank charlatanism and imposture.

Truth lies in the center of a hair. The boundary between truth and falsehood, right and wrong, honor and dishonor, is a mathematical line, easily crossed and recrossed in entire unconsciousness. It is only when one is well over the line that he becomes aware of his position, but the line of cleavage between legitimate medicine and quackery requires no microscope nor a lifetime of study for its discovery. It is the line which separates the doctor's financial interests from scientific truth, and he broaches over it every time he permits them to qualify his professional advice. And this is the reason that the mantle of honorable medicine cannot be stretched so as to cover the financier-doctor. The law is inexorable. He who would remain within the pale of legitimate medicine, must hold his material interests rigorously subordinated to and dependant upon his professional success as exemplified in the excellence of his professional work. The moment he permits them to override his ardor for scientific truth, that moment he steps down into the reeking slough of quackery; a price upon his honor; his probity, for sale; his integrity, a joke; his manhood debauched and his professional career an utter wreck.

Gentlemen, the prejudice of the laity to the contrary notwithstanding, it is not professional bigotry, but even-handed justice that places the quack lowest in the scale of human degenerates. The quality of moral obliquity is to be estimated by the

moral perceptions violated. Consider the relation of the physician to society, and its utter dependance upon him. Without the meteward for intelligent estimation of his work except the bald fact of recovery or death, it must accept him, if at all, upon trust; and it is a trust, not alone in his scientific knowledge and skill, but in his honor and integrity as a man also; it is a faith and confidence not unlike that of the child's trust in his parents. All the possibilities of the doctor's usefulness to society rest in its well nigh blind confidence, and to prove false to such a trust from motives of mere gain, is the sum total of all baseness, in that it must trample under foot every moral consideration, ethical principle and religious precept. The father who robs his child of its inheritance and sends him out into the world a helpless beggar, or the mother who so debauches her maternal instincts as to play the procuress' game upon her daughter, are venial offenders in comparison to him who makes the hour of humanity's pain and **anxious** fear his opportunity for trading upon its trusting confidence. And all this is contained in "commercialism" or professional "enterprise." Strip this Mokanna of medicine of its veil of quasi respectability, and the hideous monstrosity of quackery stands revealed in all its graceless deformity. The quack is in the nature of a thief, but a thief beside whom the ordinary sneak-thief is a gentleman; an imposter, in comparison with whom the bunco-steerer is a man of honor, straight-forward and upright; a sharper, but beneath the notice of the "green-goods" man. The ravisher of innocence is an angel of light beside him. Taking him all in all, he is the type of a human degenerate some degrees lower than the brothel-keeper.

In all other "business propositions" there are limitations where considerations of honor and truth become restraints upon avarice, and even in those lowest departments of business enterprise, the extra-legal, there are bounds where human sympathy rises up as a check upon greed, but quackery knows no such limitations; "everything is grist that comes to its mill."

But, my friends, think you the quack became such by deliberate choice? Did he enter upon the medical life with the cold-blooded purpose to become a soulless shark? By no means; not one in a thousand. What moral cataclysm, then, plunged him into the abyss? None whatever. He is simply one of the professional misfits, the victim of an unfortunate choice in his vocation. In the fields of finance, manufacture or trade, very many of them would have filled estimable places in the body social. Dirt is matted clean enough in itself, but out of place. The quack

is social dirt; a misplaced social unit. He is the natural development of the distorted notions of the practical side of medicine which obtain among the laity, and with which the average medical student enters upon his preliminary work, and the guide is recruited from both extremes of professional misfit, those whose instincts are ultra-commercial at one end of the scale, and the sentimentally scientific and humanitarian at the other. If they do not discover the unfitness of the profession for them early in their medical career and get out of it in disgust, the one at its vapidity and the other at its "hypocrisy," the former will gravitate into quackery as naturally as a duck takes to water, while the latter, after a variable period of futile effort at winning confidence, unable to distinguish between the tact which pharmacies use its medical knowledge to suit the popular taste and outright falsification and deception, finally adopt the latter as the easiest alternative, and on the whole the most honorable road to financial success, steps over the line soured, misanthropic and cynical. Many of these, could they have started out with a clear perception of the actual business side of practical medicine, might have been saved to an honorable career and won a fair measure of professional success, brilliant perhaps, but most of them are so utterly lacking in native aptitude for winning public confidence in any bread-winning field of effort that they usually fail of securing more than a precarious living even in the domain of quackery. In truth, to be a successful quack, one must needs have all the shrewd tactfulness of the confidence man.

