THE WESTERN OSTEOPATH

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THE WOMEN'S OSTEOPATHIC CLUB

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"SAN FRANCISCO KNOWS HOW!"

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TEAM-WORK

(13)

Is it not rather significant that this number —13— appearing at the head of all the Team-Work papers sent out by the Los Angeles Society,—standing presumably for the number of that society—should numerically state the strength of the *male* officers of the society?

Go over the list, find there 14 members on the official staff, one lone woman, and occupying such a responsible position! Chairman of the Social Committee.

Notice how every time the Los Angeles Society sends out its literature,—Team-Work sheet—they flaunt this information—*We are 13*—TEAM-WORK indeed!!

Is it that all the Osteopathic brains of Los Angeles are boxed (the word is used advisedly) up in the heads of the men of the Profession? What of Dr. Louisa Burns, Dr. Jennie Spencer, Dr. Lillian Whiting and a dozen others, and the work they are doing? Do not they and the work show conclusively that there are at least *some* women in the Profession who are capable of serving on the official staff?

Not being a resident of Los Angeles, hence not a member of the Los Angeles Society, the writer, though having waxed rather warm, may offer the foregoing without being accused of feeling "sore." But—Taxation Without Representation—appears to have been carried outside of the local society. On the Monthly Bulletin of the Western Osteopathic Association, just received, may be found the names of—8 trustees, all men, so far listed, 2 cabinet members, both men, Press Editor, a man, Organization Editor, a man, President, a man, Vice-President, a man, Secretary-Treasurer,—possibly to escape criticism, certainly to escape work—a woman.

Are we proud of the position to which we have been relegated? No, we are not, and every woman Osteopathic Physician in the Western Osteopathic Association should feel it her duty to enter a protest against the fact that she has so little voice in the affairs of this new organization.

The women of the Profession are too numerous, too strong and too fine to be ignored in the official management of such an association as the new one is expected to be, and they demand—or should demand—that they be given a full share in the responsibilities of that association, a full share in any fault that needs be, as well as a share in any glory that may accrue to those in management.

THE A. T. STILL RESEARCH INSTITUTE

As the Profession knows, some three years ago it was found necessary to establish a branch of the A. T. Still Research Institute in a locality where climatic conditions would not interfere with the work being done by Dr. Burns and others on lesioned animals, and as the climate of southern California seemed ideal for such experimentation, that location was decided upon.

This subdivision, known as the Pacific Branch of the A. T. Still Institute, is situated on Muscatel Avenue, San Gabriel. One mile south of Sunny Slope Station, on the Monrovia car line, is easily reached by auto by way of Huntington Drive to said station, then south one mile, and should be of such interest to members of the Profession that they acquaint themselves, not only with the locality, but with the work that is being done there, and in the laboratory at Dr. Burns' home, 721 Mound Street, South Pasadena.

With the approval of the main Institute in Chicago, an organization has recently been perfected by means of which it is hoped to advance the efficacy of the Branch, and to promote a deeper interest in a work that is of such vital importance to the entire Profession.

Members of the Board of Governors of this organization are—Dr. Louisa Burns, W. J. Cook, M. Cochrane Armour, H. M. Snider, Dr. Ada A. Achorn, Dr. Georgia Carter, Dr. R. D. Emery, and Dr. Clara J. Stillman. While plans as to the handling of the work of the Branch are as yet only in the making, this Board of Governors hopes in the near future to be able to state definitely what it is proposed to do to aid the research work and give to the profession the results of that work.

The Woman's Osteopathic Club of Los Angeles County, during the past year has given to the Branch the sum of $250.00, besides this there have been several other gifts which have been of material help in the work. It is hoped that before long financial aid will be of such proportions that those at work will not be hampered by the lack of money, as they have been so continually in the past.

The Pasadena Osteopathic Physicians and their friends are counting themselves half a million dollars strong since the recent Pasadena Hospital Drive for a million dollars resulted in only half that amount being raised. Due, as is generally conceded in that city, to the fact that the Osteopaths are not allowed to practice in the Pasadena Hospital. This, together with the point gained last February, when the City Commissioners withheld the City's funds from the Influenza hospital conducted jointly by the city and the Red Cross, because the Red Cross ruled that the Osteopathic Physicians should not be allowed to care for their patients in the hospital, shows with what regard Osteopathy and fair play is held in the Crown City.

LET THERE BE MORE

A BRIEF RESUME OF THE YEAR'S WORK

As one of the federated women's clubs of California, the Woman's Osteopathic Club of Los Angeles has many opportunities for service opened to it. The club had the privilege of having Dr. Miriam Van Waters of Juvenile Hall and El Retiro present her work and its needs to it; and she received the interest and moral support of all present, in her work with the "Border

Line Girls." Not to be partial, the club gave $25.00 to The George Junior Republic toward the furnishings of the new dormitory. Then came the appeal for the sufferers in the Near East, to which it responded with a gift of $25.00.

Having made these presents and having pledged support to the Thrift campaign, the Red Cross drive, and other big, vital movements, the members decided to give material assistance to one of the big departments of the Osteopathic Profession, so voted to present the Pacific Branch of the A. T. Still Research Institute with $200.00 through Dr. Louisa Burns and with $50.00 through Dr. Ann Perry.

The club not only conferred favors but also received some. Professor Hussey of the good old P. C. O. spent one evening with us, telling of his work in the big powder mills during the great war. Another evening Dr. Ann Perry gave an excellent talk on "Laboratory Diagnosis." Later in the year Dr. Francis Leix gave a most helpful illustrated discussion on "X-Radiance; Its Value in Diagnosis." Dr. William Bondies made one meeting particularly worth while by giving demonstrations of the exercises he uses as adjuncts of Osteopathy, and Miss Julia Higgins of Pasadena gave a glowing, stimulating account of the work done by the medical missionaries (mostly women) in China. Other evenings were spent in round table discussions, two of which were led by Dr. Jennie Spencer.

—MARIE B. GRUNEWALD-FITCH.

X-RAY EXAMINATION OF THE AILMENTARY CANAL

It affords me great pleasure to present for your consideration the subject of our routine X-ray examination of the alimentary system. It is one of growing importance to both the radiologist and the doctor. We have two combined methods of examination, the Fluorescent screen and plates.

Our subject on hand being the digestive system, we will start with the mouth. The teeth have become one of our most important spheres, due to the infections of the oral cavity, and their relation to systemic diseases. We realize there are also many other sources of focal infection, but as each tooth is an appendage and may be a focus with direct access to the blood stream, we will deal with that for a while.

Of the MOUTH the most common infected foci are first, septic dead teeth, and second, vital teeth affected with pyorrhea. A pulpless tooth is a dead organ and always liable to be a dangerous focus. Seventy-five per cent of adults have been shown to have infections about the teeth. The peridental membrane which hugs the tooth is a very vascular sensitive fibrous tissue, deriving its arterial supply from the apical artery and converging into the apical vein, and is one of the direct sources of micro-organisms into the blood stream. The pulp of the tooth is made up of mucous connective tissue, blood vessels and nerves, and is directly connected with the peridental membrane through the apex of the tooth, making a second avenue of infection. Third, we have infection through the blood supply of the cancelous tissue—pyorrhea—no specific organism has been isolated. It may be due to malocculsion and is not rare at 20 years of age. Lowered vitality can not be eliminated until such conditions are removed.

ESOPHAGUS—Patient stands upright, screen in front, X-ray tube in back. Patient stands in the oblique position so as to get a clear space between spine and vessels of heart. Any delay of the bismuth food downward is noted and

exact spot is located; if a stricture, note if it is caused from an aneurysm or a new growth. We sometimes note a displacement due to mediastinal tumor, goiter or pleuritic adhesions. Sometimes we find a diverticulum.

STOMACH—Its value in diagnosis by means of X-ray is very great. It is a great satisfaction to know that it is possible to ascertain size, form, position, motility, watch progress of digestion, also emptying time, and note any departure from the normal. Stomach should be empty from three to six hours. If more than six hours we have a hypo motility or a pyloric obstruction or it may be due to a spasmodic condition of the pylorus. Ptosis of stomach is frequently met with and goes with other ptotic conditions. We do not lay as much stress on that condition as formerly, if the motility is good. In pyloric obstruction stomach is always ptotic and boat-shaped, muscles of stomach weaken and sometimes the size of the stomach becomes immense. We may get a two or three days' rest of bismuth meal, reverse peristalsis and vomiting.

ULCER—The ulcer is generally on the lesser curvature, and we note an indrawing of the greater curvature opposite ulcer, also hyperperistalsis and excess of Hcl. Haudek's niche is a callous ulcer of lesser curvature, forming a crater, some bismuth remains in it after the stomach is empty. It is always very tender on pressure.

SMALL INTESTINE—The most important part of the small intestine from an X-ray standpoint is the duodenal cap, because it is the seat of ulceration when present. Filling defect or irregularity of cap is significant of pathology, though not always due to ulceration. Adhesions with adjacent parts may cause distortion of the cap.

COLON — Twenty-four-hour examination of the patient shows the head of the bismuth column advanced to the sigmoid flexure, also at this time the appendix is filled with bismuth and should be examined as to tenderness on pressure and adhesions in that region. The colon is also the cause of a good deal of pathology, such as colitis, ulceration and carcinoma. In colitis the haustral segmentations are eliminated, and we have a filling defect. Kinks in the colon have to be considered, also visceraptosis. Such conditions usually cause constipation and auto-intoxication. In all colon conditions it is necessary to give a bismuth enema, which will inflate every part of the colon, thereby giving you the exact location in case of obstruction and filling defect of any kind, while following the bismuth meal the contents pass through irregularly.

—DR. FRANCES G. LEIX.

PSYCHOANALYSIS

Cans't thou not minister to a mind diseased,
Pluck from the memory a rooted sorrow,
Raze out the written troubles of the brain,
And with some sweet oblivious antidote
Cleanse the stuff'd bosom of the perilous stuff
Which weighs upon the heart?
—Shakespeare.

We all know that in the last analysis nature is the real physician or healer of wounds; but, before our methods of surgery were brought to the degree of perfection which we have today, the healing of unaided nature was at best faulty, leaving hideous scars, crippled limbs, partly or entirely destroyed functionings. Science has been striving through the centuries to find the means to aid nature in her process of healing so that the individual will have the least possible injury or loss of functioning. We know what remarkable results were attained during the late war.

It has not been until recent years that we have thought it possible to minister to the wounds and conflicts which take place in the soul of man—interfering with his development and progress as a personality, and often finding expression in diversified physical disturbances.

Psychoanalysis, rightly understood and used, will do for the personality what surgery does for the body. They aim at parallel results. That it does not always succeed is as much to be expected as that surgery does not always succeed, and even more, for psychoanalysis requires much of the individual.

In order to understand psychoanalysis it is necessary to know of its development. After years of careful study and investigation, Breuer and Freud — physicians of Vienna — published a statement of their results in a paper on hysteria, in which they made the claim that the various symptoms of these nervous disorders were the results of highly emotional experiences which had been repressed into the unconscious, and which, all unknown to the individual, were finding expression in the various nervous manifestations.

At first hypnotism was used to get at these buried reminiscences. Then it was discovered that hypnotism was not necessary, but that many of these could be obtained in the waking state if the person were made as comfortable as possible away from all distractions and encouraged to give his thoughts freely and without reserve. It is not an uncommon thing for the analyst to be told that the patient feels better after the first visit, for he nearly always talks of things which he has "never revealed to another soul."

Very early in their work, however, it was discovered that there was a force contending against the revival of these buried reminiscences and interfering with the free flow of thought. The effort was made to find some aid by which these resistances could be overcome and the reminiscences again brought into consciousness and the repressed feelings released.

Freud turned his attention to investigation of phantasies and day dreams, and later to the dreams of the night as being the most distinctively unconscious. Here he found a field rich in material; not the fantastic jumble and conglomerate nonsense which people had thought, but rich in meaning and bearing upon the problem that pressed most heavily on the individual at the moment. That the fantastic form of the dream was due to symbolism he discovered by applying the association method to the dreams of many people.

The discovery of the significance—especially in hysteria—of these reminiscenses, which usually led into the erotic realm and the happenings of childhood, induced Freud to advance the theory that the infantile sex trauma was the cause of the nervous disturbances. Later, however, an extensive investigation into the normal revealed the fact that there were as many sex trauma to be found in their lives as in the lives of the sick. This led Freud to change his formulation, and instead of the symptoms being caused by definite sex trauma they were seen to be the result of his own reactions to the sex life and the repression he has made along that line.

There has been a division in the ranks of the psychoanalysts, and we have two schools—the Freudian at Vienna and the Zurich school in Switzerland. Jung, who is the head of the Zurich school, was a pupil of Freud, and agrees with him in method and technique but differs radically in his interpretations of the materials found in the unconscious. He claims that life energy—libido—has a wider scope than just the expression in sex, although he does not minimize the in-

fluence of the reproductive instinct in the development of life. He objects to calling many present-day activities and functions sexual, even though their development was originally a growth out of the sexual. We do not call a man a boy because he has developed out of the boy.

He claims that libido is the great living, pulsating energy which manifests itself in all the functions and activities of man. Because of its mobility and power to change, man, as he grows in understanding and intelligence, can direct and use his libido in definite and desired ways. This theory makes it possible to explain not only the definitely sexual but the general activities and expressions of life. When, for example, a man complains of losing interest in the business that has heretofore been of such vital interest to him, we know that his libido has been withdrawn and gone into some other channels. He will give you many reasons for this loss of interest, but you may know that they are not the real reasons. It is the work of psychoanalysis to find the actual cause of the withdrawal.

In one of his lectures Dr. Jung likened neurosis to the convent. In the Middle Ages when life problems were too difficult for the individual, he went into the sheltering arms of the convent. This is no longer fashionable; we have the neurosis. He claims that the nerotic has come up against a life problem that seems too great for him to solve. Having unconsciously given up the struggle, his energy, which should have gone onward into the battle of life, has regressed and filled childish channels of thought. Thus these incidents loom so large in the neurotic mind, while in the mind of the normal they have taken their place as things that are more or less common to all. Analysis steps in here to find what the individual is evading.

One must remember that this whole process is not a conscious one. The individual may be perfectly sure that he is meeting life and its responsibilities, whereas the psychoanalyst knows that the neurotic symptoms show that there has been a failure to make life contacts at some point.

