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University of Nebraska College of Medicine

The Pulse

REPRESENTING THE
STUDENTS, ALUMNI AND FACULTY
OF THE
UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE

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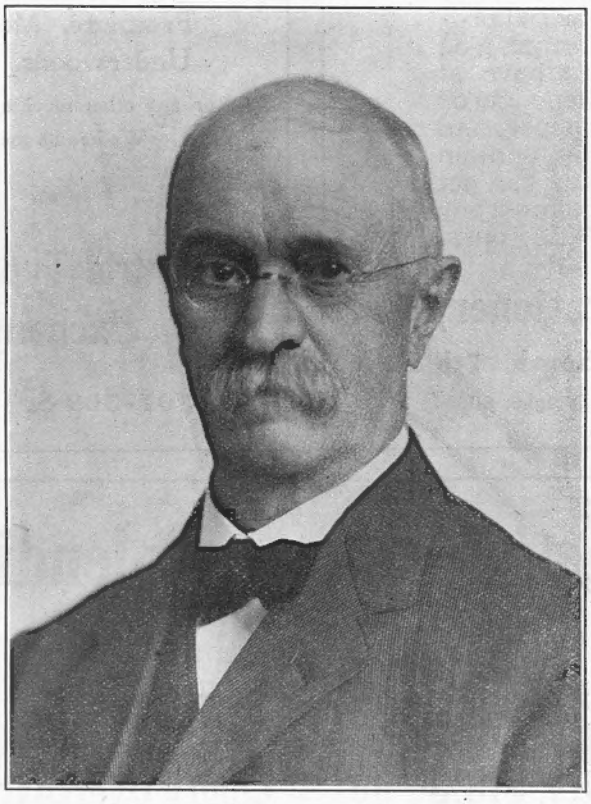


DR. A. B. SOMERS
Head Professor of Obstetrics

The Pulse

Vol. VIII. *Omaha, Neb., December 17, 1913* *No. 5*

OBSTETRIC HEMORRHAGES.

Hemorrhage in the obstetric woman is always serious and often immediately alarming. The obstetric hemorrhages are divided according to the time of occurrence into ante-partum, partum, and post-partum, while the post-partum hemorrhages are still further divided, according as they are immediate or remote, into primary and secondary. The ante-partum and partum hemorrhages may be classified according to their cause as accidental, albatio placenta, and placenta praevia, while the post-partum hemorrhages may be classified as accidental, and due to uterine inertia. These occurring ante-partum are divided into early, or these occurring before thirty weeks—and late, these occurring after thirty weeks, the management of the two varieties being different on account of the viability of the child after thirty weeks; in the earlier hemorrhages, the life of the child being relatively of less importance than in the later, or to express it differently, if too much regard is given to the interests of the child, both mother and child may be sacrificed. The management is somewhat different.

Beginning with the hemorrhages occurring before thirty weeks. They may be due to some accident such as a blow, a fall, a collision of some kind, or nervous shock. The danger as result of accident being largely dependent on the amount of shock that the person receives. Under these circumstances, the hemorrhage is due to partial separation of a normally attached placenta or the hemmorrhage may come on suddenly without any apparent cause under which conditions it is usually due to placenta praevia which has become detached in a degree through the expansion of the lower uterine segment. A limited number of cases of hemorrhages are due to diseased conditions, such as malignancy or fibroids. If the hemorrhage is due to malignancy, an immediate hysterectomy is indicated, if the disease is not too far advanced to be of benefit to the mother, no consideration to be given to the interests of the child . In the other conditions enumerated, the hemorrhage is not immediately alarming, but may become so by its persistence. A woman losing two to four ounces of blood a day, becomes anemic quite rapidly and if continued too long may result seriously.

