

12-18-1914

The Pulse, Volume 09, No. 4, 1914

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The Pulse

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

Vol. IX

DECEMBER 18, 1914

No. 4



From HIGHMORE'S ANATOMY

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The Pulse



Vol. IX.

Omaha, Neb., December 18, 1914

No. 4

THE CLINICAL ANTRUM OF HIGHMORE.

W. P. Wherry, M. D.

I want first to express my appreciation of the honor extended me, in being asked to contribute a paper upon the Antrum of Highmore, to serve as an associate paper to one by my esteemed friend, Dr. Poynter.

My space being to a certain extent limited, I rather believe a few rambling remarks would be of more interest than would an attempt at a classical resume of the subject.

Withing the past several years much research work has been done upon the accessory sinuses, as a whole; their place in Rhinology has been elevated in importance to such a degree that at the present time the study of the accessory sinuses and their relationship to other untoward conditions, has become not only the most interesting phases of Rhinological study, but the most important as well. And to some change from the normal in the sinuses is now ascribed many ocular disturbances, many aural disturbances, many distal outbreaks from focal absorptions of chronically retained pus. In this varied symptom complex the Maxillary Antrum plays it part.

In children the Maxillary sinus is rather small. The ostium is situated very close to the floor, drainage being then reasonably good. Under such circumstances, we can argue that the chances of sinus infection are at a minimum. Clinically we rarely see the Maxillary sinus infected in children.

The ostium of the Maxillary sinus has a somewhat fixed location in the nose, but its relation to the cavity of the sinus changes as the sinus develops. Anatomists tell us that the Maxillary Antrum develops out of all proportion to the development of the nose, the face and the rest of the sinuses; and further that its development is practically all downward. Therefore as age advances and the sinus increases in size, the ostium remains reasonably fixed, while the floor descends, thus eventually the ostium comes to be closer to the roof than to the floor. As a consequence drainage becomes poorer and poorer, and the likelihood of suppurative invasions increases in proportion. In the face of even a slight infection, drainage may be further interfered with by the peculiar action of the mucous membrane lining the sinus. This mucous is quite thin, yet is very prone to intense myxomatous enlargements, even in very recent infections, especially at the ostium where the membrane being loosely laid, is more liable to oedematous changes. These changes, being negative changes, from a good drainage standpoint,



WILLIAM P. WHERRY, M. D.
Instructor in Laryngology and Rhinology

bear out a clinical fact, in so far as sinus infections are most liable in adults.

Another causative factor of moment is, that as one grows older, the possibility of other infections in adjacent parts increases and consequently the likelihood of secondary antrum invasions accordingly increases.

The projection of a tooth root into the sinus, formerly was thought to be a very important factor in the causation of Maxillary sinusitis, we used to teach in from 60 to 80 per cent. Now, however, we appreciate the fallacy of that teaching, and know that the teeth are to be considered in only a very small percentage of the cases, not to exceed 10 to 15 per cent. The situation of the floor of the antrum, curving strongly upward as it does, brings ordinarily only the first and second molars in close proximity to the sinus and, consequently, these two teeth usually are all that can be looked upon with suspicion.

Intra-nasal deformities, or obstructions, that interfere materially with the usual general drainage problem of the nose, will serve to render the sinus, or its adjacent parts, liable to an invasion of an

active infection. This is accomplished in several ways. Most notably in the damming back of secretions; the induction of passive congestion through improper circulation of blood and of air. We know that the nose is endowed by nature to perform certain duties in the preparation of the air column, for respiratory purposes, and it is reasonable to believe that, when the routine of that work is interfered with, sooner or later, the resistance of the mucous membrane will be lowered and hence will be more susceptible to septic invasion.

Formerly it was thought the antrum harbored pathogenic bacteria, at all times. Now physiologists rather concede that the normal antrum is sterile. This ideal status is maintained, it is thought, first, through the selective action of the proteolytic enzymes of the nasal secretions that tend to break up the protein molecule of the invading organism, keeping the concentration at such a low degree that all virulence is kept in check. Experimentally it has been shown that the anterior one-third of the nose disposes of fully 60 per cent of the millions of invading germs that hourly enter the nose, and that the remaining 40 per cent have lost much of their activity. This preparation of the air column has taken place largely before it reaches the maxillary ostium. Second, through the constant wavelike action of the cilia, both of the nose and of the sinus, which action is constantly to keep foreign particles, bacteria included, moving towards the ostium. Third, through the inherent resistance of the mucous membrane.

When this ideal status has been disturbed, through any of the reasons mentioned, or through other causes, then the sinus is rendered liable to invasion and should an active virulent strain be present, trouble is started.

Skillern in his admirable book on the subject, says that in the order of their frequency, the usual pathogenic bacteria found to be the exciting agent are: Influenza bacillus; diplococcus pneumonia; staphylococcus; streptococcus.

