

5-1901

OMC Pulse, Volume 04, No. 8, 1901

Omaha Medical College

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Omaha Medical College,

Medical Department University of Omaha.

ANNUAL ANNOUNCEMENT NUMBER.



Official Journal of the Omaha Medical College, Medical Department University of Omaha,
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VOL. 4.

MAY, 1901.

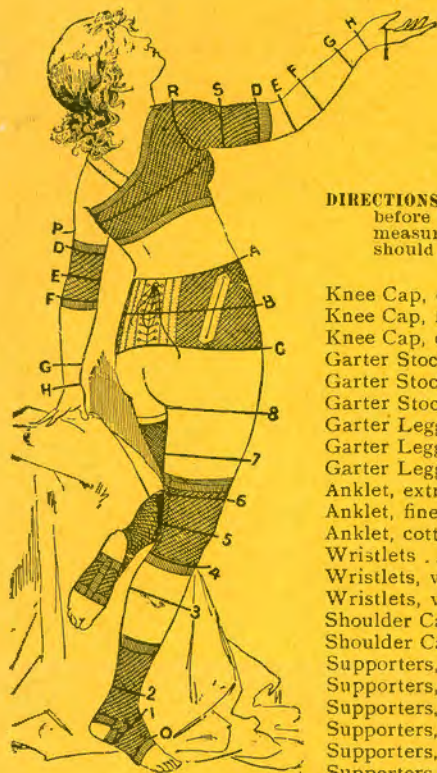
No. 8

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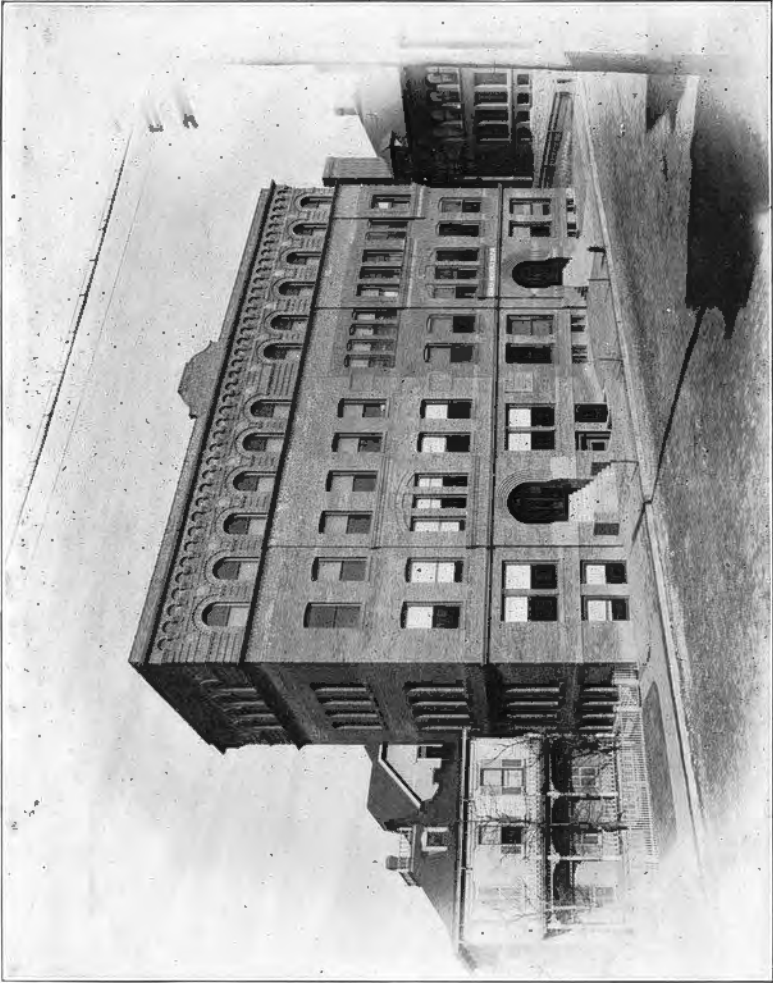
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Omaha Medical College.

The O. M. C. Pulse.

VOLUME IV.

MAY, 1901.

NUMBER 8

OMAHA MEDICAL COLLEGE

MEDICAL DEPARTMENT

UNIVERSITY OF OMAHA

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Railways and Woman's C. A. Hospital.
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Professor of Principles and Practice of Medicine and Clinical Medicine; Physician
to The Omaha Hospital.
- EWING BROWN, M. D., 1026 Park avenue,
Professor of Didactic and Clinical Gynecology; Gynecologist to the Douglas County
Hospital.
- WILLIAM F. MILROY, M. D., 312 McCague Building,
Professor of Clinical Medicine and Physical Diagnosis; Physician to Immanuel and
Douglas County Hospitals.
- WILLSON O. BRIDGES, M. D., 302 Bee Building,
Professor of Principles and Practice of Medicine and Clinical Medicine; Physician to
The Omaha and Douglas County Hospitals.
- HAROLD GIFFORD, M. D., 405 Karbach block,
Professor of Ophthalmology and Otolaryngology; Oculist and Aurist to The Omaha, Immanuel,
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- WILLIAM W. KEYSOR, County Court House,
Professor of Medical Jurisprudence; Judge of the District Court.
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Professor of Materia Medica and Therapeutics, Physician to Immanuel and Clarkson
Hospitals.
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Professor of Practice of Surgery and Clinical Surgery; Chief Surgeon Union Pacific
Railroad Co., Surgeon to The Omaha and Douglas County Hospitals.
- HARRY M. McCLANAHAN, M. D., 1312 N. 40th street,
Professor of Diseases of Children; Physician to Clarkson and The Omaha Hospitals.
- OSCAR S. HOFFMAN, M. D., 324 Bee building,
Professor of Dermatology; Dermatologist to The Omaha and Immanuel Hospitals.
- FRANK S. OWEN, M. D., 209 Karbach block,
Professor of Laryngology and Rhinology; Oculist and Aurist to Immanuel and Pres-
byterian Hospitals.
- HAMILTON B. LOWRY, M. D., Lincoln, Neb.,
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- BYRON B. DAVIS, M. D., SECRETARY, 202 Bee building,
Professor of Principles of Surgery and Clinical Surgery; Surgeon to Immanuel Hos-
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- ARTHUR C. STOKES, M. D., 12th and Pacific streets,
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Professor of Histology, Pathology and Bacteriology, and Director of the Microscop-
ical Laboratories; Pathologist to Immanuel, Douglas County and the Omaha Hos-
pitals.
- ANDREW B. SOMERS, M. D., 22 and 23 Continental block,
Professor of Obstetrics; Obstetrician to Immanuel and The Omaha Hospitals.
- SOLON R. TOWNE, M. D., 22 and 23 Continental block,
Professor of Hygiene and State Medicine; Physician to Douglas County Hospital.
- JOSEPH M. AIKIN, M. D., 401 Brown block,
Clinical Professor of Nervous Diseases; Neurologist to The Omaha Hospital.
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Professor of Electro-Therapeutics.
- GEORGE H. BICKNELL, M. D., 405 Karbach block,
Associate Professor of Ophthalmology and Otolaryngology.
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Lecturer in Life Insurance Examinations.
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- PAUL LUDINGTON, M. D., 303 McCague building,
Adjunct Professor to the chair of Principles of Surgery and Demonstrator of Anatomy.
- GEORGE MOGRIDGE, M. D., Glenwood, Iowa,
Lecturer in Arrested Development; First Assistant Physician and Assistant Superin-
tendent Iowa Institution for Feeble Minded Children and Epileptics.
- JAMES M. TISCHE, South Omaha,
Lecturer in Anatomy.
- WILLIAM H. RAMSEY, M. D., 35 Douglas block,
Lecturer in Anatomy.
- HARRY S. LYMAN, M. D., 407-9-11 N. Y. Life building.
Professor of Obstetrics and Diseases of Children.
- LEE B. VAN CAMP, M. D., 301 Paxton block.
Demonstrator of Anatomy.
- JOHN R. NILSSON, M. D.,
Assistant in Obstetrics.
- WM. H. HOSTETTER, M. D.,
Demonstrator of Obstetrics.

OMAHA MEDICAL COLLEGE DISPENSARY STAFF.

Department of Internal Medicine.

W. S. GIBBS, M. D., W. F. MILROY, M. D.

Assistants: E. A. WEYMULLER, M. D., R. A. HAWTHORNE, M. D.

Department of Surgery.

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Assistants: E. J. UPDEGRAFF, M. D., W. K. YEAKEL, M. D., S. G. ALLEN, M. D.

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Department of Obstetrics.

A. B. SOMERS, M. D.

Assistant: H. M. LYMAN, M. D.

Department of Dermatology.

O. S. HOFFMAN, M. D.

Department of Genito-Urinary Diseases.

A. C. STOKES, M. D.

Department of Neurology.

H. B. LOWRY, M. D., J. M. AIKIN, M. D.

Secretary of Clinical Staff.

A. C. STOKES, M. D.

CALENDAR.

1901.

September 24 Opening Address at 8 p. m.
September 25..... Lectures Begin.
September 27, 2 p. m..... Examinations for Advanced Standing.
September 28, 9 a. m. and 2 p. m..... Entrance Examinations.
November 27-December 2..... Thanksgiving Vacation.
December 21..... Christmas Vacation Begins.

1902.

January 2..... Winter Term Begins.
February 22..... Washington's Birthday—Holiday.
April 16 Senior Lectures Cease.
April 19 All Lectures Cease.
April 17-18-19 Senior Examinations.
April 21-22-23 Examinations.
April 24..... Commencement.
April 24, 9 p. m. Alumni Banquet.

OMAHA MEDICAL COLLEGE.

INCORPORATED IN 1881.

TWENTY-FIRST ANNUAL CIRCULAR.

THE session of 1901-1902 will commence Tuesday evening, September 24, when an introductory address will be delivered in the college building. Regular exercises will begin Wednesday morning at nine o'clock, and continue seven months, with such intermissions as are noted in the Calendar. The course of study is graded, comprising four sessions of seven months each, and conforms to the regulations of the Association of American Medical Colleges, of which this college is a member.

The medical law of Nebraska requires that each applicant for a certificate to practice medicine in this state is required to present to the State Board of Health a diploma from a medical college in good standing, which requires an entrance examination, and attendance upon at least four courses of lectures of not less than six months each, no two of which shall be within one calendar year. Women are admitted to this college upon the same terms as men.

COLLEGE BUILDING.

The college building, completed in 1899, embodies the strong points of other progressive medical schools, and exemplifies the twentieth century idea of what should characterize an edifice of this kind. It is a brick and stone structure, four stories and basement in height, furnished with steam heat and electric lights. The first story contains a large students' lobby and the free dispensary; the latter comprising a waiting room for patients, a drug room, and numerous clinic rooms for the systematic examination and treatment of patients.

The second floor contains an amphitheatre with a seating capacity of 250 students. It also contains the library, the reading room, the museum, the X-ray room and a commodious coat room.

The third floor, besides a smaller amphitheatre provided with a stationary table to which gas and running water are supplied for practical demonstrations in chemistry, contains the dissecting room, accommodating 100 students, and the new chemical laboratory, which is a room fifty by thirty-five feet. There are also private rooms for the professors of anatomy, chemistry and biology.

The fourth floor is wholly given up to microscopic work. Here the laboratories occupy a space one hundred by thirty-five feet, with light on every side. Stationary tables for the preparation and mounting of specimens occupy the central portion of the room. These tables are supplied with gas and running water and are made as convenient as possible in order to conserve the time of the student. In front of each window is placed a table furnished with gas attachments and Bunsen burners. In this room lockers have been provided in sufficient number so that each student is provided with a place in which to safely care for his own equipment.