Gentlemen, the road to success in the profession you have chosen, even for the specially gifted, is anything but a path of roses. If intelligent appreciation of your work be essential to your happiness and contentment in it; if unguarded license of speech in matters of medical science and art, is your conception of honesty and probity, and if the acquisition of wealth be your ideal of a successful life, you will find the pathway thorny indeed, with all the chances in favor of professional failure if you escape the reeking slough of frank quackery. But, on the other hand, if the appreciation of your fellow workers, the consciousness of well doing, a seat upon the very throne in the heart's affections of your clientele, pleasure in the work itself for the good it does and the gratitude it inspires, the respect of the community in which you live and an income large enough for your modest needs, form a satisfying picture of success; if you are content to think a vast deal which shall find no utterance outside the closed circle of the profession, and so to qualify your science to the laity

as to avoid too violent disturbance of its preconceived notions; and if, in addition to all this, your natural aptitudes are dominated by approbateness rather than combativeness, the asperities of your professional pathway will be smoothed, and the hair-cloth background of your professional garment fleece-lined and worn with unalloyed pleasure and comfort.

To him who is fitted by nature for the duties and responsibilities of the medical profession, I know of no more satisfactory calling, delightful even, by which to earn a livelihood; but he who is lacking in aptitude for it, whether it be from want of practical "horse-sense" in a too intense ardor for pure science or from overweening thirst for wealth, will find it a veritable gehenna of unsatisfied longings, of high hopes blasted and noble purposes perpetually frustrated.

Heaven grant that your dreams of success may be realized to the full. But the goal of your ambition is not to be reached except as you employ the means. Study, then, with singleness of purpose, every item of the course prescribed for you; you'll find when once you get into the harness that there's none too much of it. There's not a line you can afford to skip. Ground yourselves thoroughly in all the scientific framework of your profession; it is indispensably requisite; no doctor can be trustworthy without it. But remember this: Your diploma is the certificate merely that you are prepared for entrance upon that greater and infinitely more complex course of study, the study of humanity, which is to fit you to dispense successfully the knowledge you are gaining here, and whether you go out to a realization of the dreams which now are so alluring or to failure and utter wreck, will be determined, finally, by the fruit you gather from this latter course. Here you are acquiring *knowledge*; there you are to learn wisdom to make your knowledge useful, and the measure of your success will be the extent of your usefulness.

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It is very pleasing indeed to note the great interest manifested in athletics by the faculty and students of the college. Dr. Milroy's short talk on what might be termed "Mental Hygiene," was quite sufficient to assure the students of the entire co-operation of the faculty in these struggles for supremacy, physically as well as mentally. We hope that the enthusiasm so energetically displayed at our last game of foot ball will grow stronger with each successive game.



# The O. M. C. Pulse.

Volume 4.

Number 1

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## Editorial.

THE PULSE takes great pleasure in presenting the half tone cut of Dr. W. S. Gibbs, who has held various chairs in the Omaha Medical College since its birth, and at present has the chair of Practice of Medicine, and also holds a medical clinic Thursdays and Saturdays at the college. The doctor's article on Exophthalmic Goitre, coming as it does from the pen of one who has for 25 years had the opportunity of observing these cases, will surely be interesting as well as very instructive.

The college opened September 25th with an outlook for its twentieth year, which speaks well for the untiring efforts of the faculty to make this school one of the leading colleges of medicine in the west. The address by Dr. W. B. Ely of Ainsworth, Neb., which appears in full elsewhere in this issue, was very appropriate at this occasion and its subject, "Success," can surely be applied to the career of O. M. C.

In summing up the deaths from tuberculosis and comparing them with other diseases, it is truly appalling how this dreadful giant of all diseases has the supremacy. The various medical associations throughout the country are beginning to realize more than ever the ferocious onset of this disease and already some states are isolating consumptives, a step which can not be too highly praised.

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The college is very fortunate in securing the services of Rev. W. P. Patton as clerk. There has long been a desire for such an official at the college and THE PULSE extends a hearty welcome to our new official.