When the individual is able to see what he is evading, faces his problems, and willingly and gladly takes them up to work through to the fullest possible self-expression, the analysis is successful.

Psychoanalysis is being recognized as a distinct contribution to science, therapy, and to life itself. The following excerpt from an article in *Collier's* for February 7, by Mark Sullivan, one-time editor, witnesses to the standing it has among men of science and letters.

"In so familiar and moral a phenomenon as dreams and the cause of them, two Swiss doctors, Freud and Jung, whose names are only just now becoming known to the general public, have made investigations of which the results may easily become one of the great upward steps of mankind. Their work is completely on this side of the supernatural; it is all within the field of the functions of the living, human mind; what it has already accomplished in the way of lifting the limitations from individual human minds, of breaking the bonds which limit individual power, entitles it to rank as a great advance in science; what it may accomplish when it is better understood and widely and systematically applied, especially in education, may place it among the epoch-making discoveries."

—Louise O. Unger, D.O.

NEUROTIC DISORDERS OF INFANCY

"Nerves" is such an overused term these days and used so largely in reference to adults that its rightful application to the infant and young child is ofttimes quite overlooked. It is a well-known fact that infants and children are especially predisposed to serious and complicated nervous disorders, and this class of diseases has been very little understood by the general practitioner, and has in fact not been a matter of special study by neurologists. The term "Neurosis of Childhood" is used to designate all local and general nervous disorders which do not depend on known pathological lesions of the nervous system. This definition of the term neurosis does not imply that these diseases have an entirely unknown pathology, but that they can not be classified as to form and structure.

In these diseases we know more of the symptoms than we do of the lesions —more of the effect than we do of the cause—more of the disordered functions of the nerve cells than we do of the widely varying pathological conditions which produce these disordered functions; and these are the reasons why these diseases are incorrectly called "functional nervous diseases."

The nervous system of the infant is physiologically peculiar, due largely to its immaturity. At birth the brain is morphologically and functionally the most immature of all the great organs of the body. From birth to the age of 7 years it develops enormously in weight, structure and function. At this time it has attained 90 per cent its weight, being almost the size of that of an adult. But function has not kept pace with weight. It requires something like eighteen (18) years more to arrive at the proper functioning of the normal brain, and by this time adult life has been reached. So many factors, heredity, sex, age and environment, influence the developing nervous system that it is seldom we find all these in harmonious relationship. It is these factors to which physicians should direct attention. A bad heredity must be offset by the best of environment and hygiene. Social workers say the future welfare of a child depends about 10 per cent upon heredity and 90 per cent upon environment. This will apply to the physical well-being of the child in about the same proportion. But to the developing infant with its unstable, immature nervous system should be given the most careful, conscientious and scientific care that can possibly be given at any period of its life.

It should be shielded from nervous irritation by being kept on a regular schedule of food and rest. Proper feeding is most essential. The nutrition of an infant has to do with its entire future, for just as far as the individual nerve cell is nourished will its capacity for generation of energy be developed. A well nourished body means a well nourished nerve cell and a poorly nourished body a poorly nourished nerve cell, and in just that measure will the entire nervous system be able to function properly or improperly. Too much stress can not be placed upon a rigid routine of living for an infant during its first year. Its food should be most carefully looked after as to its suitability, and the time of feeding at regular intervals should be observed. Bathing should be done at a certain hour and the sleeping time should be provided for and no interruptions permitted by social demands or friends. Recreation should be given in quiet ways, avoiding excessive noises and jarring, such as automobile or trolley riding. Fatigue is most disastrous to a growing infant. A tired child can not digest food properly—digestive disturbances appear, setting up a chain of nerve reflexes that sooner

or later develop into a true neurosis, taking the form of insomnia, malnutrition, convulsions, tetany, epilepsy, chorea, enuresis or some of the injurious habits. Time with its good results has proven the rigid routine of living for infants to be the best; in fact, there is no argument for "hit or miss" method. "An ounce of prevention is worth a pound of cure," and for the infant its value is far greater than words or figures can express, for upon the first developing years of its life depends its entire future and the place it will be permitted to attain as a "citizen of the world."

—DAISY D. HAYDEN, D.O.

PUBERTY AND ADOLESCENCE

When considering the period of puberty and adolescence we more often think of the growing girl rather than the boy. Possibly this is because the natural course of events take the boy into the activities that tend to develop him physically in a normal manner. This is not so true of the girl.

In outlining the care for this period it is necessary to take into consideration the conditions most apt to arise. The nervous system is under great strain, and with the general body resistance lowered by the onset of menstruation, it is only natural that most of the symptoms developed are nervous in origin. Heredity plays its part as well. A neuron that is feebly endowed and without enduring qualities is acted upon with marked force by the conditions that reduce the general health. The result is a neuropathic disposition of the nervous system which yields readily to unusual influences and severe strains. Along this line cramming in school may be spoken of, as it plays an important part by putting too great a strain on a weak general system.

Sensory disorders, as headache, migraine, hysteria, disorders of sleep and in addition neurasthenic, morbid sexual, hypochondriacal and insane tendencies are seen. In girls of a neuropathic tendency epilepsy may also develop, and if it occurs at the menstrual time may be mistaken for a fainting fit.

Nervous palpitation of the heart sometimes occurs and is thought to be due in part to overactivity on the part of the thyroid. The relation between the ovary and other ductless glands, especially the thyroid is being worked out either harmoniously or with marked difficulty.

The care at this time should be of the kind to assist nature in every way possible, to bring about order in what is apt to be a more or less chaotic condition.

The nourishment must be wholesome. Food should be easy of digestion. Plenty of fruit and fresh vegetables should be eaten. Young people at this age have a tendency to eat too freely of rich pastries and sweets. This is partially responsible for the production of acne. The free drinking of water should also be encouraged.

The skin must be kept active, therefore bathing should be regular and often. The kind of baths depend somewhat on the condition of the child, cold sponging being advisable for those with sluggish circulation. Eight or nine hours' sleep should be had in a well ventilated room. Residence in a mild climate is preferable for anemic and chlorotic children.

Simple gymnastics for the development of the skeletal muscles as well as for the stimulation of respiration and good circulation and digestion are advantageous. Too much time should not be spent indoors sewing or at the piano. Reading of wholesome and instructive literature in moderation is to be encouraged. The amount of mental

work should be limited to the ability of the individual. Information and instruction as to the significance of this period to the health and future of the child should be properly taught. Amusements should be observed and controlled.

Clothing should be of a kind not to restrict circulation. No tight bands should be worn around the neck. A corset if worn must not interfere with the rapid growth of the body.

The environment should be made as near right as possible. Most children will develop normally under a normal environment, and many times it is the environment that needs changing rather than the child that needs treating. For children of abnormal inheritance this is doubly important.

Osteopathically wonderful results can be accomplished by treating children during the period of puberty and adolescence. Especially is this true of the child whose development is retarded and in those children who are defective in development and inheritance. Who is better fitted than the Osteopath to promote the normal relationship of structure that is essential for the proper nerve and blood supply to the organs concerned in this period of change? Prevention of abnormal conditions must be the chief aim of any care at this period, rather than the correction of abnormalities after they have become more or less fixed.

—Dr. Adelaide L. Obear,
Burbank, Cal.

OVARIAN CONGESTION

In looking over case records of the Gynecological Clinic at the College to see if they would furnish some information which would be of value to the profession, I was struck by the number of cases which had been diagnosed ovaritis or peri-ovaritis or ovarian congestion or on which a tentative diagnosis of ovarian cyst had been made which, after a few weeks' treatment, was changed to ovarian congestion. Also by the number of patients who had been told that they must have one or both ovaries removed who, on examination, showed no surgical condition present. A study of the records shows that these ovaries improve most wonderfully under Osteopathic treatment and we are forced to wonder if many ovaries which have in the past been called cystic and removed under that diagnosis could not have been restored to normal function by treatment.

In the study of ovarian conditions we must bear in mind its peculiarities of blood supply and drainage. The ovarian arteries arise directly from the abdominal aorta just below the renal arteries and descend on the psoas muscle to the brim of the pelvis, whence they pass down and in between the folds of the broad ligament to the ovary, giving off large branches to the ovary, a small branch to the round ligament, other branches to the Fallopian tube, and passes inward to the side of the uterus, where it anastomoses with the uterine artery. The pampiniform plexus of veins, lying between the folds of the broad ligament, receives the return flow of blood, both from the ovary and from the uterus. From this plexus the blood passes into the ovarian veins and through the right ovarian vein into the inferior vena cava, and through the left into the left renal vein. There are valves in the pampiniform plexus and in the right ovarian vein at its junction with the inferior vena cava, but the left ovarian vein has no valve and joins the left renal vein at a right angle, which is a frequent cause of passive congestion around the left ovary.

The nerve supply of the ovary is

from the ovarian plexus through the renal plexus, which is derived from the aortic plexus, which affords an avenue for the close connection between the ovary and the thyroid. Enthusiasts on the theory of internal secretions claim that the thyroid is the activating gland and that stimulation of the thyroid promotes ovarian function. We have accepted the theory in our work to the extent of paying special attention to the lower cervical and upper dorsal region and the tissues around in cases of ovarian congestion and in menstual disturbances in young girls whom we do not wish to treat bi-manually. The results of general spinal treatment in these cases have been excellent, but we have not tested the thyroid theory to the extent of treating nowhere else.

The extensive origin of ovarian nerve supply makes it necessary to loosen and correct the whole spine with special attention to the thyroid region, the lower dorsal, the lower lumbar and the innominates. The correction of an innominate lesion often makes for a wonderful improvement in a pelvic congestion.

In bi-manual work we give no direct manipulation to the ovary at all. Much attention is given to the correction of any malposition of the uterus and freeing any restriction of movement. The specific work for the ovary consists of pulling the uterus away from the congested ovary, stretching the tissues of the broad ligament and the pampiniform plexus, and so promoting free drainage. We also give a great deal of general pelvic treatment, under which term is included flexion, extension and rotation of the limb—any movements to get action in the muscles of the pelvis, particularly the psoas—much massage of the gluteal muscles and deep abdominal manipulation.

This line of treatment can be used in all cases except during the stage of acute inflammation, and the results have been so satisfactory that we urge all operators not to send ovarian cases to the surgeon, with the exception of large cysts, until they have given at least a month of careful treatment. You will very often be surprised by getting much better results than you expected, and if after all the case has to be operated, it is in much better condition for the surgeon than before the treatments.

—INEZ S. SMITH, D.O., Gynecological Dept., College of Osteopathic Physicians and Surgeons.

IRRITABLE BLADDER

Every practitioner, whether engaged in general practice or specializing along gynecological lines, meets with considerable frequency in women of all ages the condition of so-called irritable bladder, and all too often in treating such cases meets his or her Waterloo, even after persistent and varied methods of treatment. By irritable bladder we mean a hypersensitive state of the bladder mucosa, associated with frequent desire to urinate and often with pain of a slight or severe character, which may be aggravated by emptying the bladder. Pain may be of a most persistent character, harassing the patient at night until sleep is impossible without opiates. These patients, after suffering for months or years from the nerve-racking pain, receiving insufficient sleep on account of the frequent micturition, which seems especially troublesome at night, are usually emaciated and nervous and are often looked upon as hysterics by the physicians whom they consult for relief, the symptoms complained of being considered only a manifestation rather than the

cause of the very evident nervous condition of the patient under consideration. It may safely be said that all cases of irritable bladder have a very definite cause, though it may seem slight, within or without the bladder, the nervous element no doubt playing a part in augmenting the frequent micturition and tenesmus in women of the nervous type or in those who have been afflicted for a long period. It is, therefore, the wise consultant who goes about it to locate a definite etiology for the condition and plans a definite course of treatment, rather than pinning hope upon general measures to build up the patient's nervous resistance and thereby do away with the annoying train of bladder symptoms. A patient's eternal gratitude will more than pay one for a painstaking effort in locating the cause and finding a successful treatment for its removal when once found, as in gynecological practice no other patients suffer more or are happier at finding relief than are these.

Conditions outside the bladder producing the symptoms described usually do so by pressure. Important among these are displacements of the uterus, either anterior or posterior, the former by pressure of the anteflexed fundees, the latter by pressure of the displaced cervix beneath the base of the bladder or the tug of the utero-vesical ligaments which are often found contracted in retroversions. Frequent micturition in young girls is most often due to an acutely anteflexed uterus, the underdevelopment of the round ligaments never having permitted the uterus to assume its normal forward bend. These are conditions in which bimanual manipulative treatment is so often effective frequently giving relief in a few treatments from a long standing annoyance, other conditions producing pressure are pregnancy, displacements of the intestines, and tumors of the uterus, tubes and ovaries. Displacements of the bladder itself caused by perineal tears with consequent sagging and sacculation of the anterior vaginal wall are to be considered; likewise adhesions resulting from infection involving tubes, ovaries and bladder, or resulting from abdominal operations. Bladder symptoms caused by ventro suspension of the uterus are very common, the organ having been suspended in too low a position.

These are conditions in which bimanual treatment may be used with good results. Chronic inflammation of skenes, ducts, ulcerations of the urethra, neoplasms within the urethra, especially carnucle, found so frequently in elderly women, are other conditions to be looked for.

Conditions arising within the bladder causing the annoying symptoms are infections, particularly gonorrheal, sometimes mixed infections all too often caused by careless catheterization, and tubercular infection usually secondary to involvement of a kidney. Tumors within the bladder are another cause, benign or malignant in type, the most common being the ordinary polyp. Calculi are not uncommon as a source of inflammation and ulceration. They are found lying loose in the bladder cavity, or may be imbedded in the wall, and are not difficult to diagnose by bi-manual palpation or the use of the sound.

Types of ulcerations found in the bladder are tuberculous, the so-called Fenwick ulcer, a circumscribed, very distinct ulcer found near the urethral orifice of the bladder, and a more rare elusive ulcer, described by Hunner and usually named from him, which is no doubt responsible for most of the intractable cases of irritable bladder for which no well defined cause is apparent and which stubbornly resist all the ordinary measures used in treating chronic cystitis. These ulcers are

punctate in character and are caused by a chronic interstitial cystitis in which the involved area of bladder wall becomes chronically edematous upon the lining epithelium, cutting off the capillary supply and resulting in minute areas of necrosis. The ulcerations are generally found on the anterior wall and vortex and sometimes cover a considerable area. They are usually round in shape from two to three m.m. in diameter, occasionally somewhat elongated.