By these arrangements it has been found possible to so individualize the laboratory work that whenever a student finds a spare hour he can resort to the laboratory and utilize it profitably.

REQUIREMENTS FOR ADMISSION.

Applicants for admission to the Freshman class must present to the Secretary of the Board of Trustees, before matriculating, credentials as follows:

1. Creditable certificate of good moral character, signed by two physicians in good standing.
2. The diploma or matriculation certificate of a high school of this or any other state, or of a normal school established by state authority; or
3. The diploma or matriculation certificate of a recognized university or reputable college.

Not possessing credentials as described in section 2 or 3, the applicant will be required to take the entrance examination provided by the rules adopted by the Association of American Medical Colleges, of which the following is an outline:

1. In *English*, a composition written at the time of the examination on some general subject, to contain not less than two hundred words, and to include construction, punctuation and spelling.
2. In *Arithmetic*, fundamental rules, common and decimal fractions, ratio and proportion.
3. In *Algebra*, fundamental operations, factoring and simple quadratic equations.
4. In *Physics*, elementary physics.
5. In *Latin*, an amount equal to one year's study as indicated in Harkness' Latin Reader.

This examination will be held in the college building by a committee representing the Board of Trustees, Saturday, September 28, at 9 a. m. and 2 p. m. Students conditioned in one or more of the branches above enumerated will be allowed until the beginning of the second year to make up such deficiencies; provided, however, that students failing a second time in such examination shall not be admitted to a second course.

ADVANCED STANDING.

The following are admitted to advanced standing:

Graduates of recognized universities or colleges requiring courses in Biology and Chemistry, to the Sophomore year.

Graduates of colleges of Dentistry or Pharmacy requiring two or more courses, to the Sophomore year.

Graduates of colleges of Homœopathy or Electric Medicine, to the Senior year.

Students of other medical colleges in good standing, to the class to which credentials issued by such colleges entitle them.

METHOD OF INSTRUCTION.

The method of instruction embraces didactic and clinical lectures, demonstrations, recitations, frequent quizzes and laboratory work in Physiology, Biology and Embryology, Chemistry, Pathology, Histology, Bacteriology and Anatomy. The lectures will be illustrated, so far as possible by charts, manikins, models, prepared specimens and dissections from the college museum, and microscopical and chemical demonstration.

Each student is immediately and personally instructed in every branch. The division of studies in the graded course requires the strictest attention to a limited number of subjects which insures the greatest proficiency in the work of each year before advancing to the next higher grade.

THE CURRICULUM.

The curriculum embraces four years of graded instruction of seven months each, known as the Freshman, Sophomore, Junior and Senior years, and is outlined in the following synopsis, which must be conformed to by all students.

Freshman Year.

1. ANATOMY.—Lectures and recitations four hours each week throughout the term and two hours daily in the dissecting room after January 1.
2. CHEMISTRY AND PHYSICS.—Lectures and recitations three hours each week and four hours in the laboratory each week throughout the term.
3. MATERIA MEDICA.—One lecture and recitation each week throughout the term.
4. PHYSIOLOGY.—Lectures and recitations three hours each week throughout the term.
5. BIOLOGY AND EMBRYOLOGY.—Laboratory work two hours each week throughout the term.
6. HISTOLOGY.—Lecture or recitation two hours each week and four hours each week in the laboratory.

Examinations will be held in all the work covered at the end of the fall and winter terms, and the latter will be final in Inorganic Chemistry, Osteology and Syndesmology, Biology and Histology. Students failing in any of the final examinations of this year must pass such examination either at the opening of the ensuing session or during the Christmas vacation following.

Text-books recommended, preference given to the first mentioned: HISTOLOGY—Bohm, Davidoff, Huber. ANATOMY—Gray, Morris. PHYSIOLOGY—Kirke, Reference American Text-book, Hall, Foster. MATERIA MEDICA—White (by Wilcox), Potter, Butler, Hare. CHEMISTRY—Witthaus' Medical Chemistry. BIOLOGY—Huxley and Martin. EMBRYOLOGY—Foster and Balfour. DICTIONARY—Gould.

Sophomore Year.

1. ANATOMY.—Lectures and recitations three hours each week throughout the term and two hours daily in the dissecting room after November 1.
2. PHYSIOLOGY.—Lectures and recitations three hours each week throughout the term.
3. CHEMISTRY (ORGANIC) AND TOXICOLOGY. Lectures and recitations two hours each week and two hours each week in laboratory work throughout the term.
4. MATERIA MEDICA AND THERAPEUTICS.—Three lectures and recitations each week throughout the term.
5. PATHOLOGY (GENERAL).—Lecture and recitation two hours each week and four hours each week in the laboratory.
6. BACTERIOLOGY.—Lecture one hour each week and four hours each week in the laboratory throughout the term.
7. PHYSICAL DIAGNOSIS. Lecture one hour each week throughout the term.
8. HYGIENE.—Lecture two hours each week throughout the term.
9. CLINICS—*a.* Medical. Two hours each week in the college.
b. Surgical. Two hours each week in the college.



Chemical Laboratory.

Examinations will be held at the end of the Fall and Winter terms in all the work of this year, and will be final in Anatomy, Physiology, Chemistry, Materia Medica, General Pathology, Hygiene and Bacteriology.

Students failing in any of the examinations of this year must pass such examinations either at the opening of the ensuing session or during the Christmas vacation following. Students failing in more than one-third of the examinations will be required to take the entire work again.

Text-books recommended, preference given to first name mentioned: ANATOMY—Gray, Morris. PHYSIOLOGY—Kirke, reference American Text-Book; Foster, Hall. MATERIA MEDICA AND THERAPEUTICS—Wood, Bartholow, Hare, Shoemaker. CHEMISTRY—Witt-
haus' Medical Chemistry. PATHOLOGY—Coplín, Stengel. PHYSICAL DIAGNOSIS—Da Costa, Tyson. HYGIENE—Rohe, Notter and Firth. DICTIONARY—Gould. BACTERIOLOGY—Williams, Leoyand, Klemperer.

Junior Year.

1. THERAPEUTICS.—Two hours each week throughout the term.
2. MEDICINE.—Lectures and recitations four hours each week throughout the term.
3. SURGERY.—Lectures and recitations four hours each week throughout the term.
4. OBSTETRICS.—Lectures and recitations three hours each week throughout the term.
5. PATHOLOGY (SPECIAL).—Lecture and laboratory two hours each week throughout the term.
6. MEDICAL JURISPRUDENCE.—One hour each week one-half the term.
7. PHYSICAL DIAGNOSIS.—One hour each week throughout the term.
8. SURGICAL ANATOMY.—One hour in demonstration and lecture each week throughout the term.
9. PHYSIOLOGICAL CHEMISTRY.—Two hours each week in the laboratory throughout the term.
10. ELECTRO-THERAPEUTICS.—Lecture one hour each week first half of term.
11. BANDAGING AND SURGICAL DRESSINGS.—One hour each week throughout the term.
12. GENERAL CLINICS.—*a.* Medical. Three hours each week.
b. Surgical. Three hours each week.
13. SPECIAL CLINICS.—One hour each week in each of the following subjects: Ophthalmology and Otology, Genito-Urinary diseases, Diseases of Children, Laryngology.

At the end of the Fall and Winter terms examinations will be held in all the work covered, and the latter will be final in Physical Diagnosis, Therapeutics, Surgical Anatomy, and Pathology.

Text-books recommended, preference given to first name mentioned: SURGERY—Wharton & Curtis, American Text-book, Park, Tillman, Senn's Principles, DaCosta's Manual of Modern Surgery, Summers' Treatment of Wounds. MEDICINE—Osler, Anders, Tyson, Hare's Practical Diagnosis. PHYSICAL DIAGNOSIS—DaCosta, Tyson. ELECTRO-THERAPEUTICS—Rockwell, Rohe. OBSTETRICS—Jewett, King, Lusk, American Text-book.

Senior Year.

1. MEDICINE.—Lectures and recitations four hours each week throughout the term.
2. SURGERY.—Lectures and recitations four hours each week throughout the term.
3. OBSTETRICS.—Lectures and recitations two hours each week throughout the term.
4. DISEASES OF CHILDREN.—Lecture one hour each week throughout the term.
5. NERVOUS DISEASES.—Lecture one hour each week throughout the term.
6. INSANITY.—Lecture one hour each week one-half of term.
7. MEDICAL JURISPRUDENCE.—One hour each week one-half of term.
8. ORTHOPEDIC SURGERY.—Lecture one hour each week throughout the term.
9. DERMATOLOGY.—Lecture one hour each week throughout the term.
10. GENITO-URINARY AND RECTAL SURGERY.—Lecture one hour each week throughout the term.
11. GYNECOLOGY.—Lecture or recitation one hour each week throughout the term.
12. OPHTHALMOLOGY AND OTOTOLOGY.—Lecture one hour each week throughout the term.
13. LARYNGOLOGY AND RHINOLOGY.—Lecture or clinic one hour each week throughout the term.
14. DENTAL SURGERY.—Six lectures during the term.
15. GENERAL CLINICS.—
 - a. Medical. Two hours each week in the college and two hours each week in the Douglas and Immanuel hospitals.
 - b. Surgical. Two hours each week in the college and two hours each week in the Douglas, Omaha, Immanuel and Clarkson hospitals.
16. SPECIAL CLINICS.—One hour each week in Ophthalmology and Otology in the Omaha hospital. One hour each week in the college in each of the following subjects: Genito-Urinary and Rectal Surgery, Diseases of Children, Dermatology, Gynecology, Laryngology and Rhinology. Obstetrics—Each student will have an opportunity for attending or assisting in two or more confinements during the year.

At the end of the Fall and Winter terms examinations will be held in all the work covered, and the latter will be final in all the subjects of this year.

Text-books in addition to those of third year: DISEASES OF CHILDREN—Holt, Rotch, American Text-book. NERVOUS DISEASES—Gowers, Dana. ORTHOPEDIC SURGERY—Moore, Bradford and Lovett, Young. DERMATOLOGY—Hyde. RECTAL AND GENITO-URINARY SURGERY—Taylor, Lydston. OPHTHALMOLOGY—Swanzy, Fuchs, DeSchweinitz. OTOTOLOGY—Dench. GYNECOLOGY—Garrigues, Hermann, Reed. INSANITY—Clouston. NOSE AND LARYNX—Bosworth, Seiler. DICTIONARY—Gould.

LABORATORY INSTRUCTION.

Modern scientific investigation has placed at the disposal of the practicing physician exact methods in diagnosis which were unknown to the physician twenty years ago. In the curriculum of this school the importance of a thorough training in these lines receives full recognition. In the construction of the new building, laboratories of Anatomy, Chemistry and Microscopy have been provided, which, it is believed, fully meet the demands of the most exacting critic.

Practical Anatomy.—Statutory provision, in the state of Nebraska, places at the disposal of this institution certain bodies for dissection. Last year the college constructed, at the north end of the building, an addition in which was installed a refrigerating plant of modern design. By this means bodies may be kept in a perfect state of preservation for an indefinite time. In this way the accumulation of the vacation period can be placed before the students in the Fall in as perfect condition as the subjects which are obtained during cold weather. We do not hesitate to assure matriculates of this school that the institution is able to furnish material for dissection in proper condition and as abundantly as is desirable.

This work is under the direction of an efficient corps of demonstrators, and each student is expected to pass an examination upon the part dissected.

For the purpose of stimulating the desire for proficiency in this important department, the five sophomores who receive the highest marks in their final examination in Anatomy, are appointed assistants to the demonstrator for the ensuing session. This exercise, which requires only one evening each week, affords a favorable opportunity for more completely mastering the subject of Anatomy. The appointees for the session of 1901-1902 are: E. W. Jackson, E. E. Gage, Emil Black, C. W. Ransom, and C. C. Morrison.