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We are glad to welcome Drs. Jonas and Lowry back from their trans-Atlantic trip, where they were delegates to the International Medical Congress at Paris.

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A college pin would not be a superfluous article. Why not have one?

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## Alumni Department.

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G. H. BICKNELL, M. D., Editor.

Dr. Leeper, class of '93, who was located for several years at Caspar, Wyo., has accepted a commission as surgeon in the army in the Philippine islands.

Dr. Alfred O. Peterson has been post graduating in New York the past summer. He is located at Sixteenth and Howard streets and continues to hold his position as lecturer in Biology and Embryology in the O. M. C.

Dr. George Mogridge, class of '94, has been appointed lecturer in Arrested Development in the Omaha Medical College. It is needless to say to those who know the Doctor that his lectures will be both interesting and instructive to the students.

Dr. H. B. Lemere, having just finished extensive post graduate work in New York, is now located in the Paxton Block. He will limit his practice to diseases of the eye, ear, nose and throat.

Dr. Albert P. Fitzsimmons has just finished a year's service

in the United States army in the Philippines and is now on his way home. He saw also several months' service in the Third Nebraska regiment in the south and in Cuba.

O. M. C. Alumni will be sorry to learn of the death of Dr. C. C. Crawl, which occurred early in October, as the result of being thrown from a buggy by a runaway team some days previous. He was a graduate of the class of '96 and was located at Randolph, Neb., where by reason of his professional and social qualifications he had acquired an extensive practice.

About two months ago an effort was made to secure a corrected list of the addresses of the O. M. C. Alumni. At a considerable expense of time and money a circular letter, a copy of which will be found below, was printed and sent to each alumnus whose address was known to us. Up to date we have heard from only about forty out of over two hundred, who must have received the letter. We should be pleased even at this late hour to hear from others.

Omaha, Neb., Aug. 15th, 1900.

Dear Doctor: Enclosed you will find a list of the Alumni of the Omaha Medical College, with the addresses, so far as known to us. Many of the addresses as given are doubtless incorrect and you will confer a favor upon the college and the Alumni association if you will make such corrections as your knowledge may enable you to do, and return to me the enclosed list.

We are desirous of organizing a society, semi-medical and semi-social in character, composed of O. M. C. Alumni, to meet once a year in Omaha.

The program would be three or four papers on medical subjects, with discussions, followed by a supper at some hotel where toasts and general good fellowship would be the order of the remainder of the evening.

We have at present about twenty-five Alumni in Omaha and as many more close enough to attend such a meeting.

Among this number are many who are able to take an active part in the program, and such a reunion once a year will certainly do us all good.

If you are at all interested in the project let us know at once and you will hear from us again soon. Fraternaly yours,

GEORGE H. BICKNELL,  
President Alumni Association.

## Athletic Department.

OLIVER CHAMBERS, '03, Editor.

The opening of the foot ball season has found the O. M. C. boys strictly in the game. Two games have been played and as a result no scores have been made against "Dad" Moore's young giants. Every man on the team is playing a heroic game as the scores will show.

The faculty were liberal in their contributions this year to sustain a team and with what has been done by subscriptions by the students has warranted Manager Lee in arranging a schedule of games with about a dozen of the leading colleges of this section of the country.

The first game was played at Bellevue college October 13 and resulted in a score of 23 to 0 in the Medics favor.

About a hundred of the Dents and Medics went down to see the Presbyterians meet their Waterloo. From the minute the ball was kicked off by the Bellevue captain to the 10 yard line, there was a continuous round of hard line bucks and long end runs which resulted in gains from 2 to 15 yards at every scrimmage. In just five minutes the ball went over the line for a touch down. Moore then kicked goal and the score stood 6 to 0 in favor of the O. M. C.

The next eight minutes were spent in the same fast playing and Karr dashed through the enemy's line for eight yards, which landed the pig skin high and dry over chalk line, giving six more points to list of scores.

Once during the first half the Bellevue boys got the ball behind their own goal on account of a fumble and after bucking their heads against the impregnable wall of saw-bones, resorted to a high kick in order to get the hog's hide out of danger.

The first half ended with the ball in the Medics possession, Lemar and Karr making regular gains toward the enemy's goal.

The second half was even faster than the first and two more touch downs were made with a single miss at goal kicking, making a final score of 23 to 0. The O. M. C. boys regret very much the injury sustained by Carlisle, who played efficiently at right tackle and will probably be compelled to keep out of the game for the rest of the season.