The symptoms produced are frequent desire to urinate and pain which may be referred to the rectum and perineum. Urinary findings are negative as a rule, blood occurring in an occult form, but intermittently. Diagnosis is based on the history of the chronic nature of the case and on cystoscopic appearances, other possible causes having first been taken into consideration and excluded. The history is usually one of long standing trouble and inability to obtain relief from various forms of treatment undertaken, with exaggeration of symptoms as time goes on.

The etiology of these ulcerations has not been definitely cleared up, but Dr. Hunner, from whom the ulcer takes its name, has observed a connection between the ulcers and focal infection in some part of the body. He has found that local infection such as the gonorrheal and tubercular have no part in the etiology, but has demonstrated in his cases the frequency of associated arthritic conditions, with tonsillar infections and pyorrhoea. In connection with the etiology we as Osteopaths will think of the possibility of lesions in the lumbar spine and sacro-iliac articulations as a causative factor in this condition. Certainly any careful observer has had the opportunity of seeing the connection between acute lesions in these areas and acute congestive states of the pelvic organs. It is only plausible that similar lesions becoming chronic might so interfere with the ennervation and blood supply of the pelvis that a foundation for the development of these ulcerations might be laid, focal infection playing a secondary part.

As to treatment of the ulcer it has been shown that all conservative measures ordinarily employed in chronic cystitis fail to bring about healing and excission of the entire edematous area upon which the ulcers are located has so far been the only measure that has given results, and these results have seemed to justify such radical measures. Here again as in the etiology, the spinal lesion must be considered. Presupposing the lesion to be the underlying causative factor, it is not reasonable that removal of the cause alone would bring about healing in a bladder in which pathologic changes have become far advanced, but it is a line along which we may work in treating these cases with the possibility in mind of doing away with surgical measures in certain cases of not such long standing:

More frequent use of cystoscopic examination in patients giving a history of great chronicity of symptoms should undoubtedly be employed for the purpose of detecting the presence of punctate ulcers. Unless the examiner can find a very evident cause for the trouble without such examination and can get results in treatment within a reasonable length of time it is only fair to the patient to leave nothing undone in arriving at a diagnosis.

—HARRIET L. CONNOR.

A FEW REASONS FOR THE USE OF NITROUS OXID-OXYGEN ANALGESIA DURING LABOR

It is the safest of anaesthetics, and given only to the stage of analgesia it can be used over a period of several hours. Death can only be caused by asphyxia and oxygen, your antidote, is right at hand.

It is very quickly eliminated from the system, with no bad effects on mother or child.

Does not lengthen labor but shortens it, because the patient is not nervous and has perfect mental and physical control of herself, and because of lessened pain and its effects on the nervous system, will work harder for the desired outcome. Especially is this true in breech deliveries, when a rapid delivery of the head is desired, the patient will not become hysterical just at the moment you need her co-operation.

After the expulsion of the child, before the cord is ligated—you can give the mother a few breaths of the oxygen and the baby rapidly becomes the much desired rosy hue.

It works well, for the manual dilatation of the cervix—also for the repair of the perineum. The patient is kept in a state of analgesia, preceding the delivery of the placenta, while the repair work is done, and there is no childbirth or they will not appreciate their offspring, and some of these women have a strong will power and wonderful control of themselves, and get along well, but the great majority of women, and especially the high strung, nervous type, endure needless suffering for hours and subsequent weakness and shock.

The universal exclamation of the woman, after the gas has been used, is danger of hemorrhage afterwards from its use.

There are patients who have the old idea, that woman is born to suffer in "Why, I don't feel tired, weak or worn out this time like I did at my last labor without the gas."

It can easily be given to the stage of anaesthesia during the period the head is born, and the patient comes out from the effect so quickly she can help with the shoulders, if necessary.

When this gas is to be used you can assure the nervous and frightened primipara or the multipara, who dreads the second labor, that her suffering will be decreased at least 50 per cent.

After continual use for three or four hours, have never found foetal heart sounds altered in the least.

—GRACE W. SHILLING, Los Angeles.

CONTRACTED PELVIS

Previous to the 18th century but little of value was published about pelvic contraction as an obstacle to labor.

Van Devinter in 1701 was the first to approach the subject from a scientific standpoint. To Smelle in England, Baudeocque in France, we owe much; to the former for his demonstration of the passage of the foetal head through the pelvic brim, and to the latter for his work in pelvimetry; he was the first to demonstrate the external conjugate, the most important of all external measurements.

The definition of contracted pelvis affords opportunity for much difference of opinion. In reality it is but a relative term.

With a large foetal head the pelvis of normal measurements becomes relatively contracted; and likewise when the head is small a moderately contracted pelvis may offer no obstacle to the progress of labor.

However, in order that there may

be a standard from which to work, a contracted pelvis is designated as one showing a reduction of 2 cm. in one diameter or 1½ cm. in two diameters.

The degree of contraction may be divided into three classes (Schroders):

1st.—Absolute contraction; true conjugate 6.5 cm. or less.

2nd—Degree or relatively contracted 6.5 to 9 cm.

3rd—Degree 9 cm. to normal.

Where the contraction is absolute regardless of the kind of pelvis with which we are dealing, the treatment is most easily agreed upon, because desiring a living and viable child, the Caesarean Section is the only treatment available.

With a slight contraction, true conjugate of 9 cm. or above it seems reasonable to expect, with intelligent care during the entire course of labor, a satisfactory delivery. But where the contraction is moderate, true conjugate 6.5 to 9 cm., the course of treatment requires careful consideration. In such a case the relative size of head (in cephalic presentations) and pelvis must be most accurately estimated. Usually the size of the foetus is not sufficient before the thirty-fifth week of gestation to preclude a normal passage. And from the thirty-fifth week on the viability of the child is almost certain. Supposing then at the thirty-fifth or subsequent weeks, it is found that the head will only with much difficulty enter the pelvic brim, a decision as to treatment must then be made.

Four methods of procedure are given by most authorities:

1. Caesarean section at term.
2. Induction of labor before term.
3. Symyhysiotomy.
3. Symphysiotomy.

The high maternal and foetal mortality and the maternal morbidity following the last two operations are quite sufficient reasons for discounting any possible advantages they may offer as methods of delivery. The choice lies then between the Caesarean Section and Induction.

The present day methods of conducting a Caesarean operation have reduced the mortality following such operations to a marked degree, latest statistics giving the low estimate of 2.9 per cent of all selected cases.

The morbidity in such cases has not been so closely tabulated; but we do know that the operation has been performed successfully for the second and third time on the same individual.

However, the results of a normal delivery are much more to be desired, and if such a condition can be brought about by Induction, it seems the more logical procedure.

Several methods of Induction have been devised and used with good results.

The combined method of cervical and vaginal packing has many advocates.

Where the cervix is easily dilated to the extent of two fingers, the balloon dilators have been used successfully.

A modification of the method of Krause brings about the most nearly normal conditions. Krause advocated the introduction into the uterus of a No. 17 French Bougie, retained in place by a light vaginal packing of gauze. The one drawback to this method was the time required for true uterine contractions to begin. Experiments with the method brought out the fact that more bougies (from 3 to 5) might be used with safety and the time reduced materially. At present the average length of time consumed in establishing true labor is eighteen hours.

When dilation is once under way the bougies may be removed, and labor will proceed. Provided that the measurements have been accurately determined, a normal birth followed by a normal pueperium will be the usual result.

—PEARL A. BLISS.

THE DIFFERENTIAL DIAGNOSIS BETWEEN TONSILS AMENABLE TO OSTEOPATHIC TREATMENT AND TO SURGERY

Our first thought is essentially a consideration of the anatomy of the structure with which we are to deal, and also of the mechanical principles governing in large measure the normal functioning of the same.

The palatal tonsils are largely composed of lymphatic tissue, supported by a network of connective tissue. The exposed surface is covered by mucus membrane, which dips down into the crypts of follicles and fissures of the glands. The base is enveloped by a fibrous capsule, which rests upon the superior constructor muscle, between anterior and posterior pillars of the fauces. The crypts or follicles penetrate the glands almost to their base. The blood supply arises from the external corotid, draining into the internal jugular. The plexus of lymphatics surrounding the follicles of the tonsils communicate *directly* with the deep cervical lymphatic glands.

The pharyngeal or third tonsil occupies the mid-line of the naso-pharyngeal wall, and is composed of adenoid tissue.

The function of the tonsils is so vaguely understood that we can only speak of the subject in terms of immunity and infection. Quite a variety of development of tonsil is observed in different subjects. The normal tonsil does not project beyond the pillars of the fauces, and is not in evidence to casual observation, nor can its actual size be determined without palpation or the use of a tonsil finder.

The diseases of the tonsils are manifested by inflammatory processes. The tonsillitis may be simple, lacunar, follicular, peritonsillar or membranous.

In simple tonsillitis we have to deal with a passive hyperemia, without a febrile condition, which means that more blood is carried to the part than is carried away from it. Remembering that the drainage is into the jugular we look for contraction of soft tissue in that and related localities and for osseous upper dorsal, cervical and mandibular lesions; these corrected, the clavical raised, and the tonsils and contiguous tissues gently manipulated internally for the purpose of emptying the crypts, will constitute the specific treatment necessary. The cause is usually due to imprudence, to exposure in inclement weather, or too sudden changes in body temperature, and especially chilling of the feet. These factors produce contraction of soft tissue, creating lesions producing mechanical obstruction to the blood supply and drainage, and enlargement of the gland results. In follicular tonsilitis the infection and exudate is limited to the crypts and surface of the tonsil. In the suppurating form the infection is deeper and the stroma is affected. The abscessing may become peritonsillar. Infection may occur in the posterior pockets, which sometimes result from peculiar development of the gland. The crypts may be filled with decomposed plugs, reeking with micro-organisms, and their toxic output, producing a systemic toxemia. From these conditions, oft repeated, we have the hypertrophied, fibrous tonsil. The resistance of the constrictor muscles and the structures between the tonsil and the oral cavity causes the hypertrophied tonsil to project toward the pharynx. This pressure constitutes a mechanical interference with the normal functioning of the tissues compressed, and in its chronic form may be the cause of various forms of ill health, due to lack of proper oxygenation.

Chronic pharyngitis, deafness, reflex spasmodic cough and fetid breath may be the results of diseased tonsils. Thickened articulation is sometimes present.

Any lack of continuity of their mucous membranes render such tonsils a portal of entrance of various infections, such as tuberculosis.

We observed that the tonsillar lymphatics drain directly into the deep cervical lymphatics, and we know how frequently a cervical adenitis may be the first manifestation of tubercular infection. The history given will be a preceding tonsillitis or sore throat, oft recurring.

When you remember that the crypts of the tonsils extend almost to their fibrous capsules it is readily seen, when once infected, how impossible it would be of eradication; nor must we consider that a suppurative condition of the tonsils is purely a local disturbance. It is profoundly a systemic toxemia, as evidenced by the extreme physical exhaustion that follows an acute attack. Remembering that the tonsils are made up largely of lymphatic tissue and that they drain directly into the deep lymphatics, it is clearly seen that direct manipulative treatment of the tonsil in the suppurative form of tonsillitis is contraindicated. Otherwise the treatment of suppurative tonsillitis is the same as in simple tonsillitis, with the addition of a saline or lavoris gargle, or any gargle preferred. Ice bags to the throat are valuable in that ice inhibits the virility of the micro-organisms.

Such a convalescent after an initial attack should be treated three times a week for a month, painstaking general treatment for the specific purpose of keeping up a fine phagacytosis and the activity of all the emunctories. The tonsils should be carefully examined with the use of a tonsil finder, to see that the crypts have cleared. If there is any infection left it means the presence of pus with its menace of the recurrence of an acute attack and the establishment of a chronic condition with its consequent systemic poisoning and engrafting of other infections. Recurring suppurative tonsillitis is unmistakable evidence of chronic infection and complete extirpation of the tonsils is indicated. The hypertrophied tonsil with patulous crypts affords a ready and constant receptacle for food particles, which decompose and harbor myriads of infective agents and are incompatible with a wholesome condition of health and should be removed. The hypertrophied pharyngeal tonsil or adenoids, filling to a greater or less extent the naso-pharynx, producing mouth breathing and affecting physical and mental development of the child, should not be allowed to remain, awaiting atrophy at puberty. Irreparable harm will be done the child during those early years of its development. It is well to remember the palatal tonsils are made up largely of lymphatic tissue, and situated as they are at the port of direct entrance to the deep lymphatics, do they not serve a prophylactic purpose in early childhood far beyond our knowledge.

I can not too strongly condemn the ruthless and unnecessary removal of uninfected tonsils, and especially in little children. It is nothing short of malpractice. It is only when the evidence of their baneful influence on the well being of the patient exists that surgery should be resorted to, and then only at the hands of a competent surgeon or specialist.

The point of differentiation then is the determination of simple hyperaemia or recent infection or of chronic suppuration and hypertrophy. The former is amenable to Osteopathic treatment. The latter is strictly surgical.

—Louise Pleow, Los Angeles.

THE ROLE OF ENDOCRINE GLANDS IN SENILITY

The glands of internal secretion are known to regulate by means of their hormones, the essential chemical functions of the body. Included among these are cell chemistry or metabolism, development, nutrition, sex changes, and, in fact, the principle metamorphoses, to which we are accustomed in the changes from birth to death. Without a question *senility* is a manifestation of waning glandular function, and it is not difficult to establish the fact that individuals who are either *senile* from the *normal* changes due to age, or prematurely senile have deficiencies in the functions of many or perhaps even all of the glands of internal secretions.

One of the most remarkable diseases that is listed in current literature is called progeria, in which there is a very unusual premature senility during childhood, where the mentality retrogresses, the skin acquires a wrinkled old-like appearance, and the child is virtually an old man. A number of cases are reported and illustrated in medical literature within the last few years, and in all of them it has been shown that there is a large ductless glandular element, in fact it is presumed by those writing on the subject that this is the underlying cause.