The dissecting room in the new building is commodious and provided with abundant ventilation. While it is thoroughly lighted for work during the day, most of the dissecting is done during the evening in order to avoid annoying interruptions. Each dissecting table is supplied with two adjustable electric lights.

Practical Chemistry.—The laboratory is under the personal supervision of the Professor of Chemistry, aided by his assistants. It is one of the largest and most completely fitted of its kind in the West. It accommodates 100 students working at the same time. It is abundantly supplied with apparatus, gas and water throughout. The work is divided as follows:

FRESHMAN YEAR.—The first half of the year is devoted to experimental work in the gases, metalloids and metals. An effort is made to familiarize the student with methods of experimenting and the proper deductions to be drawn from the same. The last half of the year is devoted to tests and analyses. The student is taught to determine the existence of all the common metals and acids in any inorganic mixture.

SOPHOMORE YEAR.—The first half of this year is devoted to the formation of certain organic preparations of interest to the physician, as chloroform, iodoform, acetic acid, formaldehyde and others. The last half of the year is devoted to the study of common poisons and adulterations, and the student is taught to make tests according to Dragendorf's system of determining same; also, an elementary consideration of urine analysis. This course occupies two lectures and one laboratory session through the year.

JUNIOR YEAR.—This year is devoted to a consideration of the elements of Physiologic-Chemistry. This includes a complete discussion of urine analysis, milk analysis, analysis of stomach contents, faeces, blood and the pathological significance of these under abnormal conditions. Prof. Mays' book is followed. This course occupies two hours per week in laboratory through the year.

Biology and Embryology.—The course in Biology and Embryology consists of lectures and laboratory work three hours per week during the entire year. The laboratory work in Biology includes the study of the typical forms of animal and plant life beginning with amoeba and yeast cell, and ending with frog and flowering plant. The laboratory work in

Embryology includes the preparation and mounting of the chick in all stages, both in series and as whole specimens, together with special study of prepared series of frog and porcine embryos. The lectures cover the field of General Biology and Human Embryology. The Biological laboratory is provided with compound and dissecting microscopes together with apparatus and reagents affording ample opportunity for scientific work. Credit will be given for Biological work done in other colleges.

Practical Histology.—The Histological laboratory is under the guidance of the Professor of Histology. Each student is furnished with a microscope and all apparatus necessary to enable him to become practically familiar with the most approved methods of microscopical technology as well as with the normal histology of all the tissues and organs. Each student is immediately and personally taught the use of the microscope and its attachments, hardening, section cutting, and the staining and mounting of normal tissues and their differentiation.

Practical Pathology.—In this department the students, both in the sophomore year in General Pathology and in the junior year in Special Pathology, are under the immediate instruction of Prof. Yeakel. In the course in General Pathology the sophomore class is carried through a carefully chosen series of studies covering all the general pathological conditions and as a result of their labors acquire a knowledge of these conditions, and also a collection of slides, properly labeled, which remain their property and may be preserved for future reference.

The junior class, in their Special Pathology, occupy a portion of their time in the study of specimens furnished by the professor. They are also required to bring pathological specimens, usually obtained from our clinics and dispensaries, and prepare them for microscopical examination. In this way double interest and value is given the work, since they first obtain the history and clinical evidences of disease and follow it up by the observation of the specimens through all the various stages preparatory to their final staining and study.

Practical Bacteriology.—This course consists in didactic lectures, in which the natural history of bacteria, infection and immunity, the principles of sterilization and disinfection, and their relation to disease are explained. A practical laboratory course is also given, in which the student becomes familiar with the preparation of culture media, methods of cultivating, staining and studying fully the important species of pathogenic micro-organisms. The equipment of the laboratory with high power oil immersion objectives, gives opportunity for each student to prosecute his work without interruption in this department.

Heretofore the college has endeavored to furnish to the students all reagents, stains and other minor appliances for use in the prosecution of his microscopic studies. Prolonged experience has shown that in spite of the utmost effort on the part of those in charge of the laboratories, this system gives rise to no end of confusion and waste and precludes the most satisfactory results. To obviate this difficulty a neat case has been devised which contains in compact form everything essential to a microscopic outfit. Hereafter each student who proposes to work in the microscopic laboratories of the college will be furnished with one of these outfits which will be returned at the end of the year and the cost of material used and breakage deducted from the deposit. This he will store in his locker and have available for individual study during any leisure hour.

The laboratories are liberally supplied with all desirable apparatus, including microscopes, microtomes, ovens, sterilizers, etc. The college last year spent about one thousand dollars in increasing its supply of microscopes. They are Bausch and Lomb instruments, with double nose-piece and iris diaphragm. Dissecting microscopes are supplied for the work in Biology, and twelfth-inch oil immersion objectives for the Bacteriological laboratory. A projection apparatus fitted both for lantern slides and microscopical sections has been purchased for the use in the laboratories. This will not only facilitate and greatly simplify the work but will add to its interest. The microscopical slides after they are prepared by the class may, in a moment's notice, be projected upon a screen before the students and all the features demonstrated at once. Thus giving the students a clear idea of what they are to see in their own specimens.



Pathological Laboratory.

X-Ray.—A static machine of the latest Morton-Wimhurst-Holtz pattern has been purchased and installed in the building. This is a ten-plate machine, the largest in the West. It is supplied with all the attachments for Neuropathic work and supplementary accessories for X-ray work in all its branches. The power is supplied by an electric motor. A simple static apparatus has also been provided for use in the introductory study of the principles involved in the use of the large and complicated machine. It is the purpose of the college to give the senior students the most thorough instruction in static, as well as all other forms of electricity, including practical work in Radiography.

Already the original limitations set for the X-ray machine have been greatly extended and it is confidently hoped that its usefulness will soon be much more far reaching than was at first supposed.

CLINICAL INSTRUCTION.

After laying the foundation work, in a medical education, which is included in the studies of the first and second years, the practical part of the student's career is found in clinical instruction. Here is the field in which the student is brought face to face with cases in all departments of medicine, and it is in proportion as the opportunities offered are ample, that he becomes the better qualified to take up the work in actual practice after graduation. The means to this end at the exclusive command of the Omaha Medical College are unexcelled even in the largest cities. The 175,000 population of Omaha and South Omaha, with their great manufacturing industries, furnish to the hospitals a great variety of cases in all branches of medicine and surgery. Unusual opportunities are offered in instruction in accidental and railway surgery. In obstetrics there are exceptional advantages, and every senior student before receiving his degree is expected to attend at least three cases of confinement, and many students in the past have attended at least a dozen cases. Thus each graduate is familiarized with the phenomena of normal and pathological labor before undertaking this delicate duty entirely on his own responsibility.

THE OMAHA MEDICAL COLLEGE DISPENSARY.

The college dispensary is open daily except Sundays at the college building for free treatment of the indigent sick. By this means a large number of cases are obtained for clinical purposes. These cases include every variety of medical and surgical disease, and are precisely such as form the great majority of those met with by the general practitioner in his daily rounds. The dispensary is open throughout the year and students who remain in the city during the vacation period have the privilege of regularly attending this clinic, and find it greatly to their advantage to do so.

In Gynecology special advantages are offered as the clinic is very large. The Senior class is divided into sections of two or three, and each section is in turn personally instructed for a definite period in examining the cases, which present every variety of minor and major Gynecology.

A large number of obstetric cases are assigned to the members of the Senior class, under the direction of Professor Somers. The student has practically charge of the normal cases, and in cases of complication, mal-presentation, the necessity for operative interference, or in puerperal diseases, he has the direct assistance of the professor.

The plan for utilizing the clinical material found in the dispensary is as follows: A member of the Senior class is detailed each week to the medical department, and one to the surgical. Each of these Seniors is provided with two assistants from the Junior class. As new cases present themselves they are personally examined by the Senior in charge, who dictates a clinical history of the case, which is recorded by his assistants. Subsequently he presents the case in the clinical amphitheatre, where, under the guidance of the professor, instructive, obscure and difficult points in diagnosis and treatment are elucidated.

In the dark-room for eye, ear, nose and throat work, numerous lights are provided, at which advanced students are given an opportunity to personally examine patients with the ophthalmoscope or appropriate mirrors, and so become familiar with these diseases and the special appliances used in their diagnosis and treatment.

The dispensary drug room is in charge of a skilled pharmacist. Five members of the Freshman class are assigned to duty each week as assistants to the druggist. The practical acquaintance with drugs and their combinations which they here acquire, is of material value in the study of *materia medica*.

DOUGLAS COUNTY HOSPITAL.

This, one of the largest hospitals in the West, was completed several years ago at a cost of \$200,000. It has accommodations for 300 patients, and includes a maternity pavilion and a department for the insane. The hospital is under the charge of the Board of County Commissioners and is practically the charity hospital of Omaha. All departments of medicine find clinical illustration in its wards, and the weekly clinics in the various branches of medicine and surgery give the student exceptional opportunities for direct and personal instruction.

Lee B. Van Camp, M. D., class '98, county physician.

Students of this college are admitted to all clinics held in this hospital.

MEMBERS OF THE STAFF.

Internal Medicine—Dr. W. O. Bridger, Dr. W. F. Milroy.

Surgery—Dr. A. F. Jonas.

Eye and Ear—Dr. H. Gifford.

Gynecology—Dr. Ewing Brown.

Pathology—Dr. W. K. Yeakel.

THE BISHOP CLARKSON MEMORIAL HOSPITAL.

MEMBERS OF THE STAFF.

Internal Medicine—Dr. W. H. Christie and Dr. A. W. Edmiston.

Diseases of Children—Dr. H. M. McClanahan.

Eye and Ear—Dr. H. Gifford.

IMMANUEL HOSPITAL.

This hospital is beautifully located, well equipped according to modern ideas, and adapted to the application of scientific methods in the treatment of patients. It contains an operating amphitheatre for the students of this college only. The resident physician of this hospital is appointed from each graduating class. The term of service is one year, room and board being furnished by the hospital. In connection with the hospital is a training school for nurses.

W. L. Wilmoth, M. D., class 1901, resident physician.

Medical clinics are held here Saturdays, in alternation with Douglas County hospital, by Professor Milroy. Professor Davis holds a surgical clinic Saturdays throughout the term.

MEMBERS OF THE STAFF.

Internal Medicine—Dr. W. F. Milroy, Dr. W. H. Christie.

Surgery—Dr. B. B. Davis.

Eye and Ear—Dr. H. Gifford, Dr. F. S. Owen.

Pathologist—Dr. W. K. Yeakel.

THE OMAHA (METHODIST) HOSPITAL.

This institution has been so eminently successful that plans are far advanced for largely increased accommodations. It is located only a few blocks from the college building. Excellent advantages are offered the class for instruction in general surgery and diseases of the eye and ear, two clinics each week being held during the college course. There is a nurses' training school connected with the hospital.

S. G. Allen, M. D., class 1901, resident physician.

Surgical clinics are held Wednesdays by Professor Jonas; eye and ear clinics Wednesdays, 2 to 3 p. m., by Professor Gifford; medical clinics by appointment by Professors Gibbs and Bridges.

MEMBERS OF THE STAFF.

Surgery and Gynecology—Dr. A. F. Jonas.

Internal Medicine—Dr. W. S. Gibbs, Dr. W. O. Bridges.

Eye and Ear—Dr. H. Gifford.

Bacteriologist and Pathologist—Dr. W. K. Yeakel.

LIBRARY.

A neatly furnished and comfortable apartment is provided as a quiet place for study at odd hours. This is also the home of the college library. This library has but recently been established and is under the supervision of Dr. G. L. Strader. It contains about 1000 volumes, including a good up-to-date collection of text-books covering the entire range of medical science. It is not designed to obviate the necessity of students to possess their own text-books but it enables them to investigate points in which they are specially interested more fully than they otherwise could do. A good supply of periodical literature is on file. The library is equipped with a case of recent design for a card index and the work of indexing, upon this system, is in progress. A librarian is in attendance at convenient hours.