The second game of the season was the long-talked of meet with Creighton University and mingled with old-time memories of what had been done in the past and the way that Creighton



expected to change the old tune soon made things rather interesting. The Creighton team being greatly strengthened by a number of new men this year that were able to prove their records on the gridiron made the teams work hard and gave both sides reason for being confident if they played their strong game. Both institutions were well represented by both faculty and students at the game at Vinton street park last Saturday. The three coaches loaded by the classes made an excellent display and showed confidence as well as enthusiasm. The Medics were out en mass with their printed songs and brilliant display of gold and purple. The faculty were well represented and did not try to subject their interest in the game. Among others of the faculty who were present were Doctors Yeakel, Reynor, Stokes, Cish, Anderson and Milroy and Jonas.

The game opened by Creighton kicking off for 4 yards and Haller started it back 5 yards. By steady line buck the boys from up on the hill were forced to yield a few yards at each pass of the ball until Smith was called back and sent over the line for the first touch down.

The second half as usual was just the time when "Dad" got the team on its dignity and both teams had resolved to win. Fast playing was the feature of this half, with the O. M. C. constantly gaining and only losing the ball once on downs. Repeatedly Allen and Platt opened up Creighton's line for good gains. Haller blocked a kick by tearing part of his interference and Platt was on hand to fall on the ball within 10 yards of the goal line. On the kick off Creighton repeatedly kicked out of bounds over the side lines in the direction of Dr. Anderson's automobile. They hoped by so doing to force the Medics to kick in return, giving a chance for the "Johnnies" to know how the ball felt in their hands. But this lasted only for a minute when the Medics got the ball on downs. The game ended with a score of 23 to 0 in the doctors favor.

The winners were the guests of their faculty Saturday evening at Boyd's theater.

The following schedule of games has been arranged by Manager Lee, who deserves great credit for his untrying energy in doing his part towards making the foot ball season a rousing success: October 13, O. M. C. vs. Bellevue; Oct. 20, O. M. C. vs. Creighton; Oct. 27, O. M. C. vs. Hastings; Nov. 10, O. M. C. vs. Doane College; Nov. 17, O. M. C. vs. Lincoln Medics; Nov. 24, O. M. C. vs. Drake University, Des Moines; Thanksgiving Day, O. M. C. vs. Rush Medical College.

## Class Notes.

### SENIOR NOTES.

A. J. EMERSON, Editor.

J. F. Jones returned too late to be a candidate, hence he is the most popular man in the class.

Dr. Byron Lincoln (Stone) Perlee is president of an organization known as the "Tricacistic Trigon." Chapman and Bartholomew are his associates.

We extend congratulation to our classmate, H. A. Reichenbach, who on September 19, 1900, was married to Miss Bessie M. Stadhern of Albert Lee, Minn. And Henry returned to the O. M. C. just double the man that he used to be.

For the benefit of those gentlemanly juniors who permitted the senior class to work out its own destiny, the following is appended: The class campaign had waxed warm through the long summer months, so that when the combating brotherhood finally met on the old time battle field of No. 2, a hot time was anticipated and experienced. There were twenty present, and nominations began early, but the naming of the president was more marked by the number of the candidates than by the quality of the nominating speeches, for when the names of Tower, Allen, Dodge, Herron, Wilson and Smith were at last launched upon the sea of political uncertainty, the enthusiasm ran high and continued to climb higher and higher, until ballot by ballot the number of contending candidates were reduced to the two worthy opponents, Messrs. Tower and Allen.

The tension was too great, for at last when Mr. Allen won out by head and neck only, he swooned gracefully while Mr. Tower in his most congenial manner moved to make the vote unanimous—and the last president of the famous freshmen of '98—the seniors of "naughty-one" was chosen and the fight was finished.

It was here that B. W. Hall proved himself to be the Mark Hanna of '96 in management; the Bryan of today in oratory, by nominating Francis Allen Wells for the second place on the ticket. Tower came forth, as fresh as the daylight dew from his recent fight, and seconded Hall in his opinion; while Mr. Leisenring brought Nilsson again to the front with Fitzsimmons as

second, but "Fitz," failing to have the "Bob" to his name, let the feint fall shy and Wells espoused the cause of vice.