These hemorrhages are usually of an intermittent or remittent type rather than continuous. The treatment is absolute rest in bed, careful attention being given to the condition of the bowels, a diet consisting of milk, eggs, meat, and bread with abundance of water and all nervous irritation quieted by codeine or small doses gr. $\frac{1}{8}$ of

morphine hypodermically. This treatment may be continued two weeks, more or less, according to amount of blood being lost and results of treatment. In the case of fibroids, the bleeding will stop, but possibly recur again, but in most cases the patient can be carried along nntil full term or near full term and the woman be allowed to go through a normal labor or delivered by Caesarian section or other operative method as indicated. In case of accidental hemorrhage, if there has been only slight separation of placenta, the woman will recover and go on to full term; if a large separation has occurred, abortion will be inevitable. In case of placenta praevia, abortion will ultimately occur. Under these two last conditions it is important that the physician does not wait too long before emptying the uterus. My method of doing this is to pack the vagina with iodoform gauze daily until the uterus empties itself. The pack softens the cervix and promotes uterine contraction with less injury than most artificial methods. When hemorrhage occurs during the last ten weeks of pregnancy, if anyways severe, no matter whether placenta previa or accidental, the immediate emptying of the uterus is indicated. If a woman can be placed in a hospital under constant observation with competent help, it is allowable to try and bridge over a short period in the interest of the child, but the fundamental idea must be to stop the hemorrhage and to do this, emptying the uterus is the only method of safety. To be sure, most hemorrhages at this time, stop once without artificial aid or may be checked by packing the vagina, but their recurrence is inevitable unless the uterus is emptied. A first hemorrhage is rarely fatal, but a second one very often is.

Regarding methods of emptying the uterus in placenta previa. One is to be guided wholly by existing conditions, and it makes but little difference regarding the period of pregnancy or if labor has already begun. If there is little or no dilatation, especially in a primipara, Caesarian section is the method of choice regardless of whether the child is alive or not. If environment contra-indicates the abdominal delivery, packing the vagina with iodoform gauze may be resorted to until the patient can be sent to a hospital, or may be repeated daily until the cervix softens and dilates sufficiently to deliver by the vagina. If the cervix is dilated sufficiently to introduce two fingers, a Braxton Hicks version may be performed and the half breech brought down into the lower uterine segment—the hemorrhage checked by pressure and labor allowed to proceed normally. If the cervix is dilated sufficiently to introduce the hand, podalic version may be performed, the breech brought down, the hemorrhage checked by pressure and labor allowed to proceed normally. If the cervix is fully dilated, the head presenting, immediate delivery may be effected with forceps.

In placenta previa after delivery of child, the placenta should be extracted manually immediately. Never undertake rapid forcible dilatation of the cervix by any method in placenta previa on account of danger of rupture of lower uterine segment; hydrostatic bags may be resorted to, but not from choice. Fortunately placenta praevia during the late months of pregnancy is of rare occurrence. Ablatio placenta

is of more frequent occurrence and the immediate dangers of hemorrhage is just as dangerous with this exception, the attachment being in the fundus, rapid dilation of the os in a partially dilated cervix, is not contra-indicated to the same degree as in placenta previa, but the hemorrhage indicates immediate delivery in order that the bleeding may be permanently checked and the method of choice depends on environment and selecting the operation that will cause the least amount of shock to the mother. The less regard that is paid to the interests of the child, the more favorable the chances for both mother and child.

Regarding post-partum hemorrhage. There are two indications, first empty the uterus of secundines, blood clots, and second make the uterus contract. If careful attention to pressure of the fundus, with gentle manipulation following delivery of child, is observed, with a full dose of strychina and a moderate dose of morphia hypodermically and a full dose of ergot immediately following delivery of placenta post-partum hemorrhage ought to be of rare occurrence. But if it occurs with moderate severity, intra-uterine douching of water at a temperature of 120 degrees either with salt or acetic acid added will usually be sufficient, but failing conjoined manipulation is the most powerful resource—one hand being introduced to the fundus while the uterus is manipulated with the other from the outside. If the inertia is persistent, packing with gauze may be resorted to, the pack being removed in twelve to twenty-four hours according as it is plain sterile or iodoform. The management of secondary hemorrhages is not materially different—empty the uterus and make it contract.