PRIZES.

The faculty offers the following prizes this year.

1. To the member of the graduating class receiving the highest total of marks in the final examinations, a general surgical operating case. This prize was awarded this year to E. H. Smith, and honorable mention was made of J. R. Nilsson and F. A. Wells.

2. To the student who shall prepare the best dried anatomical preparation, a pocket instrument case. All preparations offered in competition for this prize shall become the property of the college museum and be labeled with the name of the maker. This prize shall not be awarded unless the specimens offered possess sufficient merit, as determined by a committee consisting of the Professors of Anatomy and the Principles and Practice of Surgery. Previous successful competitors are excluded. It was awarded this year to E. F. Osborn, class of 1903.

3. Professor Gifford offers as a prize, a Loring's Ophthalmoscope, to the member of the Senior class most proficient in Ophthalmology. It was awarded this year to J. R. Nilsson.

4. Professor Jonas offers as a prize, a medal to the member of the Senior class most proficient in Surgery. It was awarded this year to E. H. Smith.

5. The J. Cameron Anderson prize, a gold medal is offered to the member of the Senior class most proficient in Genito-Urinary and Rectal Surgery. This prize this year was awarded to J. R. Nilsson.

TICKETS.

Certificates of attendance will be issued by the Secretary at the end of each session. Students delinquent in any part of their fees will not be entitled to such certificates until the same are paid.

Certificates of dissection will be issued by the Demonstrator.

While in cases of sickness or other emergency, the faculty will act with all the leniency that a conscientious regard for the discharge of duty will allow, they wish it understood that their tickets are evidence of *bona fide* attendance upon the course of instruction, and, therefore, students are expected to remain until the end of the term. If they leave before the close, or absent themselves during the session, without consent of the faculty, their names will be entered upon the record as not having completed the course.

*FEES.

The schedule of fees in force prior to May 1, 1900, will continue to apply to all persons who were then matriculates of this college.

FIRST YEAR.

Fees for all the required exercises of the year, including all laboratories, and dissecting material.....	\$75 00
Examination fee.....	5 00

SECOND YEAR.

Fees for all the required exercises of the year, including all laboratories, dissecting material and hospital clinics.....	\$75 00
Examination fee.....	5 00

THIRD YEAR.

Fees for all the required exercises of the year, including all hospital clinics and laboratories.....	\$75 00
Examination fee.....	10 00

FOURTH YEAR.

Fees for all the required exercises of the year, including all hospital clinics and laboratories.....	\$75 00
Examination fee.....	10 00

A breakage fee of \$10.00 is required of all students at the beginning of the term for which laboratory and breakage tickets are issued. The balance remaining after deducting the cost of material used and breakage will be returned at the close of the session.

Breakage in the laboratory and damage to the college property will be charged to the individual or class responsible for the same, and in case the damage can not be located to the classes *pro rata*.

All fees are payable strictly in advance when the session opens.

Students will not be entitled to appear for any one of the final examinations until all fees are paid.

To the sons of physicians one-half of the tuition fee is remitted.

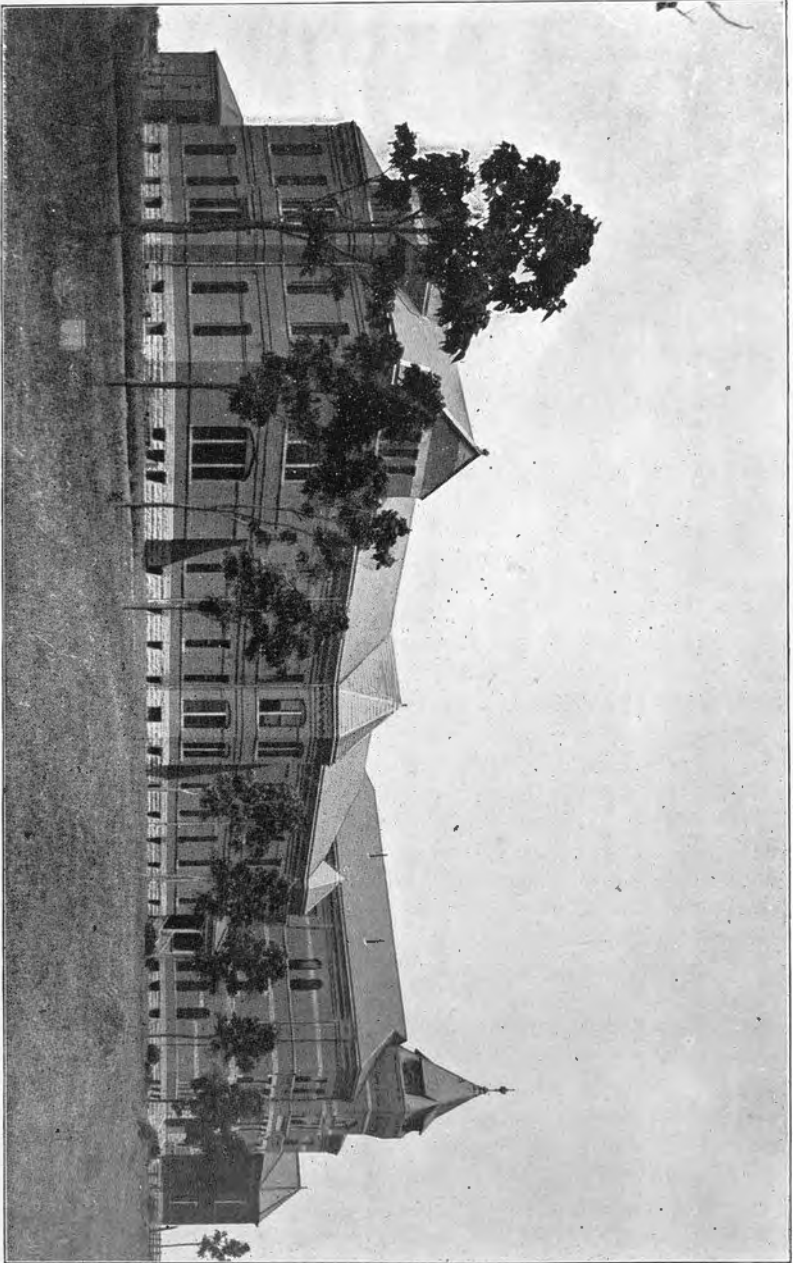
A resolution of the Board of Trustees provides that a graduate of any respectable and recognized medical college, who may desire to attend this college, be permitted to do so on the payment of a matriculation fee of \$10.00.

Choice of seats and of the microscopes will be assigned in the order of matriculation. Parts for dissection will be assigned to students in the order of payment of their entire fees for the session. The fees are payable to the Secretary of the Board of Trustees when the session opens, at the college building. Notice of hours will be bulletined.

CORRESPONDENCE.

Letters requesting information should be addressed to DR. EWING BROWN, Omaha Medical College, Omaha.

*No portion of fees can be refunded to students who leave the college during the session except by special order of the Board of Trustees.



Douglas County Hospital.

GRADUATION.

The following are the requirements for the Degree of Doctor in Medicine.

1. The candidate must be twenty-one years of age. He shall have complied with all the requirements for admission, and not be delinquent in any portion of his fees. His moral character must be unquestioned.
 2. He must have pursued the study of medicine four years, and have attended at least four full courses of instruction in different years at medical schools in good standing. The last course must have been in this institution.
 3. Every candidate for graduation must undergo a full and satisfactory written and oral examination.
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MISCELLANEOUS INFORMATION.

By calling at the college building, corner Twelfth and Pacific streets, on arrival in the city, students will be materially aided in securing rooms. The college is reached by walking one block south and two west from the Union and Burlington depots at Tenth and Mason streets, and by taking the Thirteenth street car line south at the Webster Street depot, getting off at Pacific street. Baggage should be left checked at the depot until rooms are secured as the expense of transferring is thus saved.

The Omaha Public Library contains sixty thousand volumes, including a very good medical library. The use of this great collection is available to students of this college, free of charge.

A special season ticket is issued by the Y. M. C. A. of Omaha, to students of the Omaha Medical College. This admits them, at very small cost, to the elegant baths, gymnasium, parlors, lectures, concerts and many other valuable privileges to be found in the magnificent Association building.

The cost of living in Omaha will vary from three to five dollars per week, or more, according to the means and habits of the student. Very successful Students' clubs have furnished a pleasant and economical mode of living.

A growing interest in the athletic association among the students is apparent in recent years. In approving recognition of this the trustees have constructed, in the basement, for the use of the football team, a shower-bath with suitable dressing rooms adjoining.

It is a well known fact that among medical students there are always some whose circumstances do not enable them to lodge in the most opulent quarters. Since the new bath in the college building is supplied with hot, as well as cold water, it may be comfortably used throughout the year, and it is freely at the disposal of any member of the college who may find it agreeable to use it.



The O. M. C. Pulse.

Volume 4.

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MEDICINE AND MORALS.

An address delivered before the Omaha Medical College at its annual commencement, April 25, 1901, by E. BENJAMIN ANDREWS, LL. D., Chancellor of the University of Nebraska.]

Ladies and Gentlemen:

Quite possibly the joining of the terms medicine and morals in the title of my address may to some seem strange. The two things so named, not a few more or less intelligent people regard as hopeless incompatibles, each the contradictory opposite of the other, so that if one is present anywhere the other cannot be. Such prejudice is giving way, but it still exists in considerable force. Witness the numbers of people whom no amount of suffering, no threat of death, will induce to call a physician. This temper is unfortunate, destroying useful lives, causing needless pain and fostering baneful ill-feeling among men. Spite of isolated high fees to physicians or rewards like the £10,000 voted by parliament to Edward Jenner in 1802, and the £20,000 voted him in 1807, public regard for the medical calling is too low. No physician, I believe, has ever yet been made a peer in Great Britain. "An ocean of ale will float its owner to a coronet, but the man who only cures the ailing attains at the best but a baronetcy." Jenner himself was never even knighted. In America the greatest medical and surgical practitioners do not, as they certainly should, receive the social esteem shown to high statesmen, ecclesiastics and financiers.

The faults most commonly charged against medical doctors are three: that they are quacks, that they are unfeeling and that they are the foes of faith.

Taking the medical profession as a whole, reproach at any of these points is undeserved. The fact, no doubt, is that in each of the three particulars some

medical gentlemen are out of order; others appear to be out, but are not really so, while the majority, or the tendencies of the majority, are beyond impeachment or complaint.

Professing powers of magic cure, boasting intuitive discovery of secrets whose seal ages-long scientific experiments has found hermetic, courting public attention and professional patronage through delusive advertisements, betraying the sacred secrets of a physician's confessional, babbling lightly about the reverend agonies of the sick body, breathing into the solemnity surrounding the death-bed a current of cold indifference—these weaknesses, manifest here and there, convince the thoughtless that the whole profession of medicine is but sounding brass. The inference is far too sweeping. The quack is a social parasite who should be immersed to death and dissolved in a solution of his charlatan panacea, bottled in carboys of public censure, sealed with the skull and cross-bones signet of his own victims, and labelled "Malignant Poison." But assuredly most who profess the healing art are not quacks.

On the contrary, physicians have led the world in developing and disseminating the scientific spirit, in research, experiments, induction, anti-dogmatism, regard for nature, and acquiescence in natural law. These virtues clearly attest most physicians' opposition to quackery, their insistence on reasons for doing and believing things. Based in truth, the medical profession is the arch foe of nostrums, superstitions and shams. Love philters, Cagliostroian elixirs, Chinese charms, Indian moon herbs, and negro hoodoos, all disappear when Aesculapius with his balances, retorts and crucibles draws nigh.