Robertson now ran into the ring as a favorite and received the unanimous vote of the class for secretary. Again Nilsson was brought out for treasurer with Wainwright as sparring companion; while Loechner appeared as "per schedule" and took the plum.

There was now nothing left but the editorship and when the poorest timber obtainable had been sacrificed Fitzsimmons made himself for ever famous by moving "that henceforth the class go in peace up the straight and narrow way that leadeth to brotherly love and eternal union"—and this happy motion was seconded by Gilmore's stentorian tone singing: "Hallelujah! Thine the Glory!" in which the entire class joined and peace and good will reigned as was manifest by:

S. B. Hall's bewildered face  
 Took on a pleasant smile;  
 And Gritzka with his clock in place  
 Wound the alarm the while.  
 Then Wilmoth seemed to be relieved,  
 And Reichenbach was glad.  
 While Hawthorn spoke with gaiety  
 As seemed to be the fad.  
 And then they called the editor,  
 (The poor unpolished cuss)  
 And had him give a poem there,  
 Which sounded something thus:  
 "Now when our year is over,  
 And they make us all M. D.'s—  
 When we're walking in the clover,  
 That is standing to our knees—  
 We will think of our elections,  
 And the scraps we all have won—  
 Then we'll smile instead of cursing,  
 For our fights have been but fun."

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#### JUNIOR CLASS NOTES.

B. W. CHRISTIE, Editor.

The class of 1902 is as active as ever.

McDowell's lecture from 2 to 4 Wednesday afternoons is well attended.

We are sorry to lose Hooper, Montgomery and Mrs. Davies,

but our gain of Kennedy, Heffelfinger, Jenkins and Hansen is gratifying. We understand that some of the class are seriously affected by the non appearance of Dr. Yeakel's favorite.

The class election resulted in a wise choice of able and efficient officers: Tinley, president; Rathbun, vice president, and Cooper, secretary and treasurer. The class has so many good men to choose from that it could hardly make a mistake.

Mantor's practice must have increased considerably, due to his skillful handling of that interesting case at the Brook's hotel, which he reported so fully to the class last year, for as yet he has not joined us. With his coming we will have an even forty.

A gorilla is difficult to capture because it is so strong, active and intelligent, but to a soldier nothing is impossible. From what we know of their habitat, I would not say they are found in the Philippines. Perhaps the knowledge of the mode of capture was obtained by following a side show when young.

### SOPHOMORE NOTES.

MAX KOETTER, Editor.

How about that bromo-seltzer?

Class Yell, well the less said the better.

What is the solubility of lanolin, J. P?

Class Song: "There are no flies on us."

Class Colors: Artillery red and navy blue.

We hope to see Melrose back before long.

Jungbluth is patriotic. He went home to register.

Avery spent his vacation in a drug store at Dunlap, Ia.

Ransom and Davies counted Uncle Sam's nephews and nieces.

J. P. Jensen and Koetter filled prescriptions at the college dispensary.

How would you like to be the ice man? Ask Pryer and Townsend.

Mrs. Ryerson had a very enjoyable time on the shores of Lake Michigan.

The sophomores seen marching through Creighton were Smith and Platt.

Miss Nielsen was engaged helping an Omaha firm make U. S. P. products.

When it comes to giving an anaesthetic, call on Harrison. He is a howling success.



Class Motto, revised up to date, "Do others as they would do you, and do them first?"

It is noticeable that the freshmen ladies we were going to toss never matriculated.

Jungbluth accumulated a vast amount of experience running a drug store at Schuyler.

Morrison succeeded in finding a new seat, much to the chagrin of Miss Erickson.

Dr. McCrae thinks Miss Job ought to have plenty of patients. What's in a name, after all?

Agee has been staying at the county hospital, where he occupies the position of nurse. Dry nurse, of course.

Vance stayed at home in Peru, where his experience was confined chiefly to the digesting of a square meal t. i. d.

While celebrating our victory over Creighton the other night, Vance and Neal accidentally got their feet wet.

From the way Bartlett collected the class dues, one would suppose he thought the money question was the paramount issue.

It appears that Platt also spent a profitable vacation, for he induced a young lady to leave her happy home for him. No flies on Platt.

We have had but one class meeting so far and that was an emergency meeting. It was found out afterwards, however, that no emergency existed.