The space assigned does not alow me to go into details of methods.

NOTED TRAVELER SPEAKS.

Mr. Frank Roberson, of Travelogue fame, addressed the students at convocation Friday, December 5. His theme was "Sanitation in the Canal Zone." After talking of this for a few minutes, however, the lecturer wandered to China and Japan in search of topics for the medical mind, and finally wound up with a few good stories from most anywhere. Dr. Edwin Maxey, who happened to be in Omaha telling the business men all about Mexico, was then called upon for a word or two. Dr. Maxey made a brave attempt to be serious, but he cracked so many Maxey jokes that the meeting broke up. Seriously, however, the convocation was enjoyed by everyone. We hope there will be more in the near future.

The Eye, Ear, Nose and Throat department of the dispensary will now have compressed air. Just recently the Omaha Surgical Supply company presented this department with a double action air pump which completes the necessary appartus. This will indeed aid wonderfully in increasing the degree of perfection of the work which this department is doing.

It has been found that the students receive particular attention from the Lincoln Highway Cafe at Fortieth and Farnam Streets.

MEDICAL PROGRESS.

Editorial by Dr. O. T. Schultz, head of the Departments of Pathology and Bacteriology, in the Cleveland Medical Journal, of which he was formerly an editor:

The recent announcement of a donation of a million and a half dollars to the Johns Hopkins University from the general education board is interesting, not because it is the largest single sum thus far granted by the board, but because of the specific purpose to which the income from the fund is to be applied. Medical education in this country has had to reckon with three very grave and serious problems in the advance which it has been making during recent years. The first of these is the placing of the fundamental laboratory branches of medical education in the hands of full-time teachers who devote themselves entirely to their own individual fields; this problem carried with it a secondary, but equally important one, namely, the raising of entrance requirements to such a degree as to furnish an intellectual soil proper for the reception of the teaching. Secondly, it has been necessary to better clinical teaching, by making provision for adequate hospital material. Twenty years ago the Johns Hopkins University at a single stroke solved these then seemingly insuperable difficulties when it opened a medical school whose advantages were to be limited to the holders of collegiate degrees, whose laboratories were in charge of a corps of brilliant, full-time teachers, and whose students were to have the "run" of the wards of a first class hospital. Medical education has made tremendous strides in this country, and the progress of any single school is to be measured by the degree to which it approaches the ideals and standard set twenty years ago. The greatest gain has been in the general improvement of laboratory teaching and in the increasing of entrance requirements. In the matter of complete control of hospital material most schools have had to lag lamentably.

The third great problem in medical education, one which has been constantly increasing in importance and which has seemed more and more difficult of solution with the passage of time, is that one which the general education board, through its recent gift, helps to solve. Too long the relative values of mountain and Mohammed have stood in inverse order to each other—the medical school, in order to obtain clinical material for teaching, has had to go to the clinicians who had hospital services. And too frequently the latter have not lived up to their teaching obligations; all too often they have made university professorships and hospital positions feeders to private incomes. Such a condition is intolerable, and the general education board's gift makes possible the greatest advance in American medical teaching, since it shows how this condition is to be overcome.

The Johns Hopkins University's latest good fortune should occasion no envy upon the part of other institutions. It is fitting and proper that the medical school, which solved the first big problem of high entrance requirements and scientific laboratory teaching and which has gone much further in the solution of the second problem of hospital facilities than any other school, should be the pioneer in the final and biggest task which yet remains to medical education. If

the newspapers can be believed, the large sum granted is to be used for the endowment only of the clinical departments of medicine, surgery and pediatrics, thus emphasizing once again the very high cost of first class medical teaching. A realization of this cost means much to several groups of people. The governing bodies of those universities not able or willing to meet the cost had better close their medical schools. When prospective medical students realize what value they can and should receive for the tuition fees paid, then institutions with inadequate private endowments will have to close their doors. And when the average citizen understands that he is entitled to the services of doctors who can be properly trained only at great cost, then the state universities ought to be able fully to take up the burdens of such medical education. The future can have room only for medical schools maintained by almost inconceivably large private endowments or through taxation by the free-will offerings of an intelligent citizenship.