Let us digress a moment, and consider the transilluminator, the application of which I believe to be the most dependable means of diagnosis. This instrument is easy of access and easy of use, but the grasping of the full meaning of the shadow is sometimes fraught with difficulty, and requires the exercising of much judgment, skill and experience. For instance, with the light at its maximum, in some old cases, both sides will be almost equally illuminated, but grading down the light intensity to almost nothing, the graduation of light will be apparent on one side more than the other. This interference with light may mean pus, muco-pus or thickened bone. The determination of which is sometimes a very interesting study. Sometimes, by having the patient lie down in a position to shift the secretion, using the light and then noting any change in the shadow, will help to differentiate. Probably the most important sign given us by the transilluminator, in questionable cases, is the degree of luminosity of the pupils, should pus be present, that pupil will be less illuminated than the other, and the patient will notice less light in that eye.

The classical symptom complex presented in the usual acute invas-

ion, and in the average chronic exacerbation, renders the diagnosis comparatively easy and their consideration is quite unnecessary here. However, I want to elaborate briefly upon a few symptoms that, differing so much from the usual, their significance may not always be appreciated and in overlooking their import, a wrong diagnosis might be made.

First. I would mention a dull heavy supra-orbital neuralgia, more or less always present, subject to rapid and severe exacerbations.

Second. A nasal and epipharyngeal lymphatic stasis. We know that the antrum is supplied with lymphatics, especially is the floor rich with a glandular reticulum. The flow of lymph is through the ostium into the posterior-nasal trunk, both pericles of which unite in a common meeting place on the side of the epipharynx, just behind the hard palate and below the orifice of the eustachian tube. It is not unreasonable then to argue that a septic overload of the lymph stream would be noted in successive nodes, especially the larger filtering stations. Hence the clinical epipharyngeal involvement, that disagreeable entity known as lymphatic stasis.

Third. The subjective symptoms may be confined entirely to the eye, in the nature of deep boring pains, in or behind the eye, epiphora some photophobia.

Fourth. Ear ache, of a heavy pressing type, worse in the evening, but fairly constant, not sufficient to be greatly distressing, but enough to be very annoying, and always on the one side.

Having seen so many cases appeal for help from one of these distressing symptoms, while symptoms that would be expected from an infected antrum, were conspicuous by their absence, I feel that the time given to emphasizing their importance is time well spent. Any one of these symptoms, plus the presence of light interference, would warrant the assumption of sinusitis.

A diagnosis having been made, an irrigation of the sinus is then in order to confirm the diagnosis. At this point I want to voice an opinion. I am aware that many authors state that in only a small percentage of the cases, is it possible to irrigate through the natural orifice. To this I most emphatically object. It has fallen to our lot to have had many of these cases, and almost without exception we have irrigated through the natural orifice. I doubt if we use the trocar and canula method in the inferior meatus in 2 per cent of the cases. The irrigation through the natural orifice, from a palliative standpoint, so far exceeds the artificially made opening that we always hesitate to mention the method.

In acute attacks, hot saline irrigations through the nares, coupled with oily protectants to the parts, will very often promote sufficient drainage, and the case will subside. In acute cases we caution the exercise of judgment, in advising irrigations of the antrum, for if the attack can be kept in check, by simpler means, by all odds that is the thing to do, as experience shows, quite forcibly, the advantage of conservatism.

In chronic cases it is necessary to irrigate frequently, and where

the case is prolonged or troublesome, an intra-nasal operation should be urged. Scientific teaching now takes the treatment of these cases out of the hands of the dentist, and puts them in the field of Rhinology, where they belong. The sacrificing of good teeth is unnecessary and unjust to the patient.

The accepted method of maintaining accurate drainage is to make a sufficiently large opening in the lateral wall of the nose, in the anterior extremity of the inferior meatus, to make the nose and the antrum one cavity practically. In this way drainage is permanent. Since we have been using this method, almost without exception, our cases have yielded splendidly, several of whom had formerly been operated upon by other methods, without satisfactory results. I firmly believe, that in time, this system of drainage will supercede all other operative ideas, where drainage alone is necessary.

There are a few sequellae that may result from a chronic antrum sinusitis, that has been operated upon intranasally, and which may be very annoying.

First. A type of infra-orbital neuralgia, in which we are sometimes helpless, unless a resort is made to resection of the nerve.

Second. A closing up of the original hole in the lateral wall, a most unfortunate condition, very probably due to the fact that the original opening was not made large enough. When this happens it is necessary usually to go in again and make the hole as it should be.

Third. A persistent lymphatic epipharyngitis. In this a regular persistent course of stimulating local treatment must be undertaken.

Having used up my allotted space I must close. I trust my rambling ideas have contained some little essence of good thought. And in conclusion I wish you a Merry Christmas and a Prosperous New Year.

471 Brandeis Block, Omaha.

DOCTOR NATHANIEL HIGHMORE.

While the name of Highmore has for a long time been familiar to students of human anatomy, little has been written of the man. The fullest biographical account with which I am familiar is in a history of Dorsetshire written by Hutehebs in 1676.

Doctor Nathaniel Highmore was born in 1613 in a small village in Dorsetshire, where his father was rector. We know nothing of his early training, but later he attended Trinity College, Oxford, where he graduated with the degree of M. D. at the age of twenty-nine years.