All have known surgeons, and perhaps physicians who seemed destitute of feeling, glorying in their callousness at sight of pain. I remember an army surgeon who always wore the same corduroy clothing in which he operated, refusing to let the blood be washed off. He was weak enough to be proud of his gory look. Hardly less ghoulish is he who cuts living human tissue with only a sense of the mechanical and scientific precision and the artistic finish of the work, an insensibility which every philanthropic soul must condemn.

But cases like these are few. As a rule, the calm, resolute, self-possessed surgeon whom we are tempted to think a ghoul is really an angel of mercy. Only such as he are thoroughly fit to cut. I was once myself the subject of an operation without anesthesia, the head surgeon in which was old, fidgety, nervous and cruelly kind. He made no progress, trembling and suspending work whenever I screamed. After a time his assistant took me in hand, a man firm, composed, insistent, kindly cruel. He did not heed my cries, but in the shortest possible time cut me, sewed me up and relieved me. Commend me to that type of operator always.

A good surgeon, called almost daily to be the chief actor in deep tragedy, must cultivate steady nerve, must hold himself in physical, mental and emotional equipoise. Aware that the pain he causes is unavoidable, he does well to ply his knife strongly, but he never forgets that pain is pain. He does not permit his phlegm, in itself perfectly benign, to assume vicious strength. The best thought of recent years places increased value upon the feelings. The highest culture, like the highest education, tests the soul by its affections. The finest practice of physic or of surgery includes philanthropy. A surgeon who views his patient with a beneficence that converts into practice the theory of men's brotherhood is none the less, but all the more, calm in intent, steady of nerve, true in execution. The successful surgeon is something higher than a mechanic. Back of the anatomical knowledge, the trained mind, the clear eye, the trusty hand, is a force mighty in proportion as it is subtle and intangible, the aspiration "to be to other souls the cup of strength in some great agony." From this passion sprang anesthesia to deaden pain, and asepsis, widening the field of victorious medicine and

surgery and forcing Death to cede great classes of cases which from the beginning he had successfully claimed as his own. The author of the article on Jenner in the *Encyclopaedia Britannica* says: "There can be little doubt that Jenner would never have had the perseverance to carry through his great discovery of vaccination had not his earnest benevolence pressed it on him as a duty to confer such a great and permanent benefit on the whole human race."

The query, "Who is our neighbor?" sealed for immortality the Good Samaritan befriending a stricken fellow man, bathing his temples, binding up his wounds, turning from his own business to carry the victim to shelter, ministering to him there and providing for his welfare afterwards till health and strength should return. Who is the Samaritan on the modern Jericho road, this epoch of all-killing greed? Who now distinguishes himself by sharing time and goods with his neighbor in distress?

Happily our modern day sees many Samaritans, but none among them more richly deserves the name than the medical man. My observation is to the effect that in costly and telling philanthropy, the risking of life and health for others, unpaid service for the poor, patience with the petulant, sympathy with the bereaved, the profession of medicine leads all others. In fact, best success in the calling presupposes a constant, taxing efflux of altruistic energy. Every modern practitioner recognizes that a kindly selfhood on his part helps patients more than the doses he gives; that his powders, pellets, salves and lotions are as good as impotent unless administered with a certain virtue of sympathy going out of him, quickening and healing. It is a measureless credit to the profession that so vast a majority of its members keep up a genuinely humane spirit while all the time dealing with abnormal and morbid conditions.

Physic is sometimes stigmatized as by eminence the inspiration of unbelief. The dissecting room is called the school of atheism. A limb here, a head there, the body dismembered, desecrated; the question, "Where is the soul that unified, vitalized, inspirited?" is not always answered as a modern poet* answers it:

"Death is a dialogue between the Spirit and the dust.
'Dissolve!' says Death. The Spirit:
'Sir, I have another trust.'
Death doubts it, argues from the ground; the Spirit turns away,
Just laying off, for evidence, an overcoat of clay."

But reflection reveals even to the anatomist that the poet is right, or at least as likely to be right as the skeptic. The quickening spirit of the universe claims its own, but leaves behind from its fullness these patterns of clay for the student's study. If he approach "the discarded vesture" with humility, his search discloses even in the dead tissues before him a wondrous system of purposed arrangements, means cunningly suited to ends, delicate adaptations of all sorts, which must, I will not say, change him from a doctor of medicine to a doctor of divinity, but certainly must set his unbelief, if he has such, in very unstable equilibrium. Studious anatomists easily enough learn the hollowness of old-fashioned natural theology; but they also learn, or at least learn to surmise, that the thing to do with natural theology, as heretofore taught, is to broaden, deepen and reform it, not to reject it. That so few medical men profess this healthy surmise of spiritual powers and a spiritual world is no sign that they do not possess it. Your speech smacks of your daily work, but your strictly personal and characteristic thoughts lie deeper. Out of the heart are the issues of life, not out of the lungs.

Rightly viewed, even a physician's work is religious in its way. In medieval times man's salvation began with the soul. Clearing the path of obstacles to this

*Emily Dickenson.

objective involved endless flesh renunciations and macerations. Fasting, the horse-hair shirt, ashes, the self-inflicted scourge, crawling on knees to shrines, and various other species of flesh abnegation, were intended to subdue or refine the physical body so that the spiritual light within might blaze forth. The modern redeemer, working in the light of biology, inverts this order. Basing his practice on the principle of evolution, he seeks not death, but life and growth, beginning with the material organism and awaiting spiritual florescence to result in time. His guide in this is the great Healer, who, as prelude to or part of a gospel for souls, fed the hungry, made the lame to walk and the blind to see. That method of redemption, beginning with the flesh, a method natural, rational and effectual, is the one adopted by this great evangelical agency, the medical profession.

The scientific spirit, which, I have said, physicians, as a class, possess in an eminent degree, is itself a species of piety. We have ceased to think of God as a power outside of His world, fingering, pushing, managing, as a weaver at his loom or an engineer his machine. The physical world is the God-head's living robe. The universe is not a mass of God's old works, finished, geared and wound up six thousand or six million years ago; the universe is a display of God's fresh works, created moment by moment here and now.

"There was never any more inception than there is now,
Nor any more youth or age than there is now,
And will never be any more perfection than there is now,
Nor any more heaven or hell than there is now."

The creation of the world and the sustenance of the world are identical acts. Of course, spirit is greater than matter. God and world are no equation, no two mere names for the same thing, like common salt and chloride of sodium. Creator transcends creature infinitely. It is exhausted in Him, but He is not exhausted in it.

"From Thy will stream the worlds, life and nature,
Thy dread Sabaoth."

Will is producer; the world is product, but the product is not produced at arm's length. My thought is my act, product, creature, but it is not "other" to me; it is part or phase of me. So God's product, the world and its fullness, is not His output, but a process within Him. In Him we live and move and are. Turn whither you will, there He is;

"And God is seen God
In the star, in the stone, in the flesh, in the soul,
and the clod."

I am impressed that this, or something like it, is, and always has been, the thoughtful medical man's faith, and that so far as it goes it is a good faith. As Bulwer Lytton says:

"There is no unbelief.
Whoever plants a seed beneath the sod,
And waits to see it push away the clod,
He trusts in God.

"Whoever says, when clouds are in the sky,
'Be patient, heart; light breaketh by-and-by,'
Trusts the Most High.

"Whoever sees, 'neath winter's field of snow,
The silent harvest of the future grow,
God's power must know.

"Whoever lies down on his couch to sleep,
Content to lock each sense in slumber deep,
Knows God will keep.

surgery and forcing Death to cede great classes of cases which from the beginning he had successfully claimed as his own. The author of the article on Jenner in the *Encyclopaedia Britannica* says: "There can be little doubt that Jenner would never have had the perseverance to carry through his great discovery of vaccination had not his earnest benevolence pressed it on him as a duty to confer such a great and permanent benefit on the whole human race."

The query, "Who is our neighbor?" sealed for immortality the Good Samaritan befriending a stricken fellow man, bathing his temples, binding up his wounds, turning from his own business to carry the victim to shelter, ministering to him there and providing for his welfare afterwards till health and strength should return. Who is the Samaritan on the modern Jericho road, this epoch of all-killing greed? Who now distinguishes himself by sharing time and goods with his neighbor in distress?

Happily our modern day sees many Samaritans, but none among them more richly deserves the name than the medical man. My observation is to the effect that in costly and telling philanthropy, the risking of life and health for others, unpaid service for the poor, patience with the petulant, sympathy with the bereaved, the profession of medicine leads all others. In fact, best success in the calling presupposes a constant, taxing efflux of altruistic energy. Every modern practitioner recognizes that a kindly selfhood on his part helps patients more than the doses he gives; that his powders, pellets, salves and lotions are as good as impotent unless administered with a certain virtue of sympathy going out of him, quickening and healing. It is a measureless credit to the profession that so vast a majority of its members keep up a genuinely humane spirit while all the time dealing with abnormal and morbid conditions.

Physic is sometimes stigmatized as by eminence the inspiration of unbelief. The dissecting room is called the school of atheism. A limb here, a head there, the body dismembered, desecrated; the question, "Where is the soul that unified, vitalized, inspirited?" is not always answered as a modern poet* answers it:

"Death is a dialogue between the Spirit and the dust.
'Dissolve!' says Death. The Spirit:
'Sir, I have another trust.'
Death doubts it, argues from the ground; the Spirit turns away,
Just laying off, for evidence, an overcoat of clay."

But reflection reveals even to the anatomist that the poet is right, or at least as likely to be right as the skeptic. The quickening spirit of the universe claims its own, but leaves behind from its fullness these patterns of clay for the student's study. If he approach "the discarded vesture" with humility, his search discloses even in the dead tissues before him a wondrous system of purposed arrangements, means cunningly suited to ends, delicate adaptations of all sorts, which must, I will not say, change him from a doctor of medicine to a doctor of divinity, but certainly must set his unbelief, if he has such, in very unstable equilibrium. Studious anatomists easily enough learn the hollowness of old-fashioned natural theology; but they also learn, or at least learn to surmise, that the thing to do with natural theology, as heretofore taught, is to broaden, deepen and reform it, not to reject it. That so few medical men profess this healthy surmise of spiritual powers and a spiritual world is no sign that they do not possess it. Your speech smacks of your daily work, but your strictly personal and characteristic thoughts lie deeper. Out of the heart are the issues of life, not out of the lungs.

Rightly viewed, even a physician's work is religious in its way. In medieval times man's salvation began with the soul. Clearing the path of obstacles to this

*Emily Dickenson.

objective involved endless flesh renunciations and macerations. Fasting, the horse-hair shirt, ashes, the self-inflicted scourge, crawling on knees to shrines, and various other species of flesh abnegation, were intended to subdue or refine the physical body so that the spiritual light within might blaze forth. The modern redeemer, working in the light of biology, inverts this order. Basing his practice on the principle of evolution, he seeks not death, but life and growth, beginning with the material organism and awaiting spiritual florescence to result in time. His guide in this is the great Healer, who, as prelude to or part of a gospel for souls, fed the hungry, made the lame to walk and the blind to see. That method of redemption, beginning with the flesh, a method natural, rational and effectual, is the one adopted by this great evangelical agency, the medical profession.

The scientific spirit, which, I have said, physicians, as a class, possess in an eminent degree, is itself a species of piety. We have ceased to think of God as a power outside of His world, fingering, pushing, managing, as a weaver at his loom or an engineer his machine. The physical world is the God-head's living robe. The universe is not a mass of God's old works, finished, geared and wound up six thousand or six million years ago; the universe is a display of God's fresh works, created moment by moment here and now.

"There was never any more inception than there is now,
Nor any more youth or age than there is now,
And will never be any more perfection than there is now,
Nor any more heaven or hell than there is now."