If the duct-less glands are so important in *maintaining* the chemical balance of the body to facilitate oxidation and regulate the burning up processes and elimination of wastes from the body, very naturally any leaning toward cellular laziness will be manifested by ductless glandular *insufficiency*, which in turn will still further increase the vicious circle and will produce additional toxemia and more trouble. All the manifestations of old age, muscular insufficiency, sex retrogression, a leaning toward atrophy in various organs is due to the removal of the chemical stimuli to which these organs are accustomed, and from the lack of which the organs begin to retrogress both physically and physiologically.

It is well known that the change of life in both men and women is a condition brought about by the removal partially or entirely of the internal secretions of the sex glands. From this time on there is a marked change in the appearance and general activity of the body. In other words the change of life is a large step towards senility, and we are in the habit of modifying the suddenness of this step by suitable organotherapy, especially at the menopause in women.

Experimental work with cancer by certain physicians at the American Ontological Hospital in Philadelphia have shown that the transplantation of cancer cells into animals is facilitated by the removal of the sex glands. This castration seems to bring about a certain change in the chemistry of the body which facilitates the growth of these implanted cells, and it really seems as though the changes thus artificially brought about must in some way be similar to those which are found in senility, and we all know that cancer is essentially a disease of the latter half of life. It is entirely possible that further investigation later on will demonstrate that cancer has a basis of causation in *disturbed ductless glandular function.*

The work of Brown Sequard in Paris thirty or thirty-five years ago shows very definitely the importance of the hormones from the sex glands as a rejuvenating and invigorating measure. This means of therapeutics did not meet with the entire approval of the profession, largely because it was taken up actively by certain Charlatans, but there is no doubt at all that the restoration of a part of the miss-

ing sex hormones, both in men and women, has a beneficial effect upon all those functions which are controlled directly or indirectly by the hormones produced by the gonads.

Since the glands of internal secretion have so much to do with the burning up and eliminating of wastes—detoxication—it would be expected that any waning influence of these glands would be accompanied by conditions of toxemia and deficient elimination, and this is exactly what one expects in old age. A number of writers have called attention to the fact that the thyroid function being so important to the body is deficient in elderly persons and that small doses of thyroid given with care and persistently reduce materially some of the usual manifestations of old age, that is, insufficient elimination, and arteriosclerosis and high blood pressure. In some cases of premature senility, presuming that the glands are lazy and unable to accomplish the work that the system demanded of them, these glands have been encouraged by means of organotherapy, and it has been possible to make considerable change for the better, and the patient's attitude, general health and oxidation is increased as manifested by the elimination of the urinary solids, the muscular capacity is increased, and the patient feels a considerable degree of pep, as a result of this treatment, and in general there is a lessening of the tendency towards cellular laziness, which, untouched, would develop still more rapidly into senility and death.

The best proof that I know of in regard to the value of glandular therapy comes from the results obtained by administering it, and certainly in elderly persons it has been followed by good results.

—Olive Clarke.

THE MILK DIET IN CHRONIC DISEASE

It has long been a matter of concern to physicians as to what course to pursue with the chronic patient. The acute case either dies or gets well, but the one who is never sick and *never* very well, we may help, but we do not cure him.

Such patients are usually suffering from mal-assimilation of food, auto-intoxication and anaemia due to various causes, such as liver insufficiency, constipation, colitis or intestinal indigestion.

The "milk diet" offers to these the much needed "boost" which they seem to require to start them on the road to health. It is by no means a cure-all. But this much may be said—it probably comes nearer to curing all conditions to which it has been applied than does any other one method of dietetic treatment.

Milk is not a perfect food for the healthy adult, being too high in proteid and too low in carbohydrate for uses of the body metabolism, but given exclusively as a method of treatment to the sick it has many wonderful advantages over any other diet. The high protein is needed to repair wasted tissue and the low carbohydrates decrease putrefactive processes. It does not excite as great a flow of gastric juice as do most other foods, this making it a splendid diet for hyper-acidity and nervous irritability of the stomach. In its presence putrefaction is lessened. That the iron contained in milk is utilized to greater advantage than that of any other food has been proven by metabolic experiments. Its association with the calcium of the milk is supposed to account for this. In the use of milk for hemoglobin building purposes the proteid of the milk should not be diluted, as by so doing we also dilute the iron content. The use of skimmed milk does not alter the

iron supply, however, as the ratio of iron to proteid is the same in the skimmed as in the cream.

Many persons consider milk as a liquid diet, when in reality it is a solid, for as soon as it reaches the stomach it is coagulated by the action of the rennin and hydrochloric acid, the latter having been somewhat neutralized by the alkaline salts of the milk and the saliva. For this reason it is doubly necessary that the milk be taken slowly and thoroughly mixed with the saliva before swallowing, otherwise if there is a hyperacidity of the stomach stiff curds form, rendering it indigestible.

Some of the water and salts are absorbed in the stomach; the casein, in the form of peptone, and the fats are further acted upon in the duodenum by the pancreatic juices. Much of the intestinal indigestion occurring with some patients while on the milk is due to pancreatic insufficiency.

The physiological processes during a course of the "milk diet" are first apparent in the stomach and intestines, which undergo a complete cleansing, all old mucus and putrefactive material being carried off. The walls of the intestines gain in strength, peristaltic action is greatly increased, adhesions are stretched. The liver next feels the effect. This organ seems to undergo a greater upheaval than any other in the body. The pigmentary changes in the skin, often due to liver inactivity, disappear and the complexion becomes clear. This is also noted in the sclera of the eyes. The organs all over the body become filled with new blood and their metabolic activities become increased. The musculature, including that of the heart, becomes firm and capable of stronger action. The weight put on is in the form of muscle instead of flabby fat. Systematic exercises, if not too strenuous, given in conjunction with the milk diet make this weight more permanent.

However, patients contemplating a course on the "milk diet" should not expect unalloyed pleasure, for many are the discomforts attending thereto—such as the stretching pains of the stomach and intestines, the nausea and vomiting of bile occurring with liver reactions; in fact, whatever organ is at fault usually passes through some kind of a reactionary period which may be accompanied by more or less pain and discomfort. For this reason the "milk diet" is a system of diagnosis as well as treatment, for it is only the organs of the body, whose efficiency has been impaired in some way, thus preventing normal function, which refuse to handle the increased amount of blood sent to them, thus becoming congested for the time being until enough repair has taken place to allow a free use of that blood. These congestions, at times, give the patients much distress, and it is at this time that they need the encouragement to continue until a cure has been accomplished.

Many physicians attempting to conduct the "milk diet" for the first time have become discouraged and decided that milk is not suited to that particular case; when, in fact, the manifestations occurring may really be the "healing crises."

It is during this period that various modifications of the milk are often found of value, such as the use of less amount of cream or the addition of alkalines in cases of acid diarrhoea. Sometimes adding boiled rice or a little dried fruit to the diet is found very beneficial. In the bilious types of reactions acid fruit juice or buttermilk stimulate the liver and hasten its greater activity. Where constipation is encountered, dried fruits, cottage cheese or greater fat content are found useful.

Cases receiving greatest benefit from

the diet are hyperacidity and ulceration of the stomach, intestinal indigestion, colitis, and, above all, liver insufficiency. Splendid results have been obtained with post-influenza cases, especially those with the slowed pulse action and low blood pressure, also with cases of high blood pressure due to auto-intoxication or kidney insufficiency.

—Olive I. Bondies.

MISSED ABORTION

The following case proved interesting to me not only on account of its unusualness but also because the patient thought she was under the care of a physician.

Case—Young lady about 25 years of age, a school teacher by occupation.

History—Patient had been recently married at the close of her school. The year's work, wartime anxiety plus preparation for the wedding, left her very tired and exceedingly nervous. Examination disclosed a tense vaginal outlet. Pelvis otherwise normal. Menstrual history regular, at times somewhat painful—no discharge between periods—no inflammation—no signs or history of infection.

After first treatment patient slept all afternoon, was roused for dinner, then slept soundly all night. The next morning she felt rested and certainly was very much relaxed. After several treatments she returned to her home in another town.

A few months afterward she became nauseated in the morning, missed a menstrual period and developed a dark brown discharge. She placed herself under the care of a physician and was pronounced pregnant.

At about the third month she came back on a visit. She was taken with menstrual-like cramps, so was called to see her. Examination indicated a pregnant uterus at about three months. Uterus could just be felt above pubes—cervex not dilated—no membranes protruding—dark brown discharge quite profuse but same as it had been from the beginning. Kidneys and heart seemed normal, so I considered an endometritis as a possible cause of discharge.

After keeping the patient in bed for a week the pains subsided but discharge continued. I saw no indication for interrupting pregnancy at this stage, for I felt that time for manifestation of life would demonstrate viability or not. Patient visited a week longer, then returned home.

She was able to do her housework. Occasionally when she'd overdo pains would return, but by remaining quiet a few days they would disappear.

By the fifth month patient's shape had not changed appreciably, nor had she felt signs of life. Urine examined regularly. Saw her physician often.

Conditions continued until about the seventh month when a relative insisted on going *with* her to the physician and have him make a thorough examination. After examination the doctor said the patient wasn't pregnant and may never have been.

Symptoms continued the same until time for a normal delivery, when one evening the patient passed about a four-month foetus with membranes intact. The physician in charge was called, but did not come until morning. Meanwhile another was sent for who continued the case. The patient made an uneventful recovery. The discharge ceased, although she was never curetted.

In two or three months she became pregnant again and is now in the fourth month of what seems a perfectly normal pregnancy.

—Ada DeWitt Ames.

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LETHARGIC ENCEPHALITIS

Patient a minister, age 38; early life active on a farm; entered theological school opposed to athletics; ate heartily and complained of auto-intoxication ever afterward. Patient did not have flu, only a lingering cold in the head for two weeks.

When called to the bedside found symptoms of extreme acidosis which rapidly developed into lethargic encephalitis. First the eyes half closed, choreaiform movements of whole body, picking and pulling of bed clothes, incoherent mutterings, paralysis of bladder sphincter, Bell's paralysis of the right side. Pulse never 100, temperature not over 102, blood pressure slightly below normal.

Called in consultation Drs. Young and Brigham. Urinalysis and examination of blood and spinal fluid revealed no infection.

Treatment consisted of heavy eliminative procedure, spinal manipulation two or three times daily, nourishing liquid diet, spinal fluid drawn once. Same injected into a guinea pig, no pathology resulted.

Within three weeks the patient was up and out and in three months had gained 25 lbs. and felt better than for fifteen years.

Made thorough X-Ray examination of sinuses and alimentary canal but found no focus of infection.

What was the focus of infection and where?

DR. CAROLINE PAINE-JACKMAN.

There is one doctor to every 720 people in the United States. Medical students and graduates have decreased in fifteen years about 50%. The total enrollment of medical students is 13,052, or 578 less than last year.

The Western Osteopath

Owned and Published Monthly by the
CALIFORNIA OSTEOPATHIC ASSOCIATION
C. J. GADDIS, Editor and Manager
808 First National Bank Building, Oakland, Cal.
Entered as second class matter at the Post Office, Oakland, California.

This is the Special Edition of the Los Angeles Women's Osteopathic Club, under the chairmanship of Dr. Jennie C. Spencer, except the following pages, which we were compelled to use for Convention purposes.

Subscription $1.00 per year in Advance

COME TO SAN FRANCISCO

W. W. VANDERBURGH, President.

Your Osteopathic education made you successful as a physician. Post-Graduate education will make you more successful and is no less necessary than undergraduate training. Your enthusiasm will be increased, your field of practice enlarged, and your success more certain. Your patients will appreciate your desire to keep up to the minute in your profession.

Come to San Francisco, the briskest, snappiest, most invigorating climate under the Western Sun. Come, the San Francisco Osteopaths await you, the city welcomes you, the Golden Gateway beckons you enter. Let's have a pleasant and most helpful week together.—*Team Work.*

Rates to Convention

The Santa Fe states the following:

Beg to advise that while there are no special rates for your convention in San Francisco, June 14 to 19, there are summer tourist tickets, at very material reduction in rate, on sale from practically all points in the United States to San Francisco and return, which delegates to your meeting could take advantage of. These summer tourist fares are approximately one and one-third the one way rate for the round trip.

The Southern Pacific states the following:

Reduced rates have been authorized from points in Arizona, California, Nevada and Oregon on account of the convention in San Francisco June 14th to 19th, inclusive. One-way tickets must be purchased at the full tariff rate, taking a receipt therefor, and providing there are 100 in attendance who have paid $1.00 or more on the going trip, half fare can be had for the return. Sale dates for the going trip are June 11th to 18th, inclusive. Return sale dates are June 15th to 22d, inclusive. Stopovers not allowed in either direction.

Come!

Bring your palm beach suit, your overcoat and furs; you may need 'em all before the week is over. But don't bother to fuss up too much. It's the D.O., whose head and ideas overtop the "denim," we want to see in San Francisco.

Ideas are a matter of unique concern when a profession is passing through the greatest crisis in its history.

It must not prove true, as Dr. Atzen fears, that D.O.'s are too indifferent and too prosperous to think.

It All Looks Good

All "technicians" will have some new stunts which they will try to put over on us at convention, if we get just one workable idea in diagnosis or treatment from each it will be worth the week off.

Such an aggregation, such a variety we have not heard of anywhere, have you? And all for one solid week, too! You get an idea Monday and you can go back and find out more about it each of the five following days till it's yours for keeps.

Our old-timers always play to capacity houses, but from what we hear another capacity man will be Edmiston. We know some folks that went to the next clinic center just to get more of him.

There is a lot more we could say about this meet if we had space, but why say more? You and I know it will be a feast of good things which will strain your capacity to hold.

Specials Are Winners

The Surgical Number, the Students' Edition De Luxe and this issue make three successive specials offered to our readers.

Chairmaned by Dr. Jennie Spencer, with Dr. Stillman editor, the Los Angeles Womens' Osteopathic Club has again shown us a specimen of the fine type of product they are so capable of turning out, and on short notice, too.

It is no small item that the complete copy was gotten to our printers by Dr. Spencer nearly a week ahead of schedule time.

In new ads they so far excelled that the Los Angeles Osteopathic Surgical Society has yet to secure several pages to equal them. These ads make possible these editions and are a splendid testimony to the loyal support the WESTERN OSTEOPATH has from its readers.

Begin with the first editorial and read right through to the finish and you will catch something of the spirit and the message of the woman's edition.

The recent war-times proved to the world again that there are few undertakings that woman is not capable of carrying through with credit.