He was still in residence at Oxford when William Harvey, who as the king's physician, had been present at the battle of Edgehill, was driven to seek retirement here for a time. They met and Highmore seems to have prized Harvey's friendship very highly, for he dedicated his principal work to him. It is probable that he was present at some of the meetings which were described in telling of Harvey's stay in Oxford, "He came several times to Trinity College to see George Bathurst, B. D., who had a hen to hatch eggs in his chambers which they opened daily to see the progress and the way of generation."



ANTRUM OF HIGHMORE

In 1651 his first and most important work appeared under the title of "Corporis Humani Disquisitio Anatomica in qua Sanguinis Circulationem prosequutus est." This treatise was published at the Hague; it is in no sense an epoch making work in anatomy and contains beside descriptions of normal structures, pathological changes, clinical cases and many references to comparative anatomy. He was very familiar with the anatomy of the sheep and the dog and had dissected an ostrich.

On pages 226 and 227 of his anatomy he describes the sinus in the maxillary bone and illustrates it; he explains that the structure was called to his attention through a lady patient who suffered with an abscess of the cavity which was drained by the extraction of the left canine tooth. Ever since, the sinus has been known as the antrum of Highmore, although it had been described more than fifty years before by Casserius. Few of the illustrations for the work are original, most of them being copies or adaptations from the work of Vesalius.

He also published in 1651 a history of generation which contains some accurate observations on the chick; this was overshadowed by the work on generation which Harvey published at about the same time. Shortly before this time he located at Sherborne, where a rapidly growing practice and civil responsibilities seem to have consumed most of his time, for his later publications are insignificant.

The illustrations in this number of the Pulse were taken from the copy of his Anatomy in the anatomical library of the Harvard Medical College. The picture on the front cover represents the frontispiece of the work and is interesting because it furnishes us the only likeness

of Highmore except that in the Dorsetshire History, which represents him at a much later period in his life. The picture of the sinuses in the skull are, I believe, not original, but coupled with the clinical report of abscess were sufficient to impress the profession with the significance of the structures and to permanently place the name of Highmore before all subsequent students of anatomy.

He died in 1684 and by a will made the same year left his charts, muscle plates and a substantial endowment to the medical college from which he received his degree. C. W. M. POYNTER.

PRE-MEDIC SOCIETY TO RAISE SCHOLARSHIP

Sophomore Having Highest Grade During Year to Receive Honor— Officers Responsible.

The Pre-Medic Society has decided to give a gold medal annually to the Sophomore who has the highest general average in his studies. The movement is considered among both the faculty and student body to be one of the best ever advanced toward a higher scholarship standing. The idea originated with the officers of the society, namely, Messrs. Updegraff, Dacken and Oden.

The faculty are particularly enthused with the plan and will do everything in their power to make it a success. Dean Wolcott declares this to have long been a cherished wish of his, and gives the Pre-Medics much credit for adopting a plan which is almost certain to cause a noticeable increase in scholarship. At first the plan was to give a medal each semester, but through the influence of Prof. Barker the plan was changed so as to award only one medal each year. The professor thinks that this will bring even better results than the plan as first proposed.

Movement is already on foot to induce the alumni to subscribe sufficiently to establish a permanent fund for the medal. According to the opinions expressed by those who have already been approached on the subject this will be very easily accomplished.

It is expected that the contest for the medal will be fast and furious from the start. About sixty-five students are members of the society and they have always held the reputation of being, in general, good students. Consequently the man who wins is going to have to get down and dig and dig hard.—The Daily Nebraskan.

The activity of the Society has also been expressed recently in a lecture delivered by Dr. Hayeman on "Conservation of Vision," and in a trip to the State Hospital for the Insane.

Every Little Bit Helps.

A physician was called in to treat a case of delirium tremens.
 "Can you cure the delirium tremens, doctor?" he was asked.
 "No," answered the physician.
 "Then what can you do?"
 "I can make the snakes look smaller," was the response.



Alumni News Notes

Dr. Olga Stastny, '13, is permanently located in Omaha.

Dr. A. E. Watervelt, '13, has located at Newman Grove, Neb.

Dr. James W. Laughlin, '13, was in Omaha on business December 10th.

Dr. R. R. Reed, '01, of McCook was in Omaha the latter part of November.

Dr. Fred Karrer, '04, of Benedict, Neb., is planning an automobile trip to the San Francisco Exposition next summer.

A very interesting case of tetanus is reported in the December Medical Review by Dr. E. J. Fleetwood, '02, of Wakefield, Neb.

Dr. W. P. Wherry, '03, has an able paper on "Focal Infections of the Upper Respiratory Tract" in the December Medical Review.

Dr. S. G. Allen, '01, of Clarkson has been elected vice president and Dr. Charles Eby, '04, of Leigh, censor of the Colfax County Medical Society.

Dr. W. H. Taylor leaves the city the latter part of the month to become the house physician at the New York Lying-in Hospital, New York City.

Dr. Roy A. Dodge, '01, was elected secretary-treasurer of the Omaha Douglas County Medical Society for 1915 at its annual meeting December 8.