The creation of the world and the sustenance of the world are identical acts. Of course, spirit is greater than matter. God and world are no equation, no two mere names for the same thing, like common salt and chloride of sodium. Creator transcends creature infinitely. It is exhausted in Him, but He is not exhausted in it.

"From Thy will stream the worlds, life and nature,
Thy dread Sahaath."

Will is producer; the world is product, but the product is not produced at arm's length. My thought is my act, product, creature, but it is not "other" to me; it is part or phase of me. So God's product, the world and its fullness, is not His output, but a process within Him. In Him we live and move and are. Turn whither you will, there He is;

"And God is seen God
In the star, in the stone, in the flesh, in the soul,
and the clod."

I am impressed that this, or something like it, is, and always has been, the thoughtful medical man's faith, and that so far as it goes it is a good faith. As Bulwer Lytton says:

"There is no unbelief.
Whoever plants a seed beneath the sod,
And waits to see it push away the clod,
He trusts in God.

"Whoever says, when clouds are in the sky,
'Be patient, heart; light breaketh by-and-by,'
Trusts the Most High.

"Whoever sees, 'neath winter's field of snow,
The silent harvest of the future grow,
God's power must know.

"Whoever lies down on his couch to sleep,
Content to lock each sense in slumber deep,
Knows God will keep.

"Whoever says 'tomorrow,' 'the unknown,'
 'The future,' trusts the Power alone
 He dares disown.

"The heart that looketh on when eyelids close,
 And dares to live when life has only woes,
 God's comfort knows.

"There is no unbelief,
 And day by day, and night, unconsciously,
 The heart that lives by faith the lips deny,
 God knoweth why!"

Thus the indictments against Aesculapius have to be quashed, while the testimony advanced to support them turns, upon examination, into applause and proof of merit.

Much more than this. Aesculapius is not only meritorious on the counts where he was alleged to be guilty, but he is equally meritorious on countless other counts. I can discuss none of these; I can only mention a few, to be taken as specimens and reflected upon at your leisure. Unlimited praise is due the medical fraternity for things like the following:

1. Wide knowledge of hygiene and wide application thereof, partly preventing disease and partly healing without use of drugs diseases which cannot be prevented. With this may be mentioned the increase of temperance in eating and drinking. It is estimated that in 1726 Great Britain consumed six gallons of spirits per head of the population as against one gallon at present.

2. Merciful reduction in the dimensions of doses, the use of little pills instead of big ones, and the substitution of pellets and lozenges for boluses.

3. The elevation of medicine to scientific rank against the stubborn, incredible opposition of patients and their friends, who so often prefer death upon old methods rather than life and health by new ones. This progress may be appreciated by recalling that till the middle of the eighteenth century medical knowledge was almost wholly empirical, based upon the old humoral pathology and weighted with abject reverence for authority. For a long time improvement was slow, but since the clinical thermometer was introduced and bacteriological science began to be utilized in the medical field, betterment has gone on by leaps and bounds.

4. The still more remarkable progress of surgery, even aside from anesthesia and asepsis; the art of applying these and the various other arts connected with surgery, e. g., the invention and use of clever instruments, such as those of mechanical surgery, probably constituting, all taken together, as great an advance in surgery as either anesthesia or asepsis.

5. The system of improved hospitals, today the most Christian characteristic of Christendom, owing its existence mainly to the medical fraternity. If physicians have not furnished the funds for it, they have provided the inspiration, the knowledge, the direction.

6. The training of nurses and the wide use made of them in hospitals and homes. So far as known, the employment of women nurses began, for England, in 1799, with an order from the army medical board to regimental surgeons, making provision for the better care of sick soldiers. Women nurses were to prepare comforts for the patients, do their washing, cook their rations, and help administer their medicines, for which services they were to receive a wage of a shilling a day apiece. The elevation of this noble profession, till nurses like Florence Nightingale and Sister Dora rank with the world's most distinguished persons, is mainly due to appreciative encouragement by medical men. A writer in a London paper is "irresistibly compelled to the conclusion that perhaps the most vivid contrast between the social life of the eighteenth and twentieth centuries will

prove to be the changed attitude of the whole community toward women, especially as regards their work in the treatment of disease." (H. D. Traill, Editor Social England, Vol. V.)

Numerous and vast as are these contributions to human weal made by Aesculapius already, society fixes demands upon him which he has thus far only imperfectly met. Not only must the crusaders on behalf of therapeutics continue the onward march as long as pain and disease keep up their ravages; not only must Aesculapius be a torchbearer for future generations, as he is a toiler for contemporaries; but even for contemporaries he must do more and better work.

The scientific spirit still needs cultivation. So recently as 1895 a scientist was describing to an eminent London physician the alleged effects of the Roentgen rays, which the medical journals had not yet noticed. The physician's answer was: "The thing is scientifically impossible and the story is, in fact, a damned lie." It is alleged on good authority that the pharmacopoeia still "contains a vast list of drugs, of which doctors know little, for application to all sorts and conditions of bodies, of which they know less." I have seen it queried whether the "adult dose" of today is not a pure piece of empiricism differing in degree from the eighteenth century medical empiricism, but essentially the same in kind.

Physicians might vastly increase their usefulness by becoming to a greater extent than now instructors of the public in matters pertaining to their specialty.

Innumerable human beings suffer through life from curable complaints and deformities because neither they nor their friends know these evils to be curable. The proportion of intelligent people totally ignorant of the wonders which surgery and medicine are now accomplishing is astonishingly large. In many neighborhoods club-feet, hernia, cross-eyes, curvature of the spine, and a hundred other ailments, are common, in curable forms, the patients having no idea that relief is possible. Physicians owe it to sufferers to make these wonders known. The suspicion sure, of course, to arise in many minds, that their motive in spreading abroad such information is selfish, they should ignore or brave, in view of the good they may do by letting the afflicted know that healing is within reach.

Ignorance is widespread, dense, and dangerous, touching another line of maladies. Nameless destructive habits and diseases are abroad, whose ravages could be most happily lessened were physicians less reticent. The victims themselves need instruction; and when, as is often the case, they are young persons, their parents and friends need it as well.

Family physicians should be bolder than they are in urging parents to inform their children in highly important points of anatomy, physiology, and hygiene, on which young people not carefully coached by those responsible for them, are prone to learn wrongly, or else to learn when it is too late. No false modesty, no narrow view of his office, no fear of being thought prurient, should keep a family practitioner from faithfully performing this delicate duty. Much that is termed modesty touching the realm of life and conduct to which I here refer reminds me of the Pope's regulation when he was temporal ruler in the papal states: that medical schools should teach obstetrics from the mannikin only. Such prudery can produce no good result, morally or otherwise. My experience with young men leads me to suspect that lack of proper instruction in this department of life wrecks armies of youth every year.

There ought to be some way by which medical people could disseminate the knowledge which they possess regarding obstacles to proper and happy marriage. Physicians know as few others do the sorts of cases where, because of some physical or mental ill in one party or the other, or some incompatibility between the parties, marriage, if entered into, is either a crime or an inevitable cause of misery and woe. No end of nervous prostrations, divorces, suicides and murders result from these mesalliances.

There should in some way be made known the salient facts about venereal diseases. Greater attention needs to be called to their wide and, in many communities, increasing prevalence, making it proper for all to be on their guard against them. Few know the alarming commonness of gonorrhoea, especially among women, or the great number of malignant and stubborn disorders to which it gives rise, making it, perhaps, on the whole, as mischievous a complaint as syphilis itself. Few persons are aware that the most innocent man or woman in the world may contract these diseases, a fact which ought to produce greater frankness on everyone's part in referring to them, and greater freedom on the part of patients in seeking medical relief.*

In keeping so much to themselves their knowledge on these subjects, many physicians are, no doubt, influenced by fear of seeming to solicit patients. Others, perhaps, think that the knowledge referred to, if made general, would lessen the demand for medical services, and hence the profitableness of the medical calling. I should like to recommend any policy which would have that effect. I feel sure that the dissemination of light on the topics just spoken of would not detract from physicians' profits, but greatly enhance them. It would lead the despairing to seek treatment and quacks' customers would repair to responsible practitioners.

Lastly, physicians may greatly serve mankind by guiding ethical thinkers in or toward the solution of certain capital moral problems now waiting to be settled.

The grim manner of many a good surgeon is a text to be dwelt upon. "Happiness is but a dream, and nothing is real but pain," said Voltaire, and Schopenhauer echoes the sentiment. We may believe the first member of this epigram or not, but that pain is real is a statement admitting no doubt in the minds of those who suffer. Hosts of men suffer needlessly. There is a calculus of woe, wherein medical men are masters and could most usefully instruct mankind. The problem for medicine and surgery is how to lessen net pain, how to enlarge the total net happiness. The surgeon sees that the relentless infliction of great pain is often true mercy, the only true mercy, the sole method of preventing greater pain. Society needs to master this lesson. All of us sometimes, and most of us at all times in respect to certain matters, are cruelly kind, unmercifully merciful, gruesomely gentle, savagely sweet. To avoid a twinge of pain here we let loose a world of it there. We should be braver. Resist the pain-devil and often he will flee from you. The excessive fear of pain is an evil which needs to be carefully pointed out and insisted on. A man or a woman by whom pain is too much dreaded, who keeps up

*The Prevention of Venereal Diseases.—"In the course of a discussion on the 'Ravages of the Venereal Diseases,' recently held before the Physicians' club of Chicago, Judge Lorin C. Collins pointed out the difficulty in reaching an agreement as to proper legislation to be enacted for the purpose of controlling and diminishing venereal diseases, and the obstacles likely to be encountered, both in its enactment and in its enforcement. In the course of the same discussion, Dr. Edmund Andrews struck the keynote of the situation in urging education of the public upon the subject of venereal diseases, in order that it may for itself realize the dangers, and intelligently apply the preventive and corrective measures, individually and collectively. * * * The question is a most important one, and its regulation is likely to continue, as it has in the past proved to be, a most difficult undertaking. It is clear, however, that the desired results are to be secured, not through any single means, but from a combination of all. The most important of these, as striking at the root of the evil, includes a full knowledge of the nature of the diseases, the methods by which they are conveyed, as well as the means by which such conveyance is to be prevented, and the adoption of all possible measures of prophylaxis, moral and physical, together with the most rigorous and systematic treatment, in private and public alike."—*Journal American Medical Association*, April 6, 1901.

too diligent effort to avert it, actually suffers more than one who fears pain less and makes smaller provision for its avoidance. Exactly the same is true of every community and of mankind at large. The medical profession must work out this calculus of pain. They alone have the necessary data or can make the needed observations.

Most of us would unhesitatingly say that rough sports like football are to be encouraged (among other things), for the reason that they harden youth to condemn all ordinary forms of pain, and both to witness and to bear without flinching pain too great to be condemned. As noted already, the fear of pain may become morbid, and hence a positive new source of pain. A dread of pain which is in itself good may go too far, be too strongly developed. Many people's horror of war is, in my judgment, morally pathological. We need schooling in pain and in the calm vision of pain in order to aid men against pain. People who faint at the sight of blood are of no value in case of accident. With equal readiness most would add that those neuroses so common, especially among women, which lead the subjects of them to anticipate pain, to sense it afar off, to have horror even over the thought of it when pain itself does not exist, are to be discouraged. "Sufficient unto the day is the evil thereof."

But the problem arises: Is there not danger that by the cultivation of contempt for pain, and by the repression of hypersensitiveness insensibility may be developed which will tend to the ignoring and toleration of cruelty? Is there not a permanent necessity for missionary work against cruelty, such as only exquisitely sensitive people can perform? Are not the majority of us in danger of becoming hrutes should such ministry be taken away? I have heard it earnestly urged as a sufficient reason for forbidding vivisection in every form that vivisection dulls human sensibility, the assumption being that whatever dulls sensibility, in however slight degree, is inevitably wrong. Such a view has some justification, though, no doubt, the contention may easily be carried too far. Where the line shall be drawn between these two antagonistic tendencies, between the too great heedlessness of pain and the too ready heeding of it, is a calculus which only men of medical education and experience can work out.