Most of the students spent their vacations profitably, and it is safe to say we all learned something, although our books suffered very little wear.

Warner was the O. M. C. representative at Prospect Hill cemetery. He is in no way responsible, however, for the crowded condition of the ice box.

Jackson spent the summer practicing—the tonsorial art. It is reported he succeeded in performing a few operations without the aid of an anaesthetic.

Although some of our class have seen fit to attend other schools, and a few have found the study of medicine to be too much for them, yet most of us are here, as Mr. Patton and the freshmen will admit.

Wherry went to see the exposition at Paris and incidentally took in the rest of Europe. He came back just in time to find out he hadn't flunked in *Materia Medica*. Be sure you see the note book he bought for "tuppence" in London.

When our interest in medical topics wanes, we can always have politics to fall back on. Foremost among the politicians in

our class we have Agee and Avery, who are alive to the dangers of imperialism, and Platt and Pryer, the champions of the full dinner pail.

Our class has increased about fifty per cent since last year. The new men are: Osborn, Harrison, Beck, Black, Chambers, Clark, Kuhl, Lyman, McClymonds, Neal, Root, Spear, Stuckey, Tweedy and Walker. Most of them came from the University of Nebraska.

Eddy is not coming back. No more shall we see his pleasant grin; no more his shining goggles; no more shall his musical voice be heard instructing our professors; no more shall he linger near the Paxton hotel, waiting for him who came not. No, Eddy is not dead, he simply went to Chicago.

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### FRESHMEN NOTES.

E. A. MERRITT, Editor.

Colors: Pink and blue.

Class Motto: "Seca nec temere nec timide."

Class Yell: Rah! Rah! Rah! Rah! Zip Bah Boom, we're Fresh? men Medics, give us room.

Kerr, Merkle and Merritt have been appointed assistants in the chemical laboratory.

The present Freshmen class is one of the largest known in the history of the institution, there being thirty-eight members.

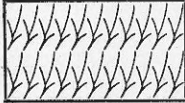
It has been necessary for a few of the instructors to reprimand several members of the class, but we trust such things will be dispensed with as soon as the verdancy of certain members has exhausted itself.

Stuart, a beautiful blonde, with a husky physique, represents the class on the foot ball team and in Saturday's game with Creighton made several excellent plays.

The class is now prominently organized with J. H. Duncanson president, J. C. Prest vice president, and "Bill" Nye secretary. We have all gone through the hazing ordeal and in the opinion of the upper classes are wiser and better men.

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Dr. H. S. Lyman and Miss Jessie Adele Dickenson were married Wednesday, September 26, 1900. THE PULSE extends congratulations. Owing to an extended wedding tour the Doctor has not been with us as yet, but expects soon to be.



## Dental Department.

### SENIOR NOTES.

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Our enrollment—eighteen.

Did you select case No. 20? If you didn't you will get it just the same.

Some one has said it's going to happen about the holidays. Dr. Metzler is silent.

We wonder if any of the fair sex of the senior medics have missed "Hezikih."

The opportunity of representing our classes in *THE PULSE* is highly appreciated by all.

For hat-pins, rubbers, rings, paper knives, collar buttons, etc., call on Dr. Van Slyke.

The "Bushwhackers" of the senior class are silent since Dr. Lee of the Junior class handed in his report.

The college must have contributed to the campaign fund, as the seniors were compelled to put up a matriculation fee this year.

Among the new members of the senior class are Dr. Hatfield, Jr., and Miss King. We are glad to welcome back Morgan, Jennings and Driver, of former classes.

Erret, Baird, Pope and Jensen have decided to cast their lot with the class of '01 of the Northwestern at Chicago. Erret and Baird are members of the foot-ball team of that college.

The college building will soon be fitted with a system of telephones which will be appreciated by the students, and hereafter we trust that we may have an occasional smile from the clerk.

The library association are having the different volumes

of dental magazines bound and indexed, which will make them much more serviceable and add greatly to the appearance of the library.

Prime, Cross, Cockrell and Daly are among the missing. Jimmie was afraid somebody might "jump his job" while Cross and Cockrell were afraid of losing a home and Daly, well its the same old story, "The Baby."

It is said that the "Bushwhackers' Union" will soon reorganize with Drs. Wilson and Call at its head. The membership is not as promising as last year as the requirements "break the boys' heart."