Our D. O., who has been doing, so far as we know, most of our research work, is a woman. At the present stage of the world bachelor-minded men might just as well give them their chance to make good or some day these same men may be pleading for a chance.

Some of us may still have childhood memories of saddling across a good woman's knee with little equipoise and considerable discomfiture, but, withal, muchly to our profit. A better technic might be to sit at their feet and learn.

THE STATE CONVENTION PROGRAM

It was our intention to have printed the program in full in this number of the WESTERN OSTEOPATH. This is not possible, however, and the program committee will have to refer all who are interested in the matter to the forthcoming number of *Team Work*.

In an endeavor to meet the wishes of the editor of *Team Work* to get out the next number at the earliest possible moment, I directed Dr. Morgan to send her copy to him, and so can not give the program for the Tuesday afternoon and evening sessions in full, and will simply say that the afternoon program will be devoted to pediatrics and a baby show and the evening program to an open lecture to parents. Likewise to expedite matters I sent him my letter from Dr. Turney, giving the arrangement of the morning post graduate program he, as the Los Angeles

program committeeman, had so successfully arranged. It looks a winner to me, and I feel sure that anyone attending will be able to get just about what he wants. It is especially strong in technic. Come and see how the others are doing it. As I can not remember all the splendid practitioners on it, it seems fair to mention none. Look for it in *Team Work*.

There will be a business session in the middle of each afternoon session. A Ruddy round table each afternoon except Tuesday and Wednesday. Dr. Forbes will do a congenital hip operation Tuesday afternoon.

The Monday afternoon program will consist of the following:

President's address, Dr. W. W. Vanderburgh; "The Antecedents of Osteopathy," Dr. Roland F. Robie; "The Osteopathic Treatment of the Ear," Dr. C. C. Reid; "Unconscious Versus Conscious Protection," Dr. Harry W. Forbes; "A Rational Method of Treating Hemorrhoids," R. D. Healey; "Osteopathy of Internal Secretions," Dr. Josephine A. Jewett.

Tuesday afternoon—See *Team Work*.

Wednesday afternoon—Scenic rides to La Honda Canyon, if "gas" is to be had.

Thursday afternoon the Los Angeles Osteopathic Surgical Society will teach us what is considered good surgical advice for our patients as follows:

"Indications for Surgery in the Treatment of the Nose and Accessory Sinuses," Dr. Lloyd Reeks; "Indications for Surgical Treatment of Tonsillitis, or When Should Tonsils Be Removed?" Dr. T. J. Ruddy; "Indications for Surgical Intervention in Mastoditis," Dr. W. V. Goodfellow; "Shock and Hemorrhage," Dr. R. D. Emery; "Indications for Surgical Treatment of Appendicitis," Dr. E. T. Abbott; "Surgical Complications in Pregnancy," Dr. E. G. Bashor; "Indications for Surgery of the Bladder and Prostate Gland," Dr. E. B. Jones; "Indications for Surgical Treatment of Spondylitis and General Arthritis," Dr. T. C. Young; "Indications for Surgical Treatment of Gall Bladder," Dr. W. C. Brigham.

I venture to say that your surgical advice will be more modern and on a higher plane after listening to that day's program.

Friday afternoon—"Practical Aids to Treatment," F. A. Lacey; "The Future Development of Osteopathy," Dr. Sylvia Boyce; "Nemo-Syphilis," H. E. Penland; "The New Concepts in Physiology and Their Relations to Osteopathy," Dr. Louisa Burns; "The Reduction of Lesions Under Anesthetics," J. P. Snare, Modesto; address, Louise C. Heilbron, San Diego.

Saturday afternoon—"What Constitutes Adequate Treatment," Herbert J. Nims; "The Osteopathic Lesion, Lest We Forget," Dr. C. Farnham; an address by W. H. Wakefield; "The Treatment of Some Foot and Postural Defect," J. N. Moore; "Ten Fingers in the Treatment of the Eye, Ear, Nose and Throat," by Errol R. King, Riverside.

Besides the numbers listed, other members of the committee are still arranging for additional attractive numbers. Watch for *Team Work*, for no other program will be sent you.

Monday night there is to be a reception at the Hotel Bellevue. Tuesday night the illustrated open lectures to parents; Wednesday night we may still be returning from our barbecue; Thursday night the color photographic Lecture by Dr. D. L. Tasker on "I Love You California"; Friday night we banquet at the Hotel Bellevue.

May I suggest that all who are expecting to come will do well to look the program over and before coming consider what their own practice has taught them on the subjects to be considered so that they may be best prepared to help all of us to wider knowl-

edge by taking part in the discussions.

The program committee hopes for a practical, helpful meeting.

For the committee,
WILLIAM HORACE IVIE,
Chairman.

Reception

Dr. Sutton, State chairman of the social committee, requests that you send in reservations for hotel accommodations as soon as possible, naming first and second choice of hotels and describing exactly the room location (inside or outside) and price limit.

Secondly, when you register your arrival at convention please state in writing the name of the hotel where you are staying, so that inquiring friends may locate you.

Plan to be here for Monday morning session, and don't forget the informal get-together dinner on Monday evening before the reception and dance.

If stunts are impractical try to induce some one or two of your talented local members to give a reading or vocal selection. Don't hide your light under a bushel; come prepared to shine.

Clinics for Convention

The post graduate course to be given in San Francisco convention week can be made of definite value to the attending physicians only by securing abundant clinic material.

Dr. Daniels, State chairman of clinics, has outlined a comprehensive Statewide campaign of publicity to forward this end. Oakland, Berkeley and San Jose are organized independently, and San Francisco is making conscientious efforts to care for the local situation.

To make this phase of the cause a success, however, much depends upon the more remote districts, especially the smaller towns where the local physician obtains a more intimate social relationship with the community at large, and has consequently brought to his notice any unusual case that might interest the convention.

Many cases may be deterred from attending because of the difficulty and expense of travel and hotel accommodation. To all out-of-town doctors the local committee pledges itself to secure accommodations for clinics and give definite information of hotel rates, with accurate notice of date clinic will be held, obviating the necessity for a longer stay in San Francisco than is actually necessary for the work involved. Address Dr. Ralph E. Waldo, chairman local committee, 830 Whitney building, San Francisco, Cal.

Tradition to the Winds

There are a few matters of quite as general interest as bumptious incomes. We hope somebody is thinking out to some clear, definite conclusion just what our status must be after the next Legislature, and how best to achieve it. The upper and nether millstones are in evidence, but may we remember that this is still America and that a few determined folk with the torch of truth and justice can pilot the masses aright. Are we awake to the opportunity and ready to offer that leadership? How much response is there in us?

This is a pre-legislative convention, a pre-war convention, and the emergency demands we come as one man with one purpose, prepared to make supreme sacrifices to win our battles, which are as never before the people's battle.

A little more of the spirit of those notable words addressed to our fleet a few years ago would not be amiss among us, "Eliminate prudence, throw tradition to the winds, do the thing that is audacious to the utmost point of risk and daring, because that is

what the other side does not understand."

Sorry the program isn't here in full, but it lacked just a few hundred miles of getting here in time for this issue. But it will reach you. We have seen some parts of it, and take our word for it and crank up your old "fierce sparrow" and come.

A treat for your eyes, your ears and the very soul of you will be those wonderful pictures of Tasker's. You will carry some of these masterful creations in nature with you through the years. In a way it's more effective than traveling to see these beauty wonders. It's a rare technic and vision that can give one such fascinating pictures for the soul. You will see these also at San Francisco.

There is nothing "unusual" about the marvelous climate and visual beauty that the bay section is noted for, but some way old nature is in this year of 1920 showing a prodigality of glorious days and gorgeous nights that would take all the poets of the West to picture you. If you can't live here always, loosen up and come and treat yourself to one great week about San Francisco Bay, that center where grew Bret Hart and London, Burbank, Coolbrith, Joaquin Miller, Edwin Markham and a host of others known to fame.

Politics is rife. California expects to settle, as usual, that little matter of the United States President. But the big thing that's to happen in June is the selection of men and women to head up our associations and assume the leadership of our forces through a year that must spell great things for Osteopathy in the West.

Politics won't do; there must be a statesmanship with a consciousness of responsibility. However, there'll prob-

ably be several dark horses trotting 'round before the week's over.

Yes, elect able officers, but for Osteopathy's sake don't run back to your offices and leave them till about this time next year.

Our president, Dr. Vanderburg, has done many fine things this year, among them some of his "comebacks" at the medicos are the rarest pieces of retort and scathing facts one could read.

His has been a year of notable programs, not alone in California but throughout the Western States. Our profession is pleased, but if in some ways it should not have met all your hopes, don't put all the blame on your officers and organizers—some belongs nearer home.

"Passing the buck" is as old as Adam. Come to the convention. Speak up, get into the open. Let's find what's good first, then find what's wrong, if anything; then "fix it and leave it alone."

This is everybody's convention.

Why not grant Dr. Van's recent inference that San Francisco is not and never has been a suburb of Los Angeles, Oakland or any other city.

One of Seattle's leading Osteopaths, Dr. Walter J. Ford, died in his home April 19, 1920. Dr. Ford, as well as his wife, Dr. Roberta, was a most successful and enthusiastic Osteopath. He was the president of his State association, member of the national legislative committee, and held membership in various local organizations. Sincere sympathy to Dr. Roberta, who is well known to our readers as a correspondent of this journal.

The sister of Dr. S. I. Wyland, Dr. Dora Wyland McAfee of Charleston, Iowa, died May 14. She was a graduate of a T. Still college, June, 1903, and had practiced continually since.

THE BUSINESS SIDE

Most of you have been very prompt in your payments of dues this year, and at convention or any other time it is your right to know just where every dollar is spent.

Whether it is your association, our college or what not, when we place our money, we should be interested to know about it, and a certified analysis is the least that can be offered and is gladly given each year.

These are democratic institutions and every member should feel responsibility.

Perhaps we can spend less money and get results, or more to advantage. These are business matters and should not be taken lightly. Let our business sessions be unhurried and constructive.

DR. ATZEN AT SAN FRANCISCO

The regular May meeting of the Bay Osteopathic Association was held May 21 in the Bellevue Hotel, San Francisco, where the State convention is to meet in June. Announcements concerning the convention were made by Drs. Vanderburgh, Ivie, Sutton and Margaret Farnham.

We were favored by the presence of Dr. Atzen of Omaha, one of the past presidents of the A. O. A. In his talk he tried to show in a very careful and systematic way the reason for our faith as Osteopaths by using the automobile as an analogy. He very rightly contends that there are many in our profession who do their work in a mechanical way with little or no ability to explain in a clear, concise manner to a layman our underlying philosophy. Undoubtedly there is no one among us who has given more thought or who is more able to give such an exposition than Dr. Atzen; so he is devoting himself to this good work.

R. F. ROBIE, Secretary.

SAN DIEGO OSTEOPATHIC SOCIETY

A meeting of the San Diego Osteopathic Society was held at the Hotel Churchill Saturday evening, May 8. Dr. C. B. Atzen of Omaha was the principal speaker, taking as his subject "A Systematic Method of General Diagnosis," in which he pointed out the value of going over the ten systems of the body, followed by a physical examination, thus determining the actual cause of the illness and the proper method of correcting the condition that is causing the disease.

Dr. Atzen is a former president of the Nebraska and the American Osteopathic associations. He served for two terms as a member of the official board of the national association, and is at present president of the board of trustees of the Osteopathic Research Institute of Chicago.

Dr. Isabel E. Austin, secretary of the San Diego Osteopathic Society, was in charge of the arrangements for the meeting.

Dr. Vernon R. Lee has been appointed chairman of the program committee.

ANNOUNCEMENT

Born to Dr. J. L. Ingle and Dr. Margaret Ransom Ingle of La Grande, Ore., on April 20, a nine-pound daughter, who has been named Stella Jean.

MODERN MIRACLE

MAKING THE DEAF TO HEAR

(From Edinburgh Dispatch.)

The young Prince Jaime, son of the King of Spain, and who is on a treatment visit to this country, has been deaf since birth, has been treated by many eminent European specialists, but with comparatively little success. In December of last year Prince Jaime was first attended by Mr. May. A few days after his visit to the surgeon he was overjoyed at being able to hear part of the music at a performance at "Chu Chin Chow." Since that date his affliction has become gradually easier, and hopes are now entertained that by Easter the Prince may be able to return to his native land completely cured.

A few weeks ago Don Jaime, while inspecting his elder brother's chicken farm, in which he is greatly interested, surprised his tutor by suddenly remarking, "What a funny noise," pointing at the same time to two ducks,

which were quacking loudly. The Prince, who was taught to speak by means of lip-reading some years ago, was able to imitate the sounds which he had just "heard."

THE OSTEOPATHY CURE

An interesting description of the theory of "Osteopathy," under which the young Prince is being treated by Mr. Johnston May, the "physiological adjuster," is given in the *Daily Express*, which says:

"The theory of Osteopathy is that all disorders and diseases spring from a mal-adjustment of the spinal vertebræ. The great nerve trunk of the body is the spinal cord, which passes down through the jointed backbone. From its various sections branch off the nervous systems which control particular limbs or organs.

"The idea is that when one of the joints of the backbone is slightly displaced it presses on the great nerve center and troubles or starves these dependent systems. In other words, anything from sciatica to indigestion may be due to a displacement of one's backbone joints.

"The causes which bring about these minute displacements, with their consequent troubles, may be due to bad habits, such as sitting bent up at a desk, to small rheumatic secretions, or dozens of other little things, but the cure for all evils is claimed to be the readjustment of the spinal system by means of careful, skilled massage and pressure on the offending joint. Sometimes electrical treatment is used in addition to massage.

"The skilled operator has been known to produce wonderful cures, but, like all these systems, the secret of success lies in the individual skill and knowledge of the manipulator.

"It is, of course, a so-called 'quack' treatment, but many sound and sensible Americans consider their Osteopathist as important as their doctor."

Treatment for Blues

If you'll walk along life's pathway
With a smile,
Cheering others as you meet them
Mile on mile,
Giving love and joy and sunshine
All the while:—
Then you'll find that gloom and worry
Disappear,
And your life will be the brighter
Year by year,
For you'll sow rich seeds of blessing
Far and near!