Dr. E. A. Van Fleet, '02, has given his services to the City Mission in Omaha for a number of years and is to be congratulated on the good work he has done for the city's deserving poor.

Dr. C. L. Wills, '06, from Anselmo, Neb., visited Omaha recently and was an interested (but voluntary) visitor at the police headquarters, where he served as surgeon during his Senior year in college.

Dr. E. B. Erskine from Omaha has located at Wayne, officing over the Mines store and living in the Feather property. He is a graduate of the University, and since graduation has been in active service as interne at the Methodist Hospital in Omaha.—Wayne paper.

X-Rays.

I care not for the Roetgen craze;
The question to perplex
Is not how to produce X-Rays,
But how to raise the X.

—Chas. F. Adams.

FRATERNITY NOTES

NU SIGMA NU.

The fraternity will have its Christmas tree and celebration on December 18.

A house party was given by the Freshmen to the upper classmen November 28. Several cabaret stunts were put on by the neophytes during the intermission of the dance.

"Obie" Meyer returned December 4 from the Nu Sigma Nu National Convention, held during the Thanksgiving holidays at Philadelphia.

M. R. Broman and Harold Rosenbaum, who are attending Rush Medical College, are expected at the Chapter house before the Christmas holidays.

Tuesday evening, November 24, the fraternity listened to a very interesting talk by Dr. Gifford on "The Place of the Physician in a State of Socialism." Dr. Bannister will be present to address the boys December 8.

Will Aten return December 7 from a trip to Chicago, for the Bolen Supporter Company.

PHI RHO SIGMA.

On December 5 the Freshmen and Sophomores entertained the active chapter at an informal dance.

The Thanksgiving hop was given November 24 at the Phi Rho Sigma house.

Phi Rho Sigma announces the pledging of Dr. J. M. Patton, R. B. Eusden, '18, and D. C. Richards.

Drs. Joe Laughlin, '13, of Elm Creek and J. E. Olsson, '08, of Lexington, Neb., visited the fraternity house recently and related to the boys some of their experiences, both while in school and since they have been out in practice.

A Christmas party will be given at the house December 18.

The Journal of Parasitology is a new publication on file in the library. The November number is the first issue of the publication. It is a quarterly journal devoted entirely to the study and research in parasitology. It is of particular interest to Nebraska students and alumni since former Dean H. B. Ward is managing editor and Prof. F. D. Barker, University of Nebraska College of Medicine faculty, is one of the editorial board. The Journal represents the first regular publication of its kind in America.

Doctor—Have you any request to make before I operate?

Patient (feebly)—Send for a preacher, I wish to be opened with prayer.—Ohio Sun Dial.

REFLEXES AND IMPULSES

“Jedermann hat am Ende ein bischen Tuberculose,” says a German proverb.

Some of the Germans seem to be dying of other causes just now, however.

Man at County Hospital with a wooden leg (addressing Bastrom):
“Say, my lad, could you give me a thumb tack?”

Bastrom: “First tell me what you wish it for.”

The man aforementioned: “I want to fasten up my sock.”

The opsonic index was the question for discussion in class. The subject was a viscid one. The mental filters of the Junior class were clogged. The exasperated doctor exclaims: “I don’t like to have to extract everything! I like to hear some one flow along! Mr. Aten, recite.”

Aten: “Well, I think _____ . The case I saw _____
etc., etc., etc., _____ but _____ .”

The Doctor: (Says nothing, but looks satisfied).

Satisfactorily Arranged.

“I believe,” said the young M. D., “that bad cooks supply us with half our patients.”

“That’s right,” rejoined the old doctor. “And good cooks supply us with the other half.”

Mostly Feet.

Our “Sage” delivered a very instructive paper on “Flat Foot” at the last Wednesday meeting of the Junior Applied Anatomy class. The paper was profusely illustrated by feet—“flat feet,” “my feet,” “Webb”-feet, sweaty feet and other kinds of feet. The greater part of the stock of one of Omaha’s leading shoe merchants was also demonstrated.

An article in the November issue of the Interstate Medical Journal is entitled “The Pleasure of Eating.” We are glad to note that “eating” has really been properly classified at last. It is no longer to be considered as one of the evil habits or painful duties, but becomes one of the pleasures of life.

Physiologic.

Lives of proteins all remind us
They make their lives sublime,
And in dying leave behind them
Fat men on the shores of time.

—H. S. H. in New York Sun.

The Pulse

PUBLISHED MONTHLY
UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE
42nd and Dewey Ave., OMAHA, NEBRASKA

SUBSCRIPTION PRICE. - - - ONE DOLLAR PER ANNUM

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EDITORIAL

*May the sorrows and misfortunes of 1914
Be forgotten in the joy and happiness of 1915.*

All hail Christmas vacation, the good saint of our college year! She comes and with magic touch smooths the furrowed and feverish brow of the tired student. She fills him with viands—sweet dreams of home; the voice and touch of his sweetheart. What greater gift does he receive than the freedom that the season brings!