NEW CATALOG.

Dr. Cutter is working on a new catalog which will go to press some time in April. This catalog will be superior in a number of ways to those previously published. Very definite schedules and courses will be announced, so that no one reading our catalog but what will clearly understand just what the work in each course will be. The book will contain important changes in the sophomore schedule, and provision will be made for a certain amount of elective work in the senior year.

Some rather important changes will occur in the second semester schedule this year. Definite announcement as yet cannot be made, but it is probable that the Sophomores, in addition to their work in Pathology and Bacteriology, will have two hours of Obstetrics, two hours of Materia Medica, two hours Physical Diagnosis and one hour of Refraction. This work is given in order that the Junior year will not be so crowded and that the Sophomore class as Juniors in September may enter upon their Dispensary work without loss of time.

Monday will probably be the only day for an 8 o'clock class, 9 being the first hour for the Sophomores during the rest of the week. Saturday morning work will compensate for this loss of time.

To the second semester program of the Junior class will be added work by Dr. Hollister at the County Hospital on Minor Surgery and by Dr. Bliss at the County Hospital on Medicine and Applied Physical Diagnosis. They will have four full mornings a week for hospital work. The tentative schedule surely looks attractive to the Pulse reporter, and when the school has a chance to examine it they too will be impressed with the idea that every change that we make nowadays is for the better.

Dr. T. E. Eaton of Pittsburg, Penn., Harvard Medical, '83, President of the Associated Harvard Clubs, visited the building Tuesday. Dr. Eaton is a prominent member of the American Pediatric Society. While in the city, Dr. Eaton was the special guest of Dr. R. R. Hollister of our faculty, who is the President of the Nebraska Harvard Club. Dr. Eaton expressed himself as greatly pleased with the appearance and equipment of the Medical building.

CLINICAL DEPARTMENT

REPORT OF A CASE OF ACROMEGALY.

(By Dr. Rodney W. Bliss, at Dispensary Staff Meeting, Saturday, December 13, 1913.)

Patient, Mrs. H.; age, 46; nativity, English; occupation, housewife.

Present Trouble—The patient comes to the dispensary chiefly because of a severe itching over her entire body. This itching commenced about three weeks ago, and has since been continuous. The itching is severe during the day, but more so during the night, and she is unable to sleep. She states that small blisters appear over her body and that she scratches them in hope of relief, but gets little. She is eight months pregnant, has borne fourteen children and has had two miscarriages. She has had a severe pruritis with every pregnancy, and with each pregnancy the symptom of itching commenced at the time of quickening, and subsided after the birth of the baby. I delivered this patient about four years ago. At this time she was covered from head to foot with herpes. Many vesicles had become infected from the fingers in scratching, and other vesicles were filled with pus. The patient at that time showed evidence of considerable toxemia, but I was unable to obtain a test for sugar in the urine. At this time she had a leukocyte count of 18000, and an easinophilia of 8 per cent. Her skin lesions cleared up quite rapidly after a normal child was delivered.

Relative to her skin lesion she gives the following interesting family history: Her mother was a twin, and gave birth to eight children, among them being two sets of twins. She herself was one of one set of twins, and these sisters, twins, are now living in Omaha. I delivered one twin about two and a half years ago (result twins), and at this time she had a very severe pruritus, and later developed a post-puerperal insanity, and was confined for a period of three months, ultimately recovering. The mother of the patient had this pruritus gestationes with each birth, and every one of her five sisters who married had the same condition. The patient, out of her fourteen children, has had only one set of twins.

