

# The JOURNAL

of the Alumni Association  
College of Medical Evangelists

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No. 3

## A NEW ALUMNI PROJECT

Doubtless the Alumni read with considerable interest the report from Dr. Archie N. Tong, Class of '24, regarding the Kanye Hospital in British Bechuanaland that appeared in the Medical Evangelist of September 21.

The wonderful pioneer and frontier work that is being carried on in his hospital must be an inspiration to us all. His story of the ample supply of water only half a mile away from the mission that is only awaiting a pipe line has appeared to the Alumni Board as a clear call for help in raising the necessary funds. The Religious Activities Committee under the chairmanship of Dr. Claude Steen has been asked to take charge of the campaign. The other members of the committee are Drs. Theron S. Johnston and Clement E. Counter. The Board feels that a large number of our Alumni will be interested in making modest subscriptions to this fund so that the burden will not rest heavily on any one and should result in the raising of the necessary five hundred dollars within a short time.

When Dr. Tong's letter was received, a copy of it was sent to Dr. Arthur H. Kretchmar who was in charge of the hospital in Kanye just preceding Dr. Tong. Dr. Kretchmar wrote a very interesting sketch which was also printed in the Medical Evangelist. Dr. Kretchmar emphasized the marvelous benefit that would result to the work of Dr. Tong when an adequate water supply has been provided. Dr. Kretchmar was so in earnest that spontaneously he wrote that he would be glad to subscribe ten dollars toward the fund.

Dr. Kretchmar's earnest letter and his subscription resulted in the resolution on the part of the Board to push the project of raising five hundred dollars for the purpose of supplying the necessary piping and equipment to supply the water for use in the hospital and clinic. The subscription list at present, headed by Dr. Kretchmar, is as follows:

Ten Dollars Each	Five Dollars Each
Arthur Kretchmar	Clement Counter
Claude Steen	Theodore Bergman
Benton Colver	Elmer Nelson
Herbert Amyes	Mosser Taylor
Roger Barnes	Gordon Reynolds
Roy Shipley	L. C. Kellogg
Malcolm Hill	O. B. Pratt

Your Board will greatly appreciate a practical expression of your interest in this project by an immediate word from you as to your individual interest and statement as to your subscription to this most worthy project.

## ALUMNI BANQUET Sunday, October 8, 1933

Yes, it will be at the Jonathan Club again. The Club gymnasium, swimming pool and hand ball courts on the fifth floor, and the gymnasium gallery on the sixth floor, will be turned over to us at 4:00 p. m. A volley ball game will begin at 4:15 for which a nucleus of two teams is now being formed. These will be added to ad lib so that any one who wishes to play will have an opportunity. The gymnasium gallery will be available to the ladies where they may watch the games. To see Herbert Amyes or Everett Sheldon running after that ball will be too good to miss; and maybe Harold Mourer and Floyd Lee don't need the exercise!

Swimming, more volley ball and handball for those who wish to play will be next in order. Players will be required to wear tennis shoes. There will be no charge for the use of gymnasium, swimming pool, lockers, showers, or towels. You can play in any clothes you wish.

At 6:15, the dinner. Then a community song led by a peppy leader; a short talk on medical legislation by an attorney who knows what to say and how to say it; a vocal solo by one of the best male voices in the city. Medical ethics will be discussed briefly by our Alumni president, and by a guest of honor who is very high in national medical circles. Then a reading by a man whose talent is known from coast to coast, a report from our treasurer, a short talk by a well known alumnus who knows how to talk, and another community song as a grand finale.

Send your reservations with check today. If you are unexpectedly kept away, money will be refunded. The cost is only \$1.50 per plate, nothing additional for sales tax or anything else. Designate on the inclosed card one or all of the sports you wish to participate in. If you wish a table reserved for a certain number in your party, mark card accordingly.

Roger W. Barnes, M. D.  
Chairman of Program Com.

## INTO FOREIGN WORK

Recently Drs. Warren and Francis Harding sailed for Australia where Dr. Warren is to take up the work of Dr. Charles Harrison who is to return to America.

Dr. Tesla Nicola leaves about the middle of October for Abyssinia where he will be associated with Dr. George Bergman in operating the hospital in Addis Abeba which was turned over to our denomination by the Emperor.

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## College of Medical Evangelists

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### SINUSITIS IN CHILDREN

H. J. Hara, M. D.

Sinusitis in children is much more prevalent than is generally supposed. The local factor in the causation of sinusitis is the obstruction of free drainage and ventilation of the nose. Among such causes most frequently encountered are the presence of hypertrophic tonsils and adenoids, thickened and deviated septum, boggy turbinates in allergic individuals, trauma and foreign body in the nose.