EDWARD S. MERRILL, D. O.
MENTAL AND NERVOUS DISEASES
WALTER V. GOODFELLOW, D. O.
EAR, NOSE AND THROAT
W. CURTIS BRIGHAM, D. O.
SURGERY AND GYNECOLOGY
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HARRY B. BRIGHAM, D. O.
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HEART, LUNG AND
NUTRITIONAL DISEASES
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ACUTE PRACTICE
FERD GOODFELLOW, D. O.
DEPARTMENT OF
ADMINISTRATION

LOS ANGELES CLINICAL GROUP
EIGHTH FLOOR FERGUSON BUILDING
LOS ANGELES, CALIFORNIA

To Graduates of 1920.

"Get your happiness out of your work or you will never know what happiness is."

Choose your work wisely and your happiness will be great.

A doctor lives in his work. His profession opens all doors to him. Thru his ministrations he learns to know all classes of men. His success wins for him the respect and friendship of the community. By his work he is known, at home and abroad.

No profession offers greater possibilities for service, renumeration, and happiness. Success and happiness are to be won in the healing profession only thru study, work, and perseverance.

To all young men and women who are qualified, or can qualify, we commend the teaching and training given by the College of Osteopathic Physicians and Surgeons at Fourth and Main Streets, Los Angeles. For detailed information address the Dean.

THE WESTERN OSTEOPATH

Published by the California Osteopathic Association

VOL. 15 NOVEMBER, 1920 No. 6

Contents

N. B.—The new ads in this issue.

Members W.O.A. send at once all changes of address to Secretary for New Directory.

Readers outside W.O.A. territory send regular subscription to this office.

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The Aristocrat of Motordom

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The Kissel Custom-built Closed Models are designed and finished with all the modern refinements and accoutrements, combining simplicity and quiet dignity that suggest fleetness and power with a pleasant touch of rakishness and style which only highly specialized body designing and construction technique can produce.

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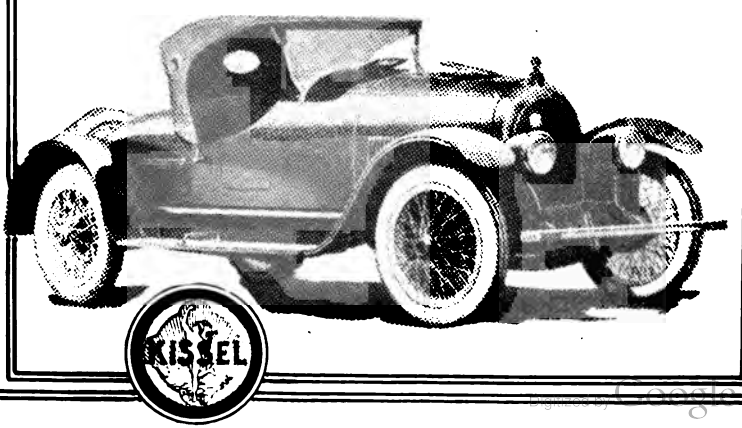

The Western Osteopath

Vol. 15 DECEMBER, 1920 No. 7

Edward H. Light
Secretary of the College.

May we present to our readers the newly elected Secretary and Business Manager of the C. O. P. & S. Our College and the profession are to be congratulated and already Mr. Light's work with the student body and College affairs has put him in high esteem and promises well for the future of our College.

For eleven years Mr. Light has been connected with one of the stronger Middle West privately endowed colleges, Beloit College, in the capacity of general secretary. In this work he had charge of all publicity matters in connection with the College, the securing of new students, the correspondence with the alumni and the organization of alumni associations throughout the United States, and the purchase of supplies. In this connection he had many problems come up similar to the work here. In dealing with students he was interested in athletics and served a number of years on the athletic board. He assisted the students in matters pertaining to their glee clubs, and in financing their various student publications.

His academic training was graduation from Beloit College Academy in 1902, freshman and sophomore years of college work at Denver University and graduation at Beloit College in 1906.

The middle of September this year he had no idea of doing anything else but carrying out his plans for the development of his fruit and poultry ranch at La Mesa, California, in which he was most interested. About that time he received a letter from the College Board asking him whether or not he would consider the matter of coming into the organization of this institution as business manager and secretary. He replied that he did not think that he should be interested in taking up such work which involved the giving up of plans which he had made in La Mesa. However, at urgent request, he came to Los Angeles, interviewed Dr. Chandler and met the members of the Executive Committee of the Board of Trustees. He was so interested in Dr. Chandler's personality and his viewpoint in regard to the development of this institution and was so much impressed by the evident ability and enthusiasm of the members of the Executive Committee of the Board of Trustees and by the personalities behind this institution, that he went back and took up with Mrs. Light the matter of giving up their plans for work that they were interested in, and moving to Los Angeles to take up educational work again.

LOYALTY

W. E. WALDO, President A. O. A.

Defined as, unswerving in allegiance; faithful to a cause or principle.

What finer text than this for us to follow? In front of us we have organized medicine with all its prestige, power and perquisites acting as a stone wall to our progress. Back of us we have the many imitators stealing our principles and confusing the public and legislators. Shall we then divide our army by petty jealousies and personalities or shall we submerge self and work, "One for all and all for one," that the cause or principle we stand for shall not perish from the earth? Support your local, State and National organizations.

OUR PRESIDENT'S MESSAGE

By GWLADYS M. MORGAN, President C. O. A.

One of my old professors used to say "Wisdom is knowing what to do next; Virtue is in doing it." None of us can be both wise and virtuous for any length of time, but most of us try awfully hard to be one or the other some of the time.

There are occasions when it is extremely difficult to be virtuous when we ourselves have decided what is wise, but the situation which taxes all our powers is the one when some one else has determined the part of wisdom and all that remains for us is to be virtuous.

Organizations have just as hard a time as individuals choosing the right course of action. However, after a plan is decided upon it is up to every member to support it with every ounce of his ability. Wisdom may conceive of a plan, but it takes loyalty to put it over.

Every Osteopath in the State must be loyal to the Association and must help to put over its plans, whether it be in the forwarding a clinic, working for the advancement of public health, or backing a legislative program. If there is Association work to be done, get in and do it.

NATIONAL LEGISLATIVE ITINERARY

The Chairman of your National Legislative Bureau planned to make a detailed report in the Journal, relative to the legislative itinerary just completed, but having been absent from his office for more than a month, such a great amount of correspondence has accumulated and so many new problems demand attention that it is impossible to take the necessary time demanded in making a detailed report at this time. The following brief report must therefore suffice:

Twelve States have been visited in person by the Chairman of your National Legislative Bureau: Pennsylvania, New Jersey, New York, Connecticut, Ontario, Canada; Michigan, Ohio, Illinois, Nebraska, Iowa, Missouri, Oklahoma.

In some of the above named States, a special legislative conference was called; in others, the regular Annual State Convention was in session, during the visit of your National Legislative Chairman.

All of the above named States have gone on record as endorsing the 1920 A. O. A. legislative program excepting Illinois, where the plan was adopted by the Chicago profession only, as the meeting was not a State meeting but merely a city meeting. The city meeting, however, went on record as endorsing the 1920 A. O. A. legislative program.

In addition to the above named twelve States visited in person by your National Legislative Chairman, California and Vermont have adopted the Chicago 1920 legislative program by means of correspondence, and Montana and Idaho have adopted the plan in part. The total number of States therefore, that have adopted the 1920 legislative program, is sixteen.

This we feel is a very creditable record for the short time that the movement has been under way. If time permits, a more detailed report of the work of this Bureau will be submitted in a later issue of the Journal.

Fraternally yours,

C. B. ATZEN,

Chairman Legislative Bureau.

REPORT OF COLLEGE ACTIVITIES

A definite progressive step was taken by the College last spring when it increased its laboratory facilities. It is very gratifying to be able to report that, with the generous support of the profession in and about Los Angeles, progress continues to be increasingly evident in every phase of College work. The interest of the profession of the West in the welfare of the College is so real that the following brief outline is presented to give the profession an idea of what is being done in the College organization.

Faculty

Regular monthly meetings of the Faculty have been inaugurated this year, with discussions of especial Osteopathic interest as a part of the regular program. The series of discussions was opened at a recent meeting by Dr. Louisa Burns, who presented a synopsis of what scientific research has accomplished in justification of the Osteopathic conception of the bony lesion as a cause of disease. A particular point of emphasis in her lecture was that, in spite of the limited financial backing and with but few workers available, Osteopathic research has established by modern, scientific laboratory methods the incontrovertible fact that structural pathological changes can be caused in the various organs of the body by the production of spinal lesions in the related portions of the spine.

In this connection, Dr. Abbott, Superintendent of the Clinic, called attention to the fact that the new system of clinical case records which has been adopted provides for a careful comparison of the pathology found in the patient by one examiner with the spinal lesions found by another special spinal examiner. The College desires that its case records shall have real value as a contribution to the clinical evidence regarding the Osteopathic concept.

As a matter of more specific educational concern, an interesting discussion was held of the desirability of various methods in the conduct of classes. It was the sense of the meeting that the ideal method of presenting the non-laboratory courses is a blending of the old-fashioned lecture system with the ultra-modern, "student-do-it-all" system; that it is impossible to convey to the student by lectures alone an adequate grasp of the modern aspect of the various subjects of the curriculum; and that therefore the student should be required to do a reasonable amount of text-book study with such assistance from the instructor as will enable him to organize the results of the study thus carried on. This method will give increasingly good educational results as the unnecessarily large number of hours of attendance scheduled in the past is reduced to a figure nearer that re-

quired by the law, and the student is given more time for study.

Board of Trustees

Reports of the various officers and committees to the board contain so many items of interest that mention only will be made of a small number which will convey an idea of the scope of problems being dealt with:

There has been installed a requisition and centralized purchasing system for the securing of supplies.

A new system of accounting has been adopted which makes it possible to quickly determine the various items of classified income and expense of the College, and thus facilitates good business management.

A complete, centralized, and carefully indexed filing equipment has been installed which makes it possible to properly care for and secure for immediate reference the various reports, documents, legal rulings, business papers, correspondence, catalogues of scientific supplies, college catalogues, and other important papers necessary in the administrative work of the College.

An assistant to the Registrar has been provided to make it possible for this office to more effectually meet the needs of educational administration and to comply with the repeated requests of the State Board of Examiners with reference to the keeping of records.

The securing of additional salaried science teachers has been authorized and the time of Dr. Ralph A. Hix has been secured as assistant professor of practical anatomy, for service in connection with the courses in dissection and in the correlation of the work of the several voluntary demonstrators in anatomy who are assisting in the department.

Employment of nursing service for the gynecological and minor surgery clinics has been authorized, to supplement that formerly provided only in the eye, ear, nose and throat clinic.

Real estate owned by the College, which has been standing vacant during the last few years, has been leased and is now contributing to the operating income of the College.

An option has been secured, which will be taken up at an early date, on property upon which the College will shortly proceed with the erection of a clinic building.

(A more detailed report regarding some of these items will be sent to the profession as soon as action has been completed in certain matters still pending.)

Clinic

The system has been put into effect of conducting the examination of patients before groups of about six students instead of before large classes. This is made possible only by the voluntary service of a large number of actively practicing Osteopaths of Los Angeles and vicinity, some coming from as far as Long Beach. A detailed presentation of the present procedure is being drawn up by Dr. Abbott for publication at an early date.

In spite of the practical abandonment of the policy of granting large numbers of private examinations to patients desiring them, the earnings of the clinic have materially increased over those of the corresponding period of last year. By instilling the ideal of rendering service into those doing clinical work it is expected that the clientele of the clinic among the worthy but financially handicapped will be greatly increased.

The following is a partial report of the activities of the fifty students now engaged in clinical services for the month of November, 1920:

Treatments given in general Osteopath department	1388
Examinations observed by student groups	155
Obstetrical cases delivered by students	30
Total cases examined in Obstetrical Service	152
Obstetrical antepartum calls made by students	100
Obstetrical postpartum calls made by students	240
Cases handled at Emergency Hospital during hours while senior students were on duty (est.)	400
Surgical operations observed by classes at the County Hospital	32

Future Reports

The foregoing is the first of a series of reports which the College will issue. It is hoped that the profession will realize that the College desires to take the profession into its confidence upon all matters as fast as they can be crystallized to a point where they are more than mere expectations. The College authorities propose to put on a program which will call forth the just pride of the entire Osteopathic profession and will expect the profession to support the College in its efforts.

Respectfully submitted,

LOUIS C. CHANDLER,
President of the College.

UNCLE PETE'S CORNER

(If you'd like an opinion on any subject in the category ask Pete. He knows).—ED.

1. "Does a doctor own his patients?"

No!

How well have you sold yourself to your patient? To that extent, your patient owns you.

Your patient will demand, expect, and pay you for 100% of his medical service if you have sold yourself 100% efficiently. This means that you have made the patient believe you thoroughly capable as an all-around physician—it means that you have made him believe you to be honest—it means that you have made him like your personality.

2. "And what about a patient going to another doctor—"

This satisfactory relationship continues as long as the patient desires.

Any day it is the patient's God-given privilege to commence purchasing either part or entire service from any other doctor his little heart desires, providing he has the jack.

If John Smith has exclusively patronized Dr. A. for ten years, it is no reason why he should continue to patronize him when J. Smith Jr. graduates and hangs out his shingle in competition with Dr. A.

It is no reason why he should not patronize Dr. B., to whom he has become obligated in business or friendship.

Or. Dr. C., a church brother, may two years ago have sown a seed of discontent in John Smith's mind regarding Dr. A., which has just matured.

Dr. C.'s action, ethical or unethical, right or wrong, true or untrue, it is John Smith's privilege to quit purchasing from Dr. A. and buy from Dr. C.

3. "—*and getting cured?*"

And if in making a change, John Smith finds a cure, he should get down on his knees and praise Him from whom all blessings flow, that he finally quit buying wormy goods—not forgetting to duly appreciate his new Dr. C. until another seed germinates, sprouts, and matures.

P. S.—Salve for the Dr. A.'s. Just between you and me—many of these changing patients, when they change not to us but *from* us, use *wormy* judgment.

LOS ANGELES SOCIETY

A Study in Publicity, by the Chairman

Note the title or "head line" mentions Osteopathy. The "events" are doings of the Society, the Club, the Individual. The time is stated, also the place. What Osteopathy is doing, what the Doctor is doing, and what the public is doing is the "event." Note the "different" ways the "story" is written. Los Angeles Society has twenty-two papers and on each "copy" the words "not duplicated" appear. These are but a sample. This is also true of the "story" to the seven different Osteopathic magazines. Your Society is next.