A party consisting of Chancellor Avery, Regent Hall and Regent-elect Brown, accompanied by Prof. Barbour of the faculty and Architect Hodgden, visited the campus December 8. They were just starting on a tour of inspection to get ideas which can be applied to the extension of our university, now that extension is assured. The trip includes a visit to Washington University at St. Louis, University of Chicago, University of Wisconsin and the University of Minnesota. We feel sure that they will not forget their Omaha charge, but will take advantage of every opportunity to study our needs here at the Medical College.

In complying with the wish of our editor, I will endeavor to place before the readers of the Pulse a few points concerning a number of the medical schools in the east as I saw them on my trip to Philadelphia the last week in November.

My first stop was at St. Louis, where Washington Medical College is located. I was shown through the greater part of their old hospital and class rooms by Mr. A. B. Cramb, a former member of our present Senior class, who is a Senior at the Missouri institution. Being invited to their medical class under Dr. Dock, I was given an oppor-

tunity to judge the manner in which they conducted their quizzes, which was but a repetition of Dr. Bridges' clinic at the Methodist, with one large item omitted, namely, the working up of one case before the meeting of the class by the students. Next we visited their G. U. Dispensary, where there was a great amount of material on hand, with four instructors and five students to do the work of the afternoon. I then was escorted out to the new College building and hospital, where I was given the opportunity of seeing one of the finest set of buildings possible in this day and age. The hospital is in connection with the school and is said to have cost in the neighborhood of a million and a half. I visited Dr. Erlanger's Physiological laboratories and they did not appear to have anything on us, especially in regards to quarters. In part I will say that the school looked very good to me and their endowment is showing itself in their new quarters.

Next I spent a few hours in Cincinnati with the City Chemist, Mr. E. K. Files, a former student at the Nebraska Agricultural station at Lincoln. He escorted me through the Cincinnati University and then to the new City Hospital, which is said to be the most complete in the state. It covers a vast amount of ground and each department has its individual set of buildings. All of the roofs have been constructed so that they will be of service during the warm months. The driveways are on different levels so that the emergency traffic has an unobstructed right of way direct to the lower door of the operating room. The Nurses Home is nearly as large as many of our western hospitals.

Taking the Chesapeake & Ohio southern route to Washington, D. C., I spent some time with Dr. C. W. Mitchell, formerly of Nebraska, who is in the Pharmacological Laboratories under Dr. Salant, doing research work. I was given the opportunity of visiting the various laboratories and workshops which were equipped up to the latest patents.

My next stop was at Baltimore. Arriving early I was permitted to observe the first hours of the Johns Hopkins Dispensary and the different sectional clinics for the Juniors. After visiting Dr. Howell's Physiological Laboratories and the chemical department I met "Sid" Reese, a former member of my class. He laid all work aside and spent his entire morning showing me through the large hospital. I was pleased to learn that he had done some research work in Physiology under the direction of Dr. Hooker, first assistant to Dr. Howell, and also that he was one of Dr. Bloodgood's assistants. I visited the clinic in Medicine under Dr. Janeway, with Dr. M. C. Winternitz of the Pathology department as demonstrator. The method of conducting this clinic was very striking to me, the history of the case under consideration being handed the students a day before the clinic and the diagnosis and differential diagnosis being taken up by different members of the Senior class. After an hour of discussion the autopsy findings and material were demonstrated and the diagnosis given out. I next spent an hour in Dr. Bloodgood's lecture course on general surgical technic, after which I spent a couple hours visiting the fraternity houses and meeting men from every corner of the states.

That evening I left for Trenton, where I spent a few hours with Frank Meyer, a cousin of mine, who is a graduate of Nebraska and chemist for the Roebbling steel corporation of Trenton.

The next morning being Thanksgiving and hearing of the prowess of Cornell and the weakness of Pennsylvania in football, decided to go to Philadelphia and witness the contest. To be brief, Nebraska could have taken Penn's scalp and shown Cornell a lively tussle. After the game, in company with Mr. A. M. Lehman, a former member of our present Senior class, who is a Senior at Jefferson, I spent a few hours visiting a couple fraternity houses. The next morning the Nu Sigma Nu convention was called into session for the preliminary work of such meetings. Of the thirty chapters in the United States, twenty-nine were represented by either one or two delegates. After lunch Dr. John Deaver held a special surgical clinic for the visitors, which was very interesting, especially the demonstration of intraspinal anaesthesia in the removal of a prostate. In the evening the Jefferson and Pennsylvania chapters held a smoker at the Hotel Walton for the delegates. Here I met Ralph Luikart and McKee, both formerly of our school. The next morning Dr. Barton C. Hirst gave a maternity clinic at the University of Pennsylvania Hospital on operative obstetrics, which was very interesting because of the vast amount of cases at his disposal. We were then escorted over to the Jefferson Hospital, where Dr. Hobart A. Hare gave a special medical clinic for our benefit. The hour being 12:30 and everyone being in such a rush to get to the Army-Navy football game, I am not able to relate all that took place during the struggle to the field, but being of small stature I was able to gain my seat unscathed.

Society was out in all its glory and the day ideal for football. To be brief, "it was some game."