In recent years much emphasis has been laid on the constitutional factors, such as (1) Endocrine imbalance; (2) Vitamin deficiency and excessive starch intake; (3) Altered pH.; and (4) Allergy.

Some have attributed the effects of deleterious gases and dust in the inspired air, and overcrowding and poor housing, as contributing causes of sinusitis. Frequency of sinusitis associated with acute colds and exanthematous fevers would seem to emphasize the bacterial factor. So-called swimming pool sinusitis, much like exposure to cold and dampness, is considered as the result of both chilling and the introduction of pus forming organisms by improper diving and nose blowing.

The para-nasal accessory sinuses are lined with ciliated columnar epithelium the same as the nasal cavity. In the course of acute rhinitis, the infection is certain to involve one or more of the sinuses. Under unfavorable conditions, infections in these sinuses may continue and constitute acute, subacute or chronic sinusitis, depending on its duration.

At birth the ethmoid sinuses are well developed; the sphenoid sinuses appear as a small notch on the front face of the body on each side; the maxillary sinuses are about the size of a

pea. Pneumatization goes on with the development of the face. In the average child, at the age of five years, the outer or lateral wall of the antrum corresponds approximately to the pupillary line and, at the age of eight years, the floor is on the same level with that of the nose. The frontal sinus develops as a prolongation of the anterior ethmoid cells. Its presence is recognized at the end of the second or in the third year, but clinically is not of much importance until after the seventh or eighth year.

We know of no other organ, with the possible exception of the tonsils, which is capable of producing such a variety of symptoms, complications and sequelae as para-nasal sinuses. The following list is a fairly comprehensive one for practical purposes: Acute and chronic nasopharyngitis, submaxillary and cervical adenitis, granular pharyngitis of the posterior wall, recurring colds with or without complicating otitis media, conjunctivitis, orbital cellulitis, orbital abscess, optic neuritis, persistent cough without demonstrable pulmonary pathology, laryngo-tracheo-bronchitis, bronchiectasis, bronchial asthma, peribronchial adenopathy, pyelitis, nephritis, arthritis, anemia, anorexia, restlessness, malnutrition, retarded mental and physical development, facial deformity, myocarditis, meningitis, brain abscess, cavernous sinus thrombosis, etc.

In the order of relative frequency of infection, the ethmoid heads the list, followed by the maxillary, sphenoid and frontal sinuses. Maxillary sinusitis in children is usually secondary to ethmoiditis, but the infection may persist even after the ethmoiditis has subsided. Maxillary sinusitis of dental origin is practically unknown before the 14th year. Neither have we seen a single case of sphenoiditis among hundreds of children suffering from sinus infection, uncomplicated with posterior ethmoiditis.

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*Alumni Members are Welcome*

The majority of sinus infections occur between the ages of four and nine, but several cases of fulminating suppurative sinusitis have been reported in infants, resulting in death from pyemia, metastatic abscesses, septic pneumonia and meningitis.

The diagnosis depends on the history of repeated head colds with or without nasal discharge of thin watery and muco-purulent or frank creamy pus. Children seldom complain of headache. Persistent nocturnal cough, or cough upon awakening in the morning, irritable crying and peevishness in small children, and lack of mental concentration or chronic repeaters in school among older children all point the finger of suspicion to the presence of sinus infection. An X-ray examination is helpful, particularly when it is positive. Transillumination is of doubtful value. The most reliable sign is in observing the flow of pus from sinuses during the rhinoscopic examination. A diagnostic antrum irrigation may be carried out under 4% butyn solution for children after the seventh or eighth year, using a 19 gauge spinal puncture needle.

Treatment is much more difficult than in adults. It goes without saying that it requires skill, experience, and above all, infinite patience and much persuasion at times in dealing with the little patients. There is no condition in which therapeutic measures must be so individualized. The following is an outline of the general plan:

(1) Regulate diet. Supply an ample amount of vitamins. Dr. Floyd Gardner, of Loma Linda, some months ago published a list of foods indicating the amounts of vitamin A and C in each. We have found the mimeographed copies to be of invaluable assistance in the education of mothers whose children are under our care.

(2) In the sinusitis of allergic origin, attempt is made to ascertain the allergin. Then either break the contact or desensitize the little patients whenever possible. The use of quartz light is advocated by some, but we have little personal experience.

(3) Internal medication: During the acute stage small doses of atropin sulphate is given t. i. d. Calcium with small doses of parathyroid is helpful. Cod liver oil, iron and other suitable tonics may be dispensed to the anemic and debilitated. Vaccine has been tried but found wanting.