Again, suppose that a measure of training in insensibility is to be commended, do we need, is it admissible, artificially to create pain for the mere purpose of hardening people's feelings? Certain vivisectional practices seem to be carried on with this end almost wholly in view. I clipped from a daily paper a statement that the experimenters at certain hospitals practice such atrocious cruelties as laying bare a dog's spinal column and then applying to it powerful electric currents, pouring hot lead into the creature's stomach, removing portions of its body and grafting parts of other animals on, tearing out its entrails and inserting others, dividing the brain, dipping half the body in boiling water, singeing the hair from its back, and so on, the hrute being to begin with rendered, by the removal of its windpipe, unable to appeal to its tormentors by the faintest cry. Although the article did not allege that the animal suffered all this without anesthesia, such was the inevitable inference. I am convinced that there is no need of practices like these for the sake of steeling people's sensibility, or for any other purpose. All the sentient vivisection ever needed, if any, can be performed by men whose nature or regular work gives them the necessary nerve.

That vivisection under anesthesia is legitimate and useful seems to me no longer subject to discussion, it being perfectly clear that vivisection in that form accomplishes vast net good. We are given to understand that the sciences of anatomy and physiology cannot, by the study of the cadaver, be advanced a single point beyond their present position, but that both can be immensely promoted by the examination of living tissue. The improvements in surgical and medical practice which have been made possible by vivisection are an all but demonstra-

tive indication that other gains of equal importance are in store by the use of similar means.

A physician in Chicago has shown by experiments on dogs the great value of hot water in the stomach in cases of nervous shock. He takes out the intestines and whips them, producing total shock, so that the animal seems as good as dead after the ether influence is gone. He then, through a tube leading to a rubber bag in the stomach, injects hot water into the stomach, heating the great sympathetic nerve, the brain of the abdomen, when the intestines recover tone and color, and the animal has to be etherized again to prevent consciousness. The degree of shock is seen by the color of the intestines.

Dr. M. M. Johnson of Hartford, Conn., utilizes this information in treating patients who have been operated on for appendicitis. For twenty-four hours he gives such only warm water. The intestines, in a state of virtual paralysis from the operation, with little or no peristalsis, regain tone; the colic passes off and the patient becomes comfortable and practically well again.

In the *Lancet* for October 10, 1896, I read an account of Professor Michael Foster's Huxley lecture, then just delivered at the Charing Cross Hospital Medical school, on recent advances in science and their bearing on medicine and surgery. Professor Foster confined himself entirely to physiology, and chiefly to three points: "The observations of the Brothers Weber on the inhibitory action of the vagus; the discoveries by Bernard of the effects of section of the sympathetic nerve in the neck—leading to all the advance in physiological and medical knowledge included in the word 'vaso-motor'—and of the formation of glycogen in the liver; and the observation by Waller of the dependence of the nutrition of a nerve on its continuity with the central nerve cell of which it is a process. * * * Professor Foster was careful to show that all these discoveries resulted from experiments on living animals."

There is a perfectly enormous mass of evidence by the highest authorities proving incontestably the value of antitoxin in the treatment of diphtheria. Dr. Otto Jelinek of the State Institute for the Preparation of Diphtheria Antitoxin in Vienna has made an elaborate report on this subject, which is printed (No. 52) in *Die Oesterreichische Samstagswessen* for 1900. A summary of this appears in the *Journal of American Medicine* of April 13, current. I do not see how any thoughtful person can face such a cloud of witnesses and declare unqualifiedly against vivisection.

There is a disease called myxoedema, in which the skin fills with pus. Feebleness of the nervous system follows, and at last dementia and death. The complaint is now known to be caused, however mysteriously, by the failure of the thyroid gland in the neck to secrete properly. The connection of the gland with the disease was ascertained by cutting the gland out of dogs and observing that they had all the symptoms of the disease. It is cured by taking the glands from dogs and giving the contents to human patients. No drug ever used has produced such invariably excellent results as this thyroid extract, which we owe to vivisection, and to vivisection alone. It has restored the health and happiness of many victims of one of the most awful diseases from which humanity suffers.

The mere fact that forward steps in useful science cost pain—the fact, if it is such, that a measure of insensibility, unfortunate in itself, is occasioned by vivisection, is not decisive. The great question—the only question—is, will any proposed piece or kind of vivisection increase or lessen the net total of pain? If vivisection will lessen the net total of pain, it should be encouraged. If prevention of it will lessen the net total of pain, the anti-vivisection crusade ought to prevail. What we wish to know is, which is really the cruel side?

In the city of Philadelphia an eminent surgeon wished to transplant a very important nerve from the thigh of a dog into the thigh of a man whom a serious

lesion had deprived of this nerve for a considerable distance. In seeking his animal for the experiment he naturally turned to the dog pound. The president of the Society for the Prevention of Cruelty to Animals, a lady of the highest character, having charge of this institution, refused to permit a single brute to go out of the pound for the surgeon's purpose. I deem the lady's refusal a most cruel act. It can hardly be doubted that any temporary pain caused the animal by the incision would be incomparably less than that which the human being would suffer from the permanent disability which threatened him. My sentence in this case would be the same, whether the dog has to take the knife with or without anesthesia.

Anti-vivisectionists cry out quite too much against experimentation with curare. The common idea is that curare, affecting only the motor nerves, quiets the subject, but leaves it perfectly sentient. The fact is that curare is an anesthetic, as testified by Boelendorff, 1865; Lange, 1874; Romanes, 1876; Steiner, 1877; Binz, 1884, and Lauder Brunton, 1887, all of whom say that the sensory nerves are depressed and paralyzed by curare. Thus the curarized animal is rendered practically free of pain by the curare itself, but, as a matter of fact, morphia, chloral, etc., are nearly always administered along with it, for the reason that pain materially interferes with most vivisection experiments.

There is, then painless vivisection which, its painlessness being guaranteed, should be permitted to all physicians and medical students; and there is painful or sentient vivisection, vivisection without anesthesia. That this is sometimes allowable I cannot doubt, but, as I have said, just when and under what restrictions laymen must leave medical men to say. Their verdict will probably be somewhat as follows:

Painful vivisection may be divided into three classes or kinds.

1. The Pathologic—The invasion of sentient living tissue with some sharp instrument for the purpose of originating disease in the animal, the examination or results of which may aid, directly or through the understanding of the disease, in its cure. This is legitimate and should be free to all medical practitioners and students, under only the ordinary restrictions against cruelty to animals. In this way antitoxin is obtained against diphtheria, and also vaccine virus.

2. Merely Didactic—The cutting of sentient living tissue by or before students for the mere purpose of elucidating already known points in the sciences. This should be forbidden altogether. The risk of pain and torture is too great.

3. Scientific—The cutting of sentient living tissue for the purpose of obtaining new and important information in physiology. This should be permitted to accredited physicians and professors, but only under rigid safeguards.

GRADUATES 1901.

At the public commencement, held at Boyd's theatre, April 25, 1901, the degree of Doctor in Medicine was conferred upon the following gentlemen:

Allen, Silas Gilbert.	Leisenring, Luther Martin.
Dodge, Andrew Roy.	Nilsson, John Rudolph.
Emerson, Arthur Glen.	Perlee, Byron Lincoln.
Fitzsimmons, Sam'l Van Doozer.	Reichenbach, Henry Andrew.
Gritzka, Christian Thomas.	Robertson, Andrew Alexander.
Gilmore, Thomas Massie.	Smith, Eugene Herbert.
Hall, Stacey Bertrand.	Shockey, George Curtis.
Hall, Byron Webster.	Tower, Amasa M.
Herron, Floyd William.	Wainwright, Jugurtha Samuel.
Hawthorne, Robert Acheson.	Wells, Francis Allen.
Jones, James Franklin.	Wilmoth, William Law.
Loechner, William Henry.	

LIST OF MATRICULATES, 1900-1901.

Agee, James C.....	Nebraska	Fitzsimmons, Willet Alexander..	Nebraska
Allen, S. G.....	Iowa	Fitzsimmons, Samuel Vandoozer,	Nebraska
Alliband, George Arthur.....	Iowa	Fleetwood, Edward J.....	Nebraska
Anderson, David Bruce.....	Ontario	Gage, E. E.....	South Dakota
Arbogast, Hoye John.....	Nebraska	Gates, Frank V.....	Iowa
Avery, C. F.....	Nebraska	Ganoe, Francis Warren.....	Iowa
Barns, Frank Milan.....	Nebraska	Gilmore, T. M.....	Nebraska
Bartholomew, George Frederick....	Iowa	George, Charles N.....	Nebraska
Bartlett, Arthur L.....	Nebraska	Griffiths, D. G.....	Nebraska
Beck, Frederick Louis.....	Nebraska	Gritzka, Christian T.....	Nebraska
Bellinger, Smith W.....	Iowa	Hansen, John Ebert.....	Nebraska
Bening, John Fred.....	Nebraska	Hanson, Frank Herbert.....	Iowa
Benson, Harry William.....	Nebraska	Hall, Byron W.....	Iowa
Black, Emil Claudine.....	Iowa	Hall, Stacy Bertrand.....	Nebraska
Carlile, Amos Walter.....	Iowa	Harrison, John Hutson.....	Iowa
Chambers, Oliver.....	Nebraska	Hart, John Franklin.....	Nebraska
Chapman, W. H.....	Nebraska	Hawthorne, Robert Acheson....	Nebraska
Christensen, Chas. Jensen.....	Nebraska	Heffelfinger, H. W.....	Nebraska
Christie, Burton Whitford.....	Nebraska	Henderson, Dora F.....	Iowa
Clark, Oscar H.....	South Dakota	Herron, Wm. Floyd.....	Iowa
Cooper, A. H.....	Illinois	Hully, Henry David.....	Iowa
Craft, William Thomas.....	Iowa	Hummer, Warren Lee.....	Iowa
Davies, J. S.....	Nebraska	Isaacs, David.....	Nebraska
Decker, Jay C.....	Iowa	Iversen, John C.....	Colorado
Dempster, Roy Paxson.....	Nebraska	Jackson, Edward W.....	Illinois
Dickinson, W. E.....	South Dakota	James, P. E.....	Iowa
Dodge, Roy A.....	Nebraska	Jenkins, Harry Diehl.....	Nebraska
Dummer, Freda Martha.....	Nebraska	Jensen, Frank.....	Iowa
Duncanson, James H.....	Nebraska	Jensen, Jens Peter.....	Iowa
Eby, Charles Daniel.....	Nebraska	Job, Clatilla Bernice.....	Nebraska
Emerson, Arthur G.....	Nebraska	Jones, Jas. Franklin.....	Iowa
Ericksen, Christine.....	Nebraska	Jones, W. Y.....	Iowa