In the evening the convention banquet was indulged in, after which the delegates elected national officers for the next two years, and among the list is one of our faculty, Palmer Findley, head of the Gynecology department.

The next day I visited the different hospitals and found them to be very little different from our own Omaha hospitals. The distinctive feature at Jefferson was the garb of the nurses, which is light pink. Bidding the fellows at Penn. and Jefferson goodbye, with the invitation to visit our school at Omaha should they ever be in this locality, I started on my homeward journey.

Spent a day at Pittsburg with Dr. E. S. Bishop, formerly of Nebraska, who has just patented a phosphate fertilizer for Armour & Co. He was registered in Medicine at Nebraska for one semester and received his A. M. at the University of Nebraska.

The next morning I found myself in Chicago, where our friend Rush is located, with its sister, P. and S., but a square away. I need to say but little of the former, as it has been very thoroughly gone over by all of us in the past and labeled according to our personal opinions. I spent but a short time at P. S., but they are coming fast from all reports of the men there in attendance. Saw several Nebraska men, among whom were "Rosie" and "Bob" Broman, at

Rush, and at Cook County "Cliff" Wells and George Pratt. That evening "Ziegfield's Follies of 1914" at the Illinois theatre, and the next day enroute, and then back to Omaha, where is located as good a medical college as there is in the middle west. Yours, "OBIE."

DR. FINDLEY TALKS TO MEDICAL CLUB ON EUROPEAN CLINICS.

At the last regular meeting of the Medical Club the faculty and students present profited very much by the talk of Dr. Findley gave on European Clinics.

The body of the talk was devoted to the questions: Why go to Europe to study? What to go for? When to go? Where to go?

In his opinion the greatest benefit to the individual derived from such a trip is the attitude the traveler brings home. It helps him to rid himself of some of America's commercialism and by broadening his view makes him better able to meet people and intelligently converse with them.

He recommended that on one's first trip to Europe that he go to a small university and devote himself to the study of pathology and principles of diagnosis. He may derive benefit from going at any time, after the Junior year, but perhaps the most after having had a few years of practice, when he is better able to separate the chaff from the grain.

Dr. Findley's general observations on the practice of medicine, conduct of clinics, and medical education in Europe were especially interesting. He states that the general physician of Germany is quite mediocre and that the present status of medicine there is due to the perseverance of a few men in the universities. These men often believe there is no medicine outside Kaiser Wilhelm's empire. Such a man's attitude toward medicine is that of a scientist. It is not his business to cure disease, but to understand it. He studies the disease and disregards the therapeutics of it.

The American is usually shocked by the attitude these men show toward the patient. If, for instance, one wishes to demonstrate a version, and such a subject is not at hand, he makes one. And even for a physician to strike a patient is not rare.

Further he says, "We do not find,"

"do not find the diplomatic Britons traveling for study. They take their training at home, not because of their egotism, but for fear of losing their practice. They still practice the 'good old time surgery.' Their therapeutics and attitude toward their patient is excellent."

WM. SHEPHERD.

A toast to the Medic:

Here's to the red of the holly berry,
 And to its leaf of green;
 And here's to the lips that are just as red,
 And the fellow who's not so green.



CLASS NOTES



SENIOR NOTES.

All of the class but one stayed in the city during Thanksgiving vacation. It is possible that they were studying.

Obie Meyer was absent from school for about a week while attending the Nu Sigma Nu National Convention at Philadelphia, the Army-Navy football game and doing a few other things concerning which much information is lacking.

Miss Mason's sister visited her during the Thanksgiving vacation.

The Seniors are becoming notorious for their belated arrival at 8 o'clock classes. Perhaps Dr. Crummer's story of the Ozark swine-herd may help jar our memories these frosty mornings.

Since the cold weather has set in the fleching of students' wearing apparel from the hospital lobby has become a lucrative practice for some one. If they need clothes any worse than a medical student we are ready to "show down."

A lusty ha, ha! comes from the back row. Yes, it is "Alex." Some one has made a remark that might have a borderline scent.

If a question in anatomy comes up, we unanimously proclaim Keegan as our anatomist, and poor Jay has to suffer for the ignorance of the class.

Doctor—"Kerr, have you been following your case?"

Kerr—"Yes, doctor, the last time I saw her she was much better."

Doctor—"So you think she is better?"

Kerr—"Well, she may be. She is dead."

JUNIOR NOTES.

Dr. Poynter (to the class): "You will find that an enlarged thymus gland is often the cause of sudden death. Last year we had a particularly lucky find in the anatomy dissecting room. We discovered one of the largest adult thymus glands on record. This man died very suddenly, having been hit by a Burlington train running at the rate of forty miles an hour."

Ditto: "Gentlemen, in taking up the throax, I judge that you all know something of the circumference of the female chest."

Dr. Hull: "There are various dangers in the injection of paraffin; first, on account of the formation of emboli, and secondly, because when I was in Vienna, I saw a specialist treat a man that way for cosmetic reasons, and two weeks later the patient shot him."

Bastron was very vividly describing some of the subjective symptoms in aortic regurgitation at Dr. Bridges' clinic. He mentioned as one of them, hallucinations. The doctor misundersttod. "Hally, who?" he inquired.