Dr. Metzler has recently patented one of the neatest saliva ejectors we have ever seen. It can be instantly attached to any chair and does not require a water pressure, which is an advantage to the country dentist.

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#### JUNIOR NOTES.

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Otto says it's a "cinch!"

The juniors begin the school year of '00-'01 with a membership of twenty-five.

Paul Acton, freshman class of 1900, is reported to be very sick at his home at Wymore, Neb.

Fred Lee has been in practice this summer at Evansaw. He reports a prosperous summer's work.

Roy Morris spent his vacation in making visits to Red Oak, professional visits, we presume. Roy won't say.

The editors present themselves realizing the responsibility of their position, and appreciating the honor of occupying a space in THE PULSE.

Owing to lateness of organization the editors have not had the time to compose but a brief communication for their issue, but promise to do better in the future.

Jim Downer spent his vacation in traveling to and returning from his Ohio home. James says Omaha isn't to be compared with Ohio as a place of residence.



Tutley, Sample, King, Cressler, Carmichal, Soukup and Gsantner spent part of their vacation in the clinical room. They all agree on the time being profitably spent.

O. E. Granger, better known as "Lycopodium," spent the summer as a traveling salesman for a Chicago house. Lycopodium says he has several homes "won out" in Iowa.

Several of the juniors were heard discussing this question. If a man takes his false teeth out of his mouth places them in his hip pocket and they bite him to death would that be suicide?"

The junior class organized with the following officers: M. Akin, president; J. C. Downer, vice president; A. P. Tayler, secretary; T. M. Williams, treasurer; R. D. Morris, class editor; J. T. Tinley, W. M. Haller, associate editors.

The junior class has a few aspirants for membership in the "Bushwhackers' Union," but as Dr. Metzler is offering a reward of ten cents a head for Bushkhackers, either dead or alive, it is not probable that many will realize their ambition.

R. C. Houston, prescription clerk for the house of Sherman and McConnell, is an addition to the junior class. By his skill in things pertaining to the dental arts and his amiable disposition he gives promise of becoming a valuable acquisition to the class.

The juniors consider themselves a very fortunate class. Not only are we in the new Prosthetic laboratory and the possessor of a locker in the operating room, but the crowning triumph is to be allowed to associate with the seniors. What a pleasure to occupy the same room, but more than this, to be allowed to lend them our plaster bowls is more joy than comes to many in a life time.

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#### FRESHMAN NOTES.

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The largest freshman class ever enrolled in the Omaha Dental College—42, and all big, strong juicy boys.

A committee on class yells and colors was appointed, but have not reported as yet, so we are unable to give them to you in this issue.

The class officers are: L. E. Scouten, president; George

Gallagher, vice president; Victor Beck, secretary; Charles Whisler, treasurer.

The Freshmen Medics took the back seats without a murmur when they saw us. It has usually been a case of two to one in their favor.

The "whitest" lot of fellows that ever "happened" is the general comment of all that happen to visit the laboratory and see the good order that prevails there, although there is some doubt as to whether it is the boy's good behavior or the excellent management of Dr. Kelley.

A. C. STOKES, M. S., M. D.,  
CHEMIST.

W. K. YEAKEL, B. S., M. D.,  
PATHOLOGIST AND BACTERIOLOGIST.

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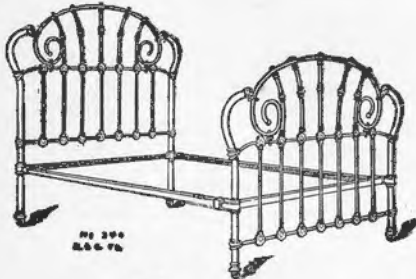
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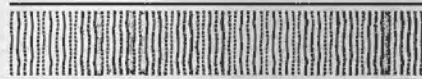


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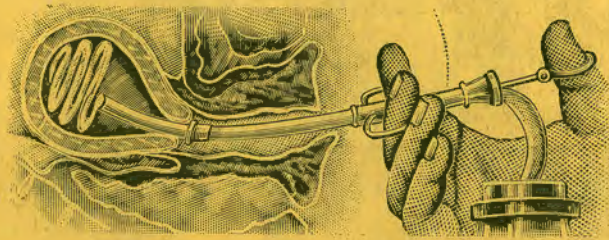
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