Past History—The patient had always been well with the exception of the above mentioned herpes, but about eight years ago she noticed that she was gradually getting larger, and that she had to buy larger shoes. I first saw her seven years ago, and she is certainly larger now than then, although she was a large woman with a prominent lower jaw, and rather thick lips, at that time. She has felt well, is strong and has always been able to care for her numerous family, thongh she has had but one hand to work with. She has always had a good appetite, and always drinks much water. She denies venereal disease, and she does not use alcoholics. She thinks her voice is getting coarser and hoarser, and she is sure she is getting gradually larger. She thinks she tires more easily than formerly, and has difficult breathing, upon exertion. Has no especial desire for sweets.

Family History—Father died at the age of eighty, apoplexy; mother is living at the age of 78, and patient thinks her mother has a prominent jaw. Other family history is of no interest, except as above mentioned.

Examination—A very large English woman with a low pitched, rather hoarse voice; weight, 220 pounds; height, 5 feet 11½ inches, when standing erect. She is intelligent and answers all questions willingly. Her head is very large, and the forehead is somewhat of the box type. The hair is grey, but scant and fine. Eyes, normal, not far apart. Ears not large. Mouth very large, and oral cavity large. Tonsils about normal in size. Lips very thick. Tongue broad and thick. Nose, very flaring nostrils, and whole nose greatly increased in size. Teeth poor, two upper, only. Lowers, widely spaced and cannot be made to meet uppers for three-eighths of an inch. Malar bones prominent, but mandible very markedly increased in size and tilted outward. Larnyx, large. Thyroid, not palpable. Cervical glands, not palpable. Axillary, not palpable.

Chest—Bones of thorax not noticeably increased. Examination of heart and lungs negative.

Blood Pressure—Not taken.

Abdomen—The fact that the patient is eight months pregnant masks other abdominal findings.

Genitals—Not examined.

Arms—Left hand deformity, because of amniotic bands. Right hand, greatly enlarged and spade-like. The ends of the fingers are square, and the nails broad and short with no in-curving. The skin of the palm seems much hypertrophied, and the lines are deep.

The feet are enormous and the great toes are noticeably large and square.

One-eleventh actual size

Skin—Thick, but not especially atrophic. Excoriation marks over the entire body. Thickening and creases most marked in hands, face and feet.

Reflexes, O. K. Sensations, O. K. Urine, O. K.

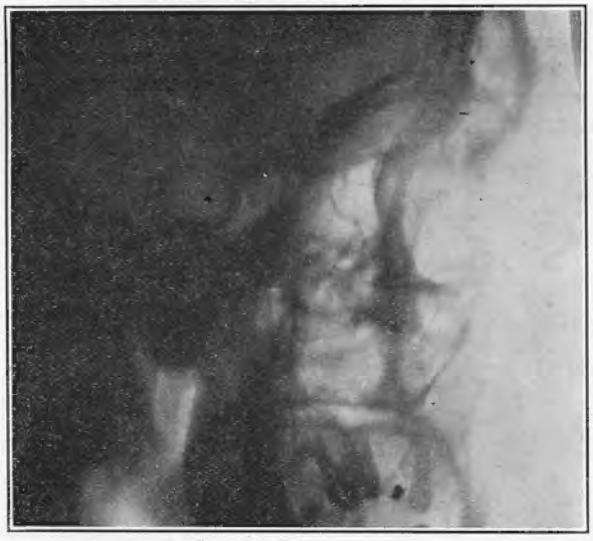
The history, the facies, the voice, hands, feet, the lower jaw, and especially the X-ray pictures taken by Dr. Kennedy, leave little doubt but that we have an adult acromegaly, plus that rare condition—Herpes gestiones.

Dr. C. R. Kennedy, Professor of Genito-urinary Diseases, U. N. C. M. '05, supplemented Dr. Bliss' paper with the following remarks:

Through the kindness of Dr. Bliss I was permitted to make an X-ray examination of his case and found some very interesting conditions.