That roll call of Dr. Davis' at the clinic the other morning caught the most of the boys doing that last hour of a Saturday morning snooze. Remember what will happen to you if you fail to fulfill that agreement that you made with the University last fall when you registered!

We wish to announce to the O. B. class that the stork will visit them again on two occasions in the near future if he is not waylaid by Santa Claus. Remember the signals, "oi."

SOPHOMORE NOTES.

Our new Pharmacology Laboratory would appear to a stranger to be a menagerie. The animals are confined in typical side-show cages. Each fellow administers his treatment gracefully. Sherwood seems to be authority on the modern way of administering hydrogen sulphide, and Farnam on the hygiene use of thermometers. Higbee seems to be able to introduce patent medicines into the course, although Red Martin, the comedian, who is lining up for his M. D., has veterinary ideas to apply.

Dr. Guenther: "What is the chemical structure of secretin?"

Brix: "I don't believe it has ever been explored yet."

The only reason some of the Sophomores never pull off "bone-heads in oral quizzes is because they never answer any questions.

Dr. Pilcher: "What is the dose of Epsom salts?"

Bocken: "Eight ounces."

Whenever the Dispensary needs a "flunkey," the Sophs are rounded up. So far only one "sucker" has been caught.

Losey has been leading a calm life ever since his attentions have been directed toward the University City. His chief occupation at the present is keeping his roommate from gazing at the "bright lights."

Sigworth (in conversation): "And believe me, she's some girl."

Talcott: "Clever?"

Sigworth: "Oh, very! She's got brains enough for two."

Talcott: "Just the girl for you. Why don't you marry her?"
(Nobody home).

Just before going to press we learn that Farnam has severed all connections with the Wise Hospital. We wonder why?

FRESHMAN NOTES.

Freshmen classified by their peculiarities:

Brewer by his southern accent.

Weigand by his haircut.

Meyers by his stories.

Beede by his profanity.

Cassidy by his good looks.

Edson by his knowledge of the metric system.

K. Thompson by his habit of appearing in anatomy lab. without a shirt.

Folken by his moustache.

Walker by his breakage fee.

Ike Shembeck (describing the nucleus of a nerve cell): "The nucleus of a nerve cell is larger than the space it occupies."

Most of the Freshmen are having a hard time getting oriented in histology.

The "Moochers' Club" is very active this year, having a large enrollment. Members can be found any time of the morning running around the anatomy lab. looking for a fresh plug of "Peiper."

Guy Weigand is taking up newspaper work as a side line. He is learning a great deal about it down at the World-Herald office.

We are sorry to say that Reinertsen has been out of school for a few days on account of sickness. We hope that he will soon be back among us.

A Freshman asked Prof. Poynter the other day if there were not some works on anatomy more recent than those in the college library. "Young man," said Dr. Poynter, "there have been very few new bones added to the human body during the last ten years."

LIBRARY.

The catalogue card case has been installed and the entire library is now indexed. This is a great aid to those who use the library. Miss Wilson will gladly demonstrate the card index to any one who is not perfectly familiar with its use. This sort of a catalogue adds greatly to the value of the library and the busy student will no longer need to take an invoice of the shelves to find what the library contains on a given subject.

New books received and filed are:

- Specific Therapeutics Erlich
- Colour Vision and Colour Blindness..... Eldridge-Green
- Clinical Disorders of the Heart Beat.....Lewis
- Spectrum Analysis MacMunn
- Systemic Case Taking.....McKisack
- Poisons: What to Do (11th Edition).....Murrell

The following presented by Dr. Hoffman:

- Gehirn—Nerven, 1868 Rudinger
- Handbuch der Gefasslehre des Menschen, 1868 (3 vol.).....J. Henle
- Atlas der Topographischen Anatomie des Menschen, 1867.....Henke

This work was published at Leipzig and consists of prints of wonderful charcoal drawings of anatomical dissections.

Compendium Anatomicum, published in 1816 by the anatomist, Rosenmueller, at Leipzig. It is an interesting book not only on account of its age, but also because of the prominence of the author's name in anatomy.

WHISKEROMANIA.

This disease has not received much attention in recent years. Not many years ago its virulence was great, but the present race of medical students has inherited a relative immunity, so that only the milder forms appear. However, realizing the possibility of a recurrence of the more virulent type, a few statistics and quotations will be of interest.

The past prevalency is well evidenced by the old class pictures. The Senior class of last year, with one or two exceptions, suffered from a mild form of the disease. The present Senior class possesses one chronic from which has attacked the most persistent member of the class. There are several smoldering cases with frequent and extensive acute exacerbations from focal infections on the neck. The Junior class is the most infected. No less than eight visible forms have appeared at various times on the upper lip and, if reports are true, several more microscopic forms are existing. The Sophomores are a non-resistant but as yet uninvaded group. The Freshmen have courted infection, but as it occurs rarely in the immature there is little danger. There was a rumor of one case, but the wintry winds will surely kill it.