Los Angeles Daily Times.

NOVEMBER 8, 1920.—

WHAT'S DOING TODAY.

November banquet and meeting of the Los Angeles County Osteopathic Society this evening at 741 South Broadway. Judge Frank S. Forbes will deliver an address on "California," and Supervisor Prescott F. Cogswell will speak.

LOS ANGELES EXAMINER

THURSDAY, NOVEMBER 11, 1920

Students Enliven Osteopath Banquet

Two hundred students of the College of Osteopathic Physicians and Surgeons last night interrupted the banquet and meeting of the Los Angeles County Osteopathic Society for more than an hour, singing college songs and giving their yells. The purpose of the enthusiastic outburst was the inauguration of the campaign for collecting funds for the new osteopathic hospital, which is to be erected in Los Angeles next year. Dr. Frank S. Forbes and Prescott F. Cogswell were the principal speakers at the banquet and Dr. R. D. Emery was chairman.

LOS ANGELES EVENING EXPRESS.

MONDAY, NOVEMBER 8, 1920

Osteopathic

The Women's Osteopathic Club will meet in the Mary Louise tearoom of the Brack-Shops building tomorrow evening, the speaker being Dr. Louisa Burns. Her subject will be "Blood."

LOS ANGELES EXAMINER.

SUNDAY, OCTOBER 17, 1920

Dr. T. J. Ruddy Heard at Osteopath Clinic

Dr. T. J. Ruddy, head of the ear, eye, nose and throat clinics of the College of Osteopathic Physicians and Surgeons, San Fernando Building, returned last night from Fresno, where he addressed a special clinical meeting of the San Joaquin Valley Osteopathic Society on Saturday. Doctor Ruddy conducted the clinics at Fresno for a day. He is a prominent member of the Los Angeles Osteopathic Society.

Los Angeles Examiner

SUNDAY, NOVEMBER 7, 1920

Osteopathic Society to Hear Judge Forbes

Judge Frank S. Forbes and Prescott F. Cogswell will be the speakers at the November banquet and meeting of the Los Angeles County Osteopathic Society, which will be held tomorrow at 6:30 p. m. at 741 South Broadway. Their subjects will be "California" and "Tuberculosis and Its Prevention." The campaign for funds for the proposed osteopathic hospital will be discussed. Drs. Charles H. Spencer, Edward S. Merrill, J. H. Edmiston and Henry S. Miles, the latter dean of the College of Osteopathic Physicians and Surgeons, will speak on this subject. Nearly 200 students of the College of Osteopathic Physicians and Surgeons will be guests of honor.

Los Angeles Sunday Times.

SUNDAY MORNING, NOVEMBER 7, 1920.—

THE RODEO WEEKLY

Ed. Merrill reports **Doc Ruddy** operated and lectured to enthusiastic audiences in Calexico, Imperial, El Centro and the valley circuit. Why work the line circuit so hard?

Doc Merrill's offices have added another to their Methodist dozen. Doctor Farmer, by name, not a nonagenarian but a veteran in the series of man.—By Ruddy

OSTEOPATHIC DINNER.

Two hundred students of the College of Osteopathic Physicians and Surgeons will be the guests of honor at the November banquet and meeting of the Los Angeles County Osteopathic Society, tomorrow evening at 741 South Broadway. Judge Frank S. Forbes will deliver an address on "California," and Supervisor Prescott F. Cogswell of the Tuberculosis Preventatorium will speak on "Tuberculosis and Its Prevention." Dr. Henry S. Miles, dean of the College of Osteopathic Physicians and Surgeons, Dr. Charles H. Spencer, Dr. Edward S. Merrill, and Dr. J. H. Edmiston will be other speakers.

OSTEOPATHY

T. J. RUDDY, Chairman

Publicity Department

The advance agent of a circus had arrived in the village and proceeded to place before the people the "event," its "desirable features," the "date," and the "stars" featuring the "drawing qualities."

Desiring to enlist each citizen in its success the agent offered especially to the merchants, an opportunity to place the name and business on the elephant blanket which was to appear in the parade before the populace. One "self-satisfied," "indifferent," "mossback" replied to his proposition of publicity: "No, I don't want any part in it. I have lived here all of my life. I have been on this here corner for 30 years. Everybody in the county knows me well, what my business is and the grade of goods I carry. I am perfectly contented and satisfied with my income, and—don't—need any publicity!" The agent, knowing the need of "perpetual publicity" in the "growth," "expansion" and "progress" of any endeavor, said: "My dear sir, do you see that church across the street? The church of Jesus Christ has been before the world for nearly 2000 years, and yet every Sunday morning they ring the bell."

This story illustrates in no apologetic way the "laggard" group in all classes of endeavor. It applies to "ideas" and "facts" alike.

You, personally, must be "sold" thoroughly and "perpetually" on diagnosis; on treatment; on Osteopathy as the best form of diagnosis and treatment; on your "office arrangement"; your assistants; your position socially; your skill; and your value to the science of Osteopathy, and, the profession.

You must see to it that your patient is "sold" the "instructions" given and the means and methods employed in his or her case, if you hope to succeed.

You must sell or help sell all that is associated with the thought, "Osteopathy," to the world, at least *your world.*

The "tangible form," whether idea, plan or thing, always finds a ready buyer. The public buys only when it senses and understands, and, "seeing is believing" and in this instance buying.

There are numerous ways of selling Osteopathy as a "pure science" to your community, but "popular news" is the most powerful. The same is true when selling Osteopathy as an "applied science" and "popular news" sets the largest number of people talking about you and your ability. The public is more interested in the "science" and *what it does* than in the way it is done, but the "art" or skill of applying the science is what makes you stand out in relief before a news-crazed public, and "popular news" perpetually printed is the one means that will turn the world *your* way.

Newspapers print "news." YOU must create it. Events! Events!! Events!!! Entire profession "events"; Society or Association "events"; College, clinic, hospital, research institute "events"; circuit "events"; individual "events"; general welfare "events." Events of social, political, commercial and professional value. "Events" of citizenship, of municipal, State, national and world interest.

The "story" about the "event" is what the newspapers are begging. YOU HAVE THE STORY." You "owe" it to the paper or papers to which you are assigned. They "expect" it from you because they have been told YOU *would.*

We have less than 7,000 Osteopaths.
23,975 publications, published in
11,000 towns.
254 varieties in

37 languages.

2,085 daily newspapers of which

1,831 are evenings with a circulation of 21,000,000.

655 are mornings with a circulation of 12,763,000. There are

15,735 weekly publications and

3,397 monthly publications.

In addition to this "clearing house," this great "central depot" where volume after volume of world news enter and leave, we have the Motion Picture Weekly News Reels, of which there are many "informing," educating, 110,000,000 of people through the medium of more than 17,000 motion picture theaters, and which in turn is "repeated" to the public through the "press" as "news."

This machine of constructive news concerning Osteopathy and YOU is offered for "sale" to you with an outlay of not one cent.

YOU (every Osteopathic physician) are a member of the "Publicity Organization" of our national organization and responsible to the "Local," State, or National Chairman, and to the profession for the public's knowledge of Osteopathy through the newspapers assigned to you.

HAS THIS OFFICE YOUR PERSONALLY SIGNED CREDENTIALS? (Publicity Information Blank)

If I have, we are ready.

A SOCIETY FOR EVERY GROUP OF FIVE OR MORE. THREE HUNDRED LOCAL SOCIETIES MEETING MONTHLY. THREE HUNDRED PUBLICITY MACHINES, putting over the "story" 3600 times a year. FORTY-EIGHT STATE ASSOCIATIONS averaging four meetings per month covering the same field with "that story." One National Association "EVENT" furnishing the "story" to each one of "*you*" for a definite people.

ARE YOU "SOLD?"

INDEPENDENT REGULATION NECESSARY

By Harry W. Forbes

Our Legislative Committee has decided to ask the coming Legislature to regulate Osteopathy independently of other systems. This decision greatly simplifies our legislative task and almost guarantees our success.

Our present legal status in California as a two-year limited system is intolerable. Our cause is just. Our needs are clear. There is nothing technical or difficult to understand about our legislative situation and when our case is presented to the Legislature in a bill to regulate Osteopathy and Osteopathy alone we will obtain speedy relief.

Many of us heretofore have strongly favored the composite board regulation. Our treatment under the composite board which administered the law of 1907-13 was fair. This law provided for an examination in all of the fundamental science subjects, but omitted therapeutic subjects. All physicians took the same examination and the rights of our licentiates to practice were not questioned. Our licentiates under this law and the previous Osteopathic law were unmolested in doing a general Osteopathic and surgical practice. Our Legislative Committee in 1913 believed that under the new law all our existing licentiates would have the legal rights of physicians and surgeons. But, we were quickly disillusioned. Our experience from 1907 to 1913 had lulled us into a false sense of security. We had found the representatives of scientific medicine kindly, courteous gentlemen, who were as much interested in public welfare as we were and who gave ready assent to the proposition that any one who, by examination, demonstrated his education in the fundamental medical sciences could be safely trusted to not go far wrong in treatment. We discovered soon after the passage of the law of 1913 that the era of scientific medicine was passing and that the era of commercial medicine was upon us. The National and State medical

organizations passed into new hands and the process of unionizing them for money-making purposes was started.

The composite board which worked well during the reign of scientific medicine has worked increasingly bad as the power of organized medicine has grown. The war provided the opportunity for organized medicine to perfect its machinery. From now on, woe be unto us or any other medical "quacks" who depend for existence upon rules and regulations laid down by a composite medical board.

Our aims are diametrically opposed to those of organized medicine. We want to greatly increase our numbers and they want to decrease theirs and exterminate us. They are carrying on an energetic campaign to decrease the number of doctors in the United States. They have already closed many medical colleges (five in California alone under this law) and have decreased the number of apprentices in their union by over one-half. The scheme is well thought out and its execution is going forward with increasing speed. If nothing happens to interrupt or block the consummation of this plan, medicine, in ten or fifteen years, bids fair to rival department stores in money-making opportunities.

We may approve of the plans of organized medicine to decrease the number of Allopaths in the United States; but our aims are different; and the public welfare demands that our number be many times increased; hence, we must have separate regulation. One law cannot be used as the instrument for decreasing their numbers and permitting an increase of ours.

Even though we might agree with the Allopaths on the terms of a law to regulate both systems we cannot survive under organized medicine's administration of such a law. The present law proves this fact. The Legislature which passed it in 1913 thought they had passed an ideal medical law which would render impartial justice to all systems. If this law had been administered with the same spirit and good-will that characterized the administration of the law of 1907-13, our present legal status would be altogether satisfactory and all of our old licentiates would have the same rights that are enjoyed by the medical licentiates under former legislative acts. Instead of this fair interpretation of the law, our rights have been gradually reduced, until now, with the passage of the Poison Act and its revocation of rights enjoyed since 1901 we are reduced to the two-year class.

All of our Osteopathic colleges have four-year courses and the average education of all our licentiates in California equals that of the medical men. We cannot in justice to ourselves and we must not in the interest of the public submit any longer to the rule of organized medicine. We don't want to legislate for them and they must not legislate for us. We must have the freedom to teach and practice Osteopathy in our own way; and we cannot fail in Sacramento when our case is fairly presented.

ATHLETIC INJURIES—A LARGE FIELD FOR THE OSTEOPATH

By A. M. Weston

More and more athletes and athletic coaches of college teams are coming to recognize Osteopathic methods as the most efficient in the treatment of all injuries, which are the usual by-product of our American sports. Not only do professional men of the baseball world seek out treatment at the hands of the competent Osteopath, but many of our high school and college coaches now

employ the D. O.; even in the face of opposition on the part of some in authority.

It has been my privilege to care for the injured of three football teams during the present season. Coach Brennan of Polytechnic High School, Coach Davis of Lincoln High School, and Coach Henderson of the University of Southern California are among those who recognize the use of the Osteopath to maintain the speed and strength of their squads; to return the cripples to active service in the shortest possible time and to keep a proper psychology or morale by giving the players to understand that their injuries are properly cared for by a qualified specialist. In the following paragraphs I intend to enumerate some of the common athletic injuries, their method of treatment and results obtained.

The most common football injury is the bruise of a tackling shoulder or a tackled thigh. In the one case the outer fibers of the trapezius at their attachment to the outer third of the clavicle, acromion and scapular spine are in spasm with lymphatic and vascular stasis. Lifting the shoulder-girdle produces pain as does lying on the injured side. The palpating fingers quickly find the injured fibers. Accompanying this injury, depending on force and direction of the shock may be sprain of the ligaments of the acromio-clavicular joint or even fracture of some part of the bony girdle, especially the clavicle. In the other case, some of the heavy extensor and adductor muscles of the thigh are similarly involved. These injuries of the muscles of the lower extremities are spoken of in athletic parlance as the "Charley horse," as are also torn muscles. Muscle rupture is always accompanied by retraction, a palpable gap, and later by discoloration of hemorrhage from the ruptured capillaries. When the extensors of the thigh are thus injured, we find the same lymphatic hardness with inability on the part of the patient to flex the leg much beyond a right angle without pain. While such an injury is not serious speed is lost; fatal to the immediate efficiency of the athlete. The best treatment immediately following the injury is heat, of which I prefer the wet towel to the electric oven or other forms. Following the heat by manipulative stretching, light at first, then heavier as the member improves, will in four or five days restore the player to normal; while without the treatment the muscles will remain spasmodic for two weeks or more.