Jungbluth, Edward Christian.....	Nebraska	Platt, Owen D.....	Nebraska
Kechler, Sollie C.....	Nebraska	Poynter, C. W. M.....	Nebraska
Kerr, J. H.	Nebraska	Prest, A. E.....	Nebraska
Kerr, William.....	Nebraska	Pryor, L.....	Nebraska
Keyes, Edward C.....	Iowa	Ransom, Chas. Wallace.....	Wisconsin
Kennedy, Rob Roy.....	Nebraska	Rathbun, Grove Heman.....	Iowa
Knodel, Ray Archibald.....	Nebraska	Reichenbach, Henry Andrew.....	Nebraska
Koetter, Max John Henry.....	Nebraska	Reid, David J.....	Nebraska
Kohout, Joseph Adolpha.....	Nebraska	Reid, J. D.....	Nebraska
Kuhl, August Bernhard.....	Iowa	Reiley, Oliver Henry.....	Iowa
Lee, Daniel Francis.....	Nebraska	Rice, Rose H.....	Iowa
Leisenring, L. M.....	Nebraska	Robertson, A. A.....	Iowa
Lemar, Clair L.....	Nebraska	Root, Charles Henry.....	Nebraska
Lemar, Fred A.....	Nebraska	Rundstrom, D. A.....	Nebraska
Loechner, William Henry.....	Nebraska	Ryerson, Esther Annie.....	Iowa
Lyman, Carrie Day.....	Nebraska	Sample, Thos. Edward.....	Nebraska
Lyman, Rufus Ashley.....	Nebraska	Shaw, Charles Enos.....	Nebraska
Mantor, Hugh Carl.....	Nebraska	Shockey, G. E.....	Nebraska
Martin, Joseph Wm. S.....	Nebraska	Smersh, Otto Geo.....	Nebraska
McArthur, Hector.....	Manitoba	Smith, Eugene Herbert.....	Iowa
McCleymonds, Robert C.....	Iowa	Smith, J. W. Barnum.....	Nebraska
McDowell, Milton Berlin.....	Nebraska	Spear, George E.....	Nebraska
Meisenback, Jacob.....	Wyoming	Stuart, Albert Berry.....	Nebraska
Merkel, A. E.....	Nebraska	Stuckey, Royal Scott.....	Nebraska
Merritt, Edwin Atkins.....	Iowa	Summers, B. W.....	Nebraska
Miller, Jos. H.....	Nebraska	Taylor, Daniel Bates.....	Nebraska
Moore, Milan L.....	Nebraska	Tinley, Mathew Adrian.....	Iowa
Morrison, Chas. C.....	Nebraska	Tornholm, Frank.....	Nebraska
Morsman, C. F.....	Nebraska	Tower, A. M.....	Nebraska
Neal, H. F.....	Nebraska	Townsend, Francis Everett.....	Nebraska
Nielsen, Marie Anna.....	Nebraska	Trostler, Isador S.....	Nebraska
Nilsson, John Rudolph.....	Nebraska	Tweedy, Wm. A.....	Nebraska
Nye, Mark A.....	Nebraska	Underwood, Robert Boyden.....	Iowa
Orr, Joseph Thomas.....	Wyoming	Vance, V. Verne.....	Nebraska
Osborn, Frank Ely.....	Nebraska	Van Fleet, Edward Amos.....	Nebraska
Overstreet, Clifford.....	Nebraska	Wainright, J. S.....	Nebraska
Panter, Robert Carpenter.....	Nebraska	Walker, J. G.....	Nebraska
Pedersen, Peder Marius.....	Iowa	Warner, Howard Philo.....	Michigan
Penner, Henry Gerhard.....	Nebraska	Wells, Francis Allen.....	Nebraska
Penner, Louis.....	Nebraska	Wherry, Wm. P.....	Nebraska
Peters, J. A.....	Nebraska	Wills, Claude L.....	Nebraska
Perlee, Byron L.....	South Dakota	Wilmoth, William Law.....	Kansas
Peter, Francis.....	Nebraska		

Alumni Notes

GEORGE H. BICKNELL, M. D.

Medical colleges have but one legitimate excuse for existing, i. e., the training of young men for the profession of medicine. The organizers of colleges may, and, no doubt, do, have objects in view other than educating competition for themselves. They may desire, through connection with a medical faculty, to increase their reputations, and, incidentally, their incomes, or to keep their minds bright by means of the diligent reading and study which is required of medical teachers. Be this as it may, the only just source of pride which any college has is in her alumni. If they are below par, and not the peers of their professional brethren, they have been cheated, either by poor instruction or by being allowed to undertake the study of medicine with insufficient preliminary education. For some years the writer has kept in touch with many of the graduates of the Omaha Medical college, and has been pleased to note that a very large percentage of them attain more than the average degree of professional and financial success. They are, as a rule, self-reliant and ambitious, yet devoid of that detestable characteristic so common to young medical men, a "swelled head."

It is especially notable that a large number of the Omaha Medical college alumni secure hospital appointments in this and other cities, and others do extensive post graduate work before entering into the active practice of medicine.

Of the twenty-three graduates of the class of 1901, 25 per cent have secured valuable hospital internships and are availing themselves of the opportunities afforded for the acquirement of advanced medical and surgical training.

We are proud of the class of 1901, and are glad to welcome them as members of our Alumni association and of the greatest of professions.

Below is a list of their locations insofar as known to us at present:

- S. G. Allen—Methodist hospital, Omaha.
- A. R. Dodge—Douglas County hospital (beginning in August).
- S. V. Fitzsimmons—Prescott, Ariz.
- T. M. Gilmore—Oregon, town unknown.
- C. T. Gritzka—Talmage, Neb.
- B. W. Hall—Bennington, Neb.
- S. B. Hall—Omaha.
- R. A. Hawthorne—Omaha.
- F. W. Herron—Telsama, Ia.
- A. G. Emerson—Lewiston, Neb.
- J. F. Jones—Fargo, N. D.
- L. M. Leisenring—Sacramento General hospital, Sacramento, Cal.
- W. H. Loechner—Post graduating in Europe.
- J. R. Nilsson—Omaha.
- E. H. Smith—Wyoming State hospital, Rock Springs, Wyo.
- A. M. Tower—Homestake Mining Company's hospital, Lead City, S. D.
- H. A. Reichenbach—Omaha.
- A. A. Robertson—Council Bluffs.
- D. L. Perlee—Arlington, Neb.
- F. A. Wells—Comstock, Neb.
- J. S. Wainwright—Not known.
- W. L. Wilmoth—Immanuel hospital, Omaha.

ALUMNI ASSOCIATION, OMAHA MEDICAL COLLEGE.

Annual Meeting, Commencement Day.

OFFICERS, 1901.

WILLIS DEAN, '95.....	PRESIDENT
Sioux City, Iowa.	
G. R. GILBERT, '96.....	FIRST VICE-PRESIDENT
Omaha, Nebraska.	
H. A. REICHENBACH.....	SECOND VICE-PRESIDENT
Omaha, Nebraska.	
MARY L. TINLEY, M. D., '95.....	TREASURER
Council Bluffs, Iowa.	
GEORGE MCGRIDGE, M. D., '94.....	SECRETARY
Glenwood, Iowa.	

Members of the Association are earnestly requested to notify the Secretary of the Board of Trustees and the Secretary of the Association of changes in location. It is especially desired that the annual meeting be largely attended, and a good representation be at each commencement.

The official journal of the Omaha Medical College is "The O. M. C. Pulse." B. W. Christie, Editor. Office, 1202 Pacific street, Omaha, Neb. One dollar per annum.

Ten Facts

Bellevue College, Bellevue, Nebr., comprises the collegiate, academic, pedagogical, and musical departments of the University of Omaha.

1. Bellevue College is not a theological seminary.
2. It is not merely an academy but also a high-standard college.
3. Its location is unsurpassed for healthfulness and for beauty.
4. Its six buildings are modern, attractive, and well equipped.
5. Its library and laboratories are thoroughly equipped and organized.
6. It is prosperous—pushing the walls out in every department.
7. The smaller colleges are sending the ablest men into the highest places.
8. Its new Lowrie Hall (for girls) is not surpassed in beauty, comfort or attractiveness anywhere in the west.
9. Its alumni are succeeding and are filling prominent places.
10. Omaha's interests are at Bellevue College.

Investigate

ANNOUNCEMENT

DENTAL DEPARTMENT

...OF THE...
UNIVERSITY OF OMAHA.

In presenting this announcement of the Dental Department of the University of Omaha, the Trustees would thank their friends for the aid and encouragement they have given. Though this be the eighth announcement, yet, from substantial encouragement received from various quarters, the authorities are led to believe that the eighth session will open with a large attendance.

The college building will be devoted entirely to dental work. The work will be given in a manner to thoroughly train dentists. Skill will be developed by constantly "doing" in operative and prosthetic work and in other lines, and later on in practical work.

REQUIREMENTS FOR ADMISSION.

Evidence of good moral character must be given. An examination in the English branches will be required, or a diploma from a high school or college, or a high grade certificate from a county superintendent will be accepted.

Ladies and gentlemen admitted on equal terms in every particular.

All matriculates are expected to be present at the preliminary examination, Tuesday, October 1, 1901.

No student will be enrolled for the regular course after October 12, 1901.

CALENDAR, 1901-1902.

Regular session opens Wednesday, October 2, 1901.

Examinations April 22 to 30, 1902.

Commencement exercises May 2, 1902.

All legal holidays will be observed, and a vacation from December 21, 1901, to January 3, 1902, will be given.

FEES.

Freshmen	\$100.00
Juniors	100.00
Seniors	105.00

W. H. SHERRADEN,
412 McCague Bldg., Secretary and Treasurer.

A. O. HUNT,
Dean.

TRITI-LITHIA

IS

SOMETHING NEW AND IS AN IDEAL RESTORATIVE For Abnormal Conditions of the GENITO-URINARY TRACT.

Triti-Lithia is a new and palatable elixir, original with us, containing the principal vegetable diuretics in rational proportions, together with the properties of the most valuable salts of lithium. This combination affords a DOUBLE advantage over other preparations commonly prescribed for inflammatory conditions of the genito-urinary tract. It is a powerful diuretic and a solvent of uric acid. By freeing the system of the acid it promotes oxidation and a more energetic cellular action, with functional activity of the glandular organs. This indirectly improves muscular tone and strengthens the nerves, with the result that listlessness and a condition of general debility give way to buoyancy and vitality. The known physiological effects of the drugs composing Triti-Lithia demand its use in the treatment of Nephritis, Cystitis, Prostatitis, traumatic and specific Urethritis, Enuresis, acute and chronic Rheumatism, Gout; also Puerperal Eclampsia and similar ailments.

DOSE—One or two teaspoonsful after meals, three times daily.

A sample sufficient for thorough trial sent free to any physician who remits 25c in postage to prepay express.

TESTIMONIALS

CHRONIC CYSTITIS.

I have prescribed "Triti-Lithia" recently in several severe cases of Chronic Cystitis with marvelous results. It is without a doubt one of the best diuretics with which I have become acquainted.

R. R. RAESSLER, M. D., Anthon, Iowa.

ENURISIS.

I used your "Triti-Lithia" in a case of Enuresis in a little girl eight years old. She had been troubled since birth and every remedy in the *Materia Medica* that is recommended for such troubles was used, but to no effect. A short time ago I put her on "Triti-Lithia" (Mercer). Six doses stopped the trouble and two ounces made a complete cure, much to the satisfaction of her mother and myself.

J. L. CARTER, M. D., Maxwell, Ky.

CHRONIC NEPHRITIS.

Some time ago a sample of "Triti-Lithia" was left with me by The Mercer Chemical Company's solicitor and I gave it to an old gentleman who was a chronic sufferer from Nephritis. He was delighted with the relief he got from using the sample, and would have me order him a pound bottle which has apparently done him more good than anything he has taken.

A. G. EDWARDS, M. D., Marysville, Kans.

CHRONIC RHEUMATISM.

The "Triti-Lithia" was received in due time and is all dispensed. It gave great satisfaction. It is the best cure for Chronic Rheumatism I ever prescribed. Please send me one dozen by freight as soon as convenient.

A. S. GISH, M. D.,

Member Kansas State Board of Health, and U. S. Pension Examining Surgeon, Abilene, Kans.

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OMAHA, NEBR.

If your druggist will not obtain Triti-Lithia for you, we will provide you with 1 doz. bottles at trade prices