It has been known for some time that cases of so-called acromegaly and giantism were associated with enlargement of the sella turcica, and it was found that O'Brien, Hunter's famous giant, had a large sella turcica, which must have contained a large hypophysis, but it is only in the last few years that we have been able to bring the X-ray to our aid in studying the pathology of changes in the skull.

As the structure of the brain is almost uniform as to density, we cannot expect to show tumors composed of soft tissues very distinctly and it is only by the interpretation of the secondary changes in the bones that we can arrive at a diagnosis.



One-third actual size—Showing Sella Turcico

We find that a tumor growing in the skull soon produces increased intracranial pressure and this leads to bone absorption which may show as thinning of certain areas in the bone. If the tumor is within the brain substances this thinning may occur any place, but in the case of the hypophysis which is confined in a small cavity we get very definite changes.

We know that the sella turcica is the seat of the hypophysis and should conform to certain measurements, the normal fossa being 10 mm. in anterior posterior diameter and 8 mm. deep.

The walls may be so absorbed that we have an immense cavity and the hypophysis rests on the mucous membrane of the pharnyx.

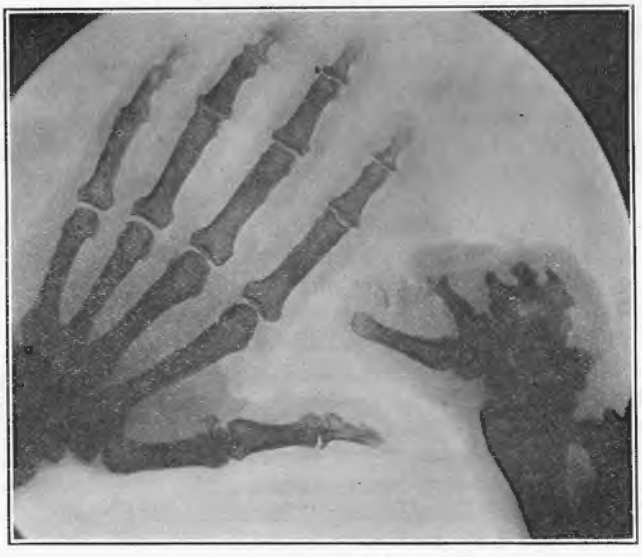
Now referring to our X-ray picture we find the sella turcica is 18 mm. in anterior posterior diameter and 15 mm. in depth, which will give us almost six times the capacity of the normal cavity.

Now in all probability this is our primary pathology, but we find secondary changes which make our clinical diagnosis plain. These consist of changes in the other bones first, enlargement of the lower jaw and thickening of bones of face and second, enlargement of extremities.

We find that the enlargement is not all due to bony growth, but to an increase in the soft tissues as well and you will note in the hands that the bones are large and thick with squared ends and in addition you will note the flesh is thickened also.

I regret not being able to show you photos of the pelvis so that you may get an idea of its size, but owing to her present condition it was thought best not to ray the pelvis or abdomen.

I think that as a means of diagnosis of the pathology present, the X-ray examination is the best means we have at our command, giving a very accurate picture of the changes present.



One-eighth actual size—Both Hands

GIFT TO THE LIBRARY.

The Library accepts with thanks three valuable volumes, the gift of Dr. Richard C. Moore, Emeritus Professor of Nervous Diseases. The volumes in question contain splendid plates illustrating various skin and venereal lesions.

U of N. C. M. Alumni News Notes

The Iowa Institution for Feeble Minded Children at Glenwood has always been of great interest to the students and alumni of our college. Dr. George Mogridge, '94, has been superintendent for many years and has always been very generous in showing the clinical as well as the social facilities of the institution to our senior students. Among the alumni who have been connected with the institution are H. W. Benson, '02; J. A. Edwards, '04; E. A. Merritt, '04; R. C. Christie, '09; Dr. F. L. Sidwell, '08, is at present an officer in the medical department.

Dr. E. J. Seward, '96, of Lincoln, was Secretary of the State Board of Health of Nebraska for several years.

Dr. A. B. Lindquist, '01, of Omaha took an eastern trip during November.

N. W. Spencer, '99, and E. E. Sage, '03, divide the medical work at Montrose, S. D.

Dr. Mark A. Nye, '04, is now located at Weston, Neb.

Dr. A. C. Stokes, '99, has an article in the Journal of the American Medical Association of December 6 on "The Origin of Mixed Tumors."

Nineteen of the members of the staff of the Dispensary are alumni of the College of Medicine of the U. of N.

Dr. R. C. Knode, '98, of Gering, Neb., was in Omaha recently.

The proceedings of the fourth annual alumni week are about ready for distribution and will be mailed in the near future.

Dr. W. P. Wherry, '03, was called to Michigan the latter part of November by the death of an uncle.

There has been a steady increase in the number of patients at the Dispensary. While many have been cured and do not find it necessary to return, others are taking their places and each department is growing.

THE LIBRARY.

The library and reading room adjoining (!) did a land office business the last month. Many of the students, most of them, in fact, having failed to bring with them their professional and visiting cards, were very patient and courteous during the busy week, when the Librarian, having no names, must needs address each by his particular subject, such as Mr. "Bundle" or "Shock." But such informalities were soon overlooked in the desire to get the information and authorities wanted.

It is always a pleasure to lend any assistance in my power. To the students I will say that we are privileged to borrow from the University Library at Lincoln anything needed for use in the preparation of their papers. To the members of the faculty, we are privileged to borrow from the Surgeon-General's Library, Washington, and from the John Crerar Library, Chicago.

H. D. B.

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EDITORIAL

WHAT RED CROSS SEALS DO.

Every Red Cross Christmas Seal that is sold is a real bullet in the fight against tuberculosis. These seals last year helped to support thousands of needy tuberculosis patients and to give them a chance for life. They provided for many visiting nurses, whose hundreds of thousands of visits brought instruction and cheer to numerous patients. They helped maintain dispensaries in scores of cities from the Atlantic to the Pacific, where thousands of consumptive patients received free treat-

ment, aid and advice. They provided the means to purchase millions of copies of circulars, pamphlets and other literature with which the public has been educated about tuberulosis. They have established and helped to maintain more than 150 open-air schools for children who needed open-air treatment. These are just a few of the ways in which the $400,000 received last year was expended. This year $1,000,000 is needed. Surely every one can help by buying at least ten seals.

The December number of the University Journal is devoted largely to the medical college. The article is partly historical and partly descriptive of the work in the College of Medicine and much interest

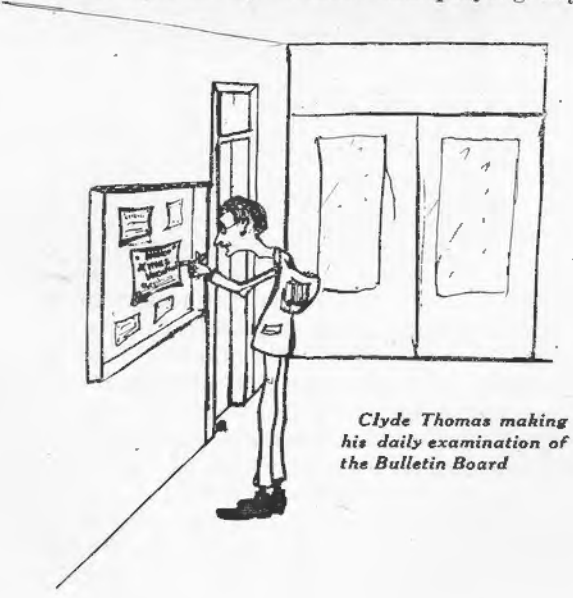
is added to the article by nine clear half-tones. Every alumnus should receive a copy of this December number of the University Journal. If you have not received a copy address the College of Medicine, Omaha, Neb., or the University Journal, Station A, Lincoln, Neb.