The next most common injury is sprain of tendons and ligaments crossing the ankle-joint. In no case of sprain to date has the player been off his feet more than thirty hours, nor off the football field more than eight days. Let me cite as an example the case of Dean, the great U. S. C. half-back, carried from the field during the Stanford game on October 16, 1920. Leg reported broken; X-ray was, however, negative. A physician ordered complete immobilization with rest in bed for an indefinite period. I was called on the case after the first twenty-four hours. Examination revealed some fluid in the ankle-joint with intense swelling and inflammatory reaction along the peronei tendons, just above and inside the outer maleolus. A picture snapped by a newspaper photographer at the moment of injury showed the foot to be violently extended and inverted. The anterior tibio-fibular and the external lateral ligaments were torn. A light manipulative treatment, followed by immersion in hot water, immediately reduced the swelling by half; and the pain sufficiently to permit sleep. The principle employed was movement in all directions, avoiding stretching the injured tissues anywhere near their elastic limit. Let pain produced be the

guide for the dose. Secondly, tape against the sprain to avoid repeated injury by the patient. Finally, have the patient use the ankle in normal walking in gradually increasing amounts, never going to a point where fatigue produces soreness. This treatment is beneficial because the motion drives out the accumulated lymph; prevents formation of excessive adhesions between the tendons and their sheaths. Such treatment, regularly given in increasing amount, has always, to date, restored the patient in the quickest time. In every case the athlete has been back in a football suit on the eighth day and able to run and with restoration of full speed by the fourteenth day.

A third common type of injury on both field and diamond is the tearing loose, often with twisting, of a semilunar cartilage of the knee. This injury, due to a sudden rotating or twisting force, accompanied by loss of balance, while the body weight is being borne on one extremity—as in running, or pitching a ball. The diagnosis can be made by determining the amount of action in the joint. If either cartilage is out of position, complete extension and complete flexion will be lost. The treatment consists of replacing the cartilage, often a difficult feat in old injuries, by short, quick manipulative movements of flexion, extension, side-bending and circumduction. If the speed of movement is fast enough and changed sufficiently often the operator avoids the holding reflexes on the part of the patient, which would otherwise prevent successful replacement. To replace a semilunar cartilage by manipulation is really to perform a drugless operation of no small magnitude. Further effort on the part of the Osteopath after the knee-joint moves freely again is directed to the prevention of adhesions or to the stretching of those which do form, otherwise the point of injury will remain a weakness. Therefore, direct the patient to walk normally and treat as often as may be necessary until patient has complete confidence in his ability to use the knee.

In conclusion, there are during a season many lesions of neck, back and ribs in the nature of twists, sprains and breaks, with which everyone is familiar and which everyone knows are amenable to Osteopathic treatment. So, I have discussed certain non-bony lesions in the hope that my findings might prove of interest to some of the profession and in the hope that more D. O.'s will recognize the importance of this field of service, namely, athletic injuries.

PEDIATRICS DEPARTMENT

By Dr. L. R. Daniels

Points on Examination of Children

The examination of children entails the use of methods quite different than those pursued with adults. The difficulty in eliciting definite subjective findings from the patient, and the rather indefinite information that parents are apt to give, put the examiner on his mettle, and enhance the value of the physical examination.

The whims and moods of children, and what is sometimes worse, the utter failure of the parents to co-operate intelligently in the efforts of the doctor to obtain the confidence and good-will of the child, render the examination oftentimes difficult to complete. However, as there is no other branch of the healing art that offers so much in the way of treatment, both curative and preventative, it behooves the Osteopath to devote himself to the study of these cases. To this end we expect to present in these pages a series of short articles which we hope may bring to

the attention of the profession some thoughts which may be of value in relation to the handling of childrens' practice.

General Suggestions

Make your examination carefully but quickly, as prolonged handling of infants and children frequently defeats the purpose of the examination.

One factor that frequently interferes with examination of children, especially infants, is crying. This makes difficult examination of the abdomen and ausculation of the chest. Therefore, if the child is quiet it is best to begin the examination of these parts first. If, however, the child be crying, this part of the examination should be postponed till later, in anticipation of a more favorable opportunity.

Postpone till the last any part of the examination likely to elicit resistance; this includes the throat, mouth or ears.

In the endeavor to get on friendly terms with the child it is best not to make him self-conscious by paying too much attention to him at first. Frequently time is gained by spending a few moments in gaining the confidence of the child before beginning the examination. Take an interest in the child's playthings, or get the child interested in some piece of apparatus, such as the stethoscope,—anything that will divert the childish mind from himself, and dissipate any fear or apprehension he may have of you or your procedures.

If the child objects to leaving its mother it may be quite successfully examined while lying on the mother's lap, or over her shoulder.

I have found it decidedly advantageous to listen to the breathing and heart sounds of the normal well child. I frequently practice this on my own children while they sleep. If we learn to recognize the normal it is then easier to appreciate the abnormal.

Cultivate the ability to observe. This is an important factor in diagnosis. Inspection often gives us the most valuable information obtainable. Note the general appearance of the child; is it well-nourished or does it show signs of poor nutrition? Does it have good color? It is fretful or nervous? Do its eyes look bright and clear? Is its abdomen unduly prominent,—its head unusually large or unevenly shaped? These and many other observations may give us leads that will prove valuable in arriving at a diagnosis.

Except in acute cases always insist on examining small children in the nude. This practice will prevent many embarrassing oversights which may follow attempts to examine children partly clothed.

In our next article we will take up some points on special examination of various parts of the body and also a discussion of a method of recording children's cases.

A Useful Technic in Children

I have found the following method of treatment satisfactory in handling children up to seven or eight years:

Sit on straight chair without arms and place pillow over knees. Then place child face downward across knees, which are rather widely separated. This puts the spine directly under your control and enables the operator to stretch, flex, extend or side-bend the spine at will by appropriate movements of the knees, at the same time making fixed points with the hands. By making the child think it is fun, telling him a story or nursery rhyme you make him sorry when you quit.

Please send in any suggestions or ideas you may have that will make this page more interesting.

The Medics' "Great Victory"

It will be their ruin yet. They are still telling themselves about it over many pages in all sorts of type and language

The key to life is ADJUSTMENT. Animal species which no longer exist became extinct because they failed to adjust themselves to their environment. Those which have survived continue to live because they successfully adjust themselves to the various forces that influence their lives. There can be no better vindiction of Osteopathy than the fact that it is based on this fundamental biologic principle.

THE WISDOM OF LIFE IN ONE WORD

By C. B. ROWLINGSON, Secretary of the C. O. A.

Dr. Frank Crane, whose syndicated short sermons and magazine articles reach millions of people, contributes an article to the December *American Magazine* entitled "You Can't Change the World, So Change Yourself," in which he applies to the problems of life the principle on which Osteopathy is based—the principle of adjustment.

"When I write my dictionary," says Dr. Crane, "I am going to give a whole page to the word ADJUST and print it in capital letters and red ink.

"When I start my new religion, and publish to the waiting world my new scheme of self-healing, and found my own private university, and launch my brand-new system of philosophy, I am going to use just one word, because that word contains in itself about nine-tenths of what everybody needs to know, and if people only knew that word, and wrote it at the top of the page every day in their diary, and stuck it in the mirror in their bedroom, and sat down and fixed their minds on that one word, it would cure them of more things than can be cured by Mrs. Mary Ann Jones' Thought Exercises, or Ram Chowder Bunka's Hindu Secrets, or Peckinpaw's Pills, or Dr. Yamagabgab's laying on of hands. That word as aforesaid is

"ADJUST.

"For that is what's the matter with you: You don't know how to adjust yourself. . . . .

"Adjustment accomplishes more than sweat and backache.

"It overcomes more sin than prayer and fasting.

"It defeats more enemies than fists and revolvers.

"It subdues more obstacles, removes more mountains, and fills up more valleys than hustle and perseverance.

"It is better than love potions or efforts to please or flowers or flattery, in the matter of gaining love or of keeping it."

The school boy does not get along with his teacher; the clerk is unhappy, irritated, discouraged; the wife is disappointed in her husband, or the husband in his wife. Why? In these and in numberless other instances, "we find the seat of misery in the same spot; that is to say, in the preconceived notion that we can be happy only by arranging the universe to suit us, and in our inability to see the truth that happiness only comes by arranging ourselves to suit the universe.

"We live surrounded by the inevitable. All about us are things bigger, stronger, and more irresistible than ourselves. There are rocks harder than our heads, huge forces more powerful than our aims and opinions, habits and prejudices tougher than our own notions and desires. Fools butt their heads against these jagged facts, sensible persons sidestep. . . . .

"Study the world and its forces. Your strength lies in co-operating with them. Study men: leadership consists in knowing how to run with them. Public opinion is like an ocean liner: you cannot back it in a minute; you cannot guide it when it is going slowly; and it can be controlled only by one who is riding on it."

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EDITORIALS

Ideals Must Rule

These are the hours before Christmas; dark hours, Gethsemane hours, some of them, and eagerly the eyes search the horizon for some harbinger, while ears strain for assuring whispers of the dawn. Hungry, disappointed hearts suffer in silence and mad-minded men struggle blindly for light.

"Not only were the corn fields and vineyards of France ravaged by the war," says a writer, "but the cornfields and vineyards of the spirit were trampled under foot."

But the world awakening is here, sudden and rude though it be. Its hope, the hope of humanity, is not in its soldiery or armaments nor in any high priest of force, but in its thinkers, its educators, its poets. Ideals alone must rule for they alone are practical. It is for the things of the spirit that man is blindly reaching. Said Leo Pasvalsky, "The worst was not that the Bolsheviki starved and froze us near to death, but they made such scoundrels of us all." Recent writers from that nation say, "Our only hope is in a society of high-principled, unselfish men, ready to serve and sacrifice." When Anatole France pleads that America be not a nation of young bullies, but the supreme spiritual force of the world; when Czecho-Slovak and the Balkan nations are reaching out for every word or book that makes for righteousness; when captains of industry and economic statisticians declare that the security of a nation is not in its banks, but its churches; that Christianity determines the basis and security of investments; then may we not hope that in these times, which are not unlike those twenty centuries ago, that the spirit of Christmas is being born anew.

Governor's View

As to the bill which would give the Regents the complete supervision of all schools of whatever nature in the State and the power to refuse to license any school of which they disapproved, Governor Smith of New York remarks:

"It strikes at the foundation of the cardinal institution of our Nation. It strikes at the right of the people to enjoy full liberty in the domain of thought and speech. The safety of this Government rests on the loyalty of its people and does not need for its defense a system of intellectual tyranny which in the endeavor to choke error by force must of necessity crush truth as well. The German Empire was an example of such tyranny."

The clues are now reduced to writing which prove how the AMERICAN MEDICAL ASSOCIATION has conspired to gain control of the personal and public health of our country by placing Allopathic Physicians in charge of government health offices. In these offices the ALLOPATHS will be paid to examine all children between 6 and 18 years of age and all males up to the age of 45. The pamphlet, entitled "WASHINGTON BILLS INSTITUTING STATE MEDICINE MUST BE DEFEATED," consists of 32 pages and exposes the attempt of the American Medical Association to institute STATE MEDICINE under the guise of education at the seat of our Federal Government in Washington, D. C., and describes how the A. M. A. is attempting to extend this system of Allopathic control everywhere in the United States.

The Women

No profession has such a fine percentage and yet how many times are they heard in our councils? From habit the Marys let the Georges do it and too often to our sorrow. "There are three sides to most questions," says someone. "Your side, my side and the right side." And this right side is usually the woman's side. It may be intuition and it may be judgment, but whichever, we would do well to heed.

In the recent campaign women were more actively studying issues at stake than were the men, and were always willing to listen to any side. Important councils have been held in our own profession, where matters of importance to all were determined, and not a women present. Women change their minds? Yes, and that's where they often prove their superiority. It may be that men haven't the terminal facilities for doing such a stunt. Said Lincoln, "Only dead men and fools never change their minds."

College Endowment

Another good idea suggested by our new College Secretary is that we secure a number of legacies from different people, getting these contributors to pay over the money to the College and the College to pay them interest till death. This has worked in many other institutions. It was the plan carried out by old Dr. Pearson, who gave so many thousands of dollars to various institutions. Many people would give more money if they could be assured of receiving reasonable interest on it while living. Incidentally this might save them from some wild-cat investment. Most men and women would be happy to know just where their funds would later affiliate.

Mrs. Lula Lundrom announces the marriage of her daughter Eunice to Dr. Harrison Brigham, on Sunday morning, December 19th, 1920. at nine o'clock, First Methodist Church of Hollywood.

Don't Slight The Small Town.

We heard of a D. O. who is collecting a thousand dollars per month from his practice and this is not exceptional. These doctors are investing in near-by farms, while their city cousins are spending a good share of a like amount in overhead or upkeep, and all the time missing so much of the joy of the out-of-doors.

Almost universally has it been noticed that the small colleges and academies furnished by far a larger per cent of the ablest men and women. It is the rare student that can find fullest development in the great university.

No profession can care for an overgrown class any more than an average hen can properly care for three settings of chickens. If you have any money to leave, put it back of the small, well principled college, and some day you may see those dollars proudly minted into the heart of a great soul. The greatest teacher that ever lived chose a class of twelve and that seemed to be about one too many.

With very little effort we could stir up several fair-sized differences among our own home folks, but why go to the extra expense of it all, save your ammunition for the real battle. That silly old grouch, shunt it. In the interest of community sanitation, give it the long delayed interment. If you carry any like stuff into the New Year, the Lord may soon forgive you, but it will take the rest of us some time.

If you are in the minority you stand a good chance of being right. It's when the minority gets to be the majority that the real danger begins.

Give Him a Little Time

The W. O. usually makes good its promises. A series of three articles on "Palpation" are on the way from the pen of Dr. H. V. Halloday. We all think we are busy,—how is this: Dr. H. H. teaches four classes a day in school, superintends the anatomical laboratory, drills the A. S. O. Band, is Esteemed Lecturing Knight of the Elks and editor of the *Elk Booster*, on the entertainment committee at the Kiwanis, and gives one night at the community service work. The Doctor is young yet. He may be able to do more after a while.

The chairman of the Board of Trustees, Dr. T. J. Ruddy, stopped over in the Bay section to examine cases for several doctors on his way south. He brought word of many plans for hospitals in Boise, and interesting meetings at Pocatello, and other places throughout Idaho and Utah. The plan that bulked biggest in his mind was our College at Los Angeles. The plans already formulated and at work in that College and the general management throughout together with the plans for the immediate future, are sufficient to make anyone enthusiastic.

As in the past the College is the principal thing. If that fails, or if any barriers are imposed directly or indirectly that will interfere with its largest possible growth as an Osteopathic institution, then all fails, and we will be as dead as the Homeopaths and Eclectics.

Dr. Ruddy deserves no small credit for his able work as chairman of the Board of Trustees. Their plans sum up as follows: A better school, more Osteopaths, saving on money, better housing is something to offer the profession and the public to insure their continued and generous