The literature has been extensively read and the following by Max Koetter, 1901, is the most fitting description of the disease:

“Whiskeromania is defined in the text-books as an acute infectious disease characterized by the appearance of hair on the face and occurring in adult males only. It has long been known and is probably as old as the human race itself. It was formerly much more prevalent than now and since the advent of the barber college it has almost entirely disappeared. At present it is found endemic in different parts of North America, particularly among the upper classes of medical schools. Various predisposing causes have been assigned to this malady, among which are uncleanliness, neglect of personal appearance, a desire to be economical and a desire to be conspicuous. The exciting cause was formerly believed to be a hypertrophy of the cerebral hemispheres, but since bacteriology has come to our aid it is the generally accepted opinion that it is the result of the development of some micro-organism. Obiemeier claims to have discovered a bacillus, cultures of which, when injected into billy goats, produces a disease similar to whiskeromania. Koch, however, has advanced the theory that it is caused by an animal parasite, which is ingested by eating the meat of domestic fowls, particularly that of the turkey. This would account for its frequent appearance at this time of the year. After an incubation period of from one to five days the symptoms present themselves in the following order: At first the skin of the face appears to assume a darker hue, which, on close inspection, is found to be due to a growth of short bristles. These continue to grow and when they are about a half inch in length a diagnosis can be made. Now the patient becomes very reserved and even sullen, avoiding contact with all his acquaintances and eschewing barber shops in particular, and sometimes becoming very violent when the subject of whiskers is mentioned. At this stage his temperature may rise as high as 212 degrees and the symptoms all disappear suddenly, but more

frequently they continue with undiminished severity until a climax is reached, when they remain nearly stationary, the patient regaining his mental equilibrium. The only treatment for this disease is surgical, a complete removal of the growth being necessary to recovery. As it is liable to recur this must be done quite frequently.

J. K., '15.

THE RED CROSS.

The illustrations in this number of *The Pulse* were taken from the mended "that there exist in every country a committee whose mission consists in co-operating in times of war with the hospital service of the armies by all means in its power." The Geneva convention of 1864 and the Geneva convention of 1906, the latter held for the purpose of revising the Treaty of Geneva (sometimes called the Red Cross Treaty), give definite status to certain officially recognized volunteer societies. These societies, because of the character of the insignia or badge adopted to distinguish their personnel and material (a Greek red cross on a white ground, the reverse of the flag of Switzerland), are universally known as Red Cross Societies.

The American Red Cross is intended to aid in the prevention and alleviation of human suffering in times of peace and war.

Beside many other departments, such as the First Aid department, the Medical department and emergency organizations, the Red Cross Seal (for sale at Christmas time), to aid in the anti-tuberculosis work, there is also the Department of Nursing Service.

Over 4,500 trained graduate nurses are enrolled for Red Cross service in America. This is the largest organization of trained nurses to be found in the world. This department was organized in 1909 under the direction of Miss Jane Delano, a graduate of the University of Pennsylvania, and at that time superintendent of nurses of Bellevue Hospital, New York.

State Red Cross committees were appointed in each state from the State Nurses Association to co-operate with the national committees.

The following is a brief summary of the qualifications required for the enrollment as a Red Cross nurse.

1. At least two years' course of training given in a general hospital, which includes the care of men and has a daily average of at least fifty patients.
2. In states where registration is provided by law, nurses must be registered.
3. The endorsement of the training school from which the applicant graduated.
4. Membership in an organization affiliated with the American Nurses' Association and the endorsement of the Association.
5. Recommendation by a local committee on Red Cross Nursing Service.
6. Approval of the Chairman of the National Committee.

The Red Cross Nursing Service is now composed of a national committee, 36 state committees and 94 local committees. About six hundred nurses are serving without pay on these committees, and

through their efforts over 4,500 nurses have been enrolled for service under the Red Cross.

Our country is the only country which has this high standard of training as a requirement. Other countries use volunteer women and France gives a short course of training to the volunteers, who may be women from any walk of life.

One hundred and thirty seven American women were selected from the Red Cross nursing service to make up the hospital units to aid the countries of Europe now engaged in war.

Miss Helen Scott Hay, a graduate of Northwestern University and formerly superintendent of nurses of the Illinois Training School and Cook County Hospital, Chicago, whose expected departure for Bulgaria August 4 last was delayed by the war, is in charge of the main detachment of American Red Cross nurses serving abroad. Each unit has a supervisor as well.

Miss Hay had made all arrangements to go to Bulgaria, at the request of Queen Eleonore, to organize a training school. She had taken passage and was in New York preparatory to sailing, when a cable from the queen advised that she delay her departure on account of the war.

She cancelled her passage and was still in New York when the Red Cross offer of assistance was sent to Europe. It is a matter of great pride to all those interested in high standards of the nursing profession to know that we have such representative women as Miss Hay and the carefully selected nurses under her supervision to direct the work in Europe.

It is quite possible that other detachments of nurses may be sent out and the opportunity will be open to other state committees who were not called upon at this time, but who still stand ready to send nurses.

Only native born American nurses are sent, preferably those speaking some European language. LILLIAN B. STUFF, R. N..

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