Alumni and faculty alike are appealed to in behalf of the Pathological and Anatomical Museum. In order to be effective for teaching each museum specimen should be accompanied by a complete history of the case and should reach the institution, if possible, fresh. Blank sheets for history taking will be sent on request, and the College of Medicine will be glad to pay transportation charges on all specimens sent. Communications relative to the museum should be addressed either Dr. C. W. M. Poynter, Department of Anatomy, or Dr. O. T. Schultz, Department of Pathology.

Dr. A. A. Johnson, Department of Clinical Pathology, is a very busy man these days. His work in making the Wasserman test and in preparing auto-vaccines has received much attention at the hands of the profession, as well as of our cartoonist.

CHRISTMAS VACATION.

Thanks again to our secretary! Her 'phone call to Lincoln simply adds two more days' vacation to our leave of absence—so pack your telescope to leave Friday night instead of next Tuesday—but kindly make your appearance again about January fifth. We wish the Freshmen to especially notice this last date since some of their fold—one Riggert in particular, seems to have such alluring attractions in his home circle that its hard to break away until two perfectly good legitimate school days have passed by without him playing any role what-



Clyde Thomas making his daily examination of the Bulletin Board

SENIOR NOTES.

Our course in experimental surgery started off with a rush Saturday, December 6, when two appendectomies were cleverly (?) performed. The latest report is that the dogs still live. But the suspense is awful to the surgeons, who do not know what minute their grade may fall from 100 per cent to 0.

The obstetrical nurse at the Clarkson Hospital was quite surprised recently on going into the nursery when she lamped a fatherly-appearing gray head bent over an infant held in his lap. The supposed father was gazing ardently at the child, but blushed painfully on the approach of the nurse. The nurse thought it a little irregular that there should be gentlemen visitors, but she soon began to see light when he called for the chart. And the mystery was cleared up when the interne came in and greeted him with "Hello, Pink."

E. B. Erskine went to Lewis, Iowa, to help Dr. Plunket with his practice for a few days. He reports his practice almost as big as the dispensary clinic.

Our operating room for Experimental Surgery, like all the other laboratories in our college, has been made one of the best in the country. Two operating tables, made especially for our work, are among our proudest possessions, and our sterilizing outfit, white enameled instrument cabinet and instrument table, together with the water in the room, makes an operating room of which we are justly proud. The strict asepsis we are able to carry out together with the amount of surgical technique we learn, cannot fail to supplement our book-learning in an invaluable way.

JUNIOR NOTES.

"Bug" Heine seems to be continually up against it. First it was "Spinal Puncture," but now it is "Dicrotic Pulse."

Did you ever watch Alec Young obtain blood from his own finger for smears? Scotch comedy. Ouch!

"Bully" Meyer has again ventured into atheletics. His latest achievement is center on the Y. M. C. A. basketball team of the Ex-Unis.

Ruth Warner has been late to 8:00 o'clocks for the last few days Etiology predisposing—longer skirt.

"Abe's" spinach is doomed. The rabbits need more blood.

"Jack" Barry's chief drug room duty is to act as body-guard to the "dark bottle."

SOPHOMORE NOTES.

Earl C. Sage has announced his intentions of giving a party to the Sophomore class, at his home Wednesday evening, at "eight bells." With Earl at the front as host, things will move very lively no doubt.

The question bothering us now is, "Will Andrews pay the bet he owes Shepherd" or is his knowledge of the eternal feminine too limited?

If Caffeine does not act as a paralyzer it certainly ought to be a stimulant.

Call for Help!

IF you need assistance in selecting a Christmas present for your doctor or student friend. Our stock is overflowing with articles that are especially suitable to the physician and medical student. Let us aid you select something that will be appreciated.

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