(4) Local treatment: The use of organic silver preparations, so popular in some quarters, appears to me irrational. The works of Kistner and Watson-Williams clearly indicate that the pus forming organisms are within the submucosa in both acute and chronic infections in the sinuses. The most vital thing is in the removal of

the secretion by some type of negative suction in order to re-establish free drainage and ventilation. Judicious use of the aqueous solution of ephedrine sulphate is indicated. Heliotherapy and hydrotherapy each has its own place of usefulness.

(5) Surgery: Destructive operative interference has no place in the management of sinusitis in children. On rare occasions a window resection below the lower turbinate may be indicated. However, such an opening tends to close within a few weeks. If the polypoid mass persists in the ethmoid area, it may be snared out. Should a middle turbinectomy be indicated, we prefer the Colver technique of splitting the turbinate lengthwise and removing its lateral half rather than sacrificing its anterior one-third or one-half as in the past. Orbital abscess may require external operation when the fibro-periosteal layer over the lamina papyraccia is broken through. In the osteomyelitis of the skull of sinus origin, other things being equal, the earlier the most radical type of surgery is performed, the better is the final prognosis.

Finally, in spite of the most scientific measures instituted, some of the acute cases may go on to chronic stages in which the infection may never be completely eradicated. These cases eventually require some form of surgical intervention.

## IN MEMORIAM

The Alumni Executive Committee, in its meeting of September 6, prepared the following resolution in which we most heartily and sympathetically unite:

"RESOLVED, that we hereby express our sorrow because of the death of Dr. Shaen S. Magan and his little son, Bobby, who were drowned in Yellowstone Lake, Wyoming, on August 31. We hereby direct the secretary to express to the sorrowing relatives the sincere sympathy of this committee in their bereavement."

## LADIES' AUXILIARY

The new officers of the Ladies' Auxiliary, as appointed at a meeting of the Executive Committee on September 18, are as follows: President, Mrs. Marvel Beem. Vice-President, Mrs. Leslie D. Trott. Secretary, Mrs. Wm. Christensen. Treasurer, Mrs. Emerald Steen. The following chairmen were appointed on the respective committees: Chapters, Mrs. Coeur-Barron. Commissary, Mrs. H. L. Halverson. Program, Mrs. W. P. Magan. Membership, Mrs. Russell Starr. Foreign Missions, Mrs. Glen Bradford. Hereafter, the Annual Meeting will be held the first Wednesday in May instead of in September.

R. Manning Clarke, M.D., F.A.C.P.

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# Did You Know That

## YOUR 1933 DUES ARE PAID!

We thank you. But this is not true if your name did not appear in the September *Journal* or is not listed below. We also appreciate the response of those who have sent word that they will pay their dues as soon as they have the money.

The membership of the Association at present stands at 983. Missionaries, interns and honorary members are not expected to pay dues. This leaves 843 who should pay, but only 187, or 22 per cent, have paid to date for the 1933-1934 fiscal year. Below is a list of those who have paid dues, and also those who have become sponsors, since the September *Journal* went to press.

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Dr. Paul Starr will soon go to Tokyo, Japan, to carry on the work which has been built up by Dr. E. E. Getzlaff who is returning for a furlough.

Edward Lindquist, '33, received the highest average in the June California State Board.

Paul D. Focter, '33, of 200 W. 59th St., New York City, is associated with Dr. George McKee, director of the Dermatological Division of the New York Post Graduate Medical School.

William L. Mortensen, '31, who recently returned from two years' post work spent in internal medicine in Philadelphia, has opened offices at 3800 Main St., Culver City, Calif.

Robert I. Hall, '14, formerly of Craig, Alaska, who was one of the six members of the first graduating class of C.M.E., is now located at Klamath Falls, Oregon.

Dr. Floyd E. Bates, '30, of Canton, China, thanks the Class of 1933 for a special gift which enabled him to equip three of the best guest rooms in the Canton Hospital with electric fans. Dr. Bates says that this has led to a decided increase in the good-will of the better class of patients toward the hospital.

Dr. Silas Yarnell, A.M.M.C., '01, of Spokane, Washington, sponsored a picnic at the City Park of Coeur d'Alene, Idaho, in honor of Drs. Wayne Platner, Roy Yeatts, and Harlan Kaylor, our interns in Spokane, Washington, Harold J. Sturges, '25; Eugene L. Spohn, '25; Harold C. Soucey, '28; and Adam D. Schlott-hauer, '18, with their families and friends were among our Alumni members who welcomed the interns and their families to their midst.

The Alumni Office has received a reprint of "Treatment of Agranulocytic Angina with Calcium Gluconate," which appeared in the *Journal of the American Medical Association*, June 25, 1932, of which Robert A. Hare, '25, of Santa Barbara, Calif., is a collaborator. Copies of this reprint are on file in the White Memorial and Loma Linda Libraries.

F. S. BALYEAT, M.D., D.D.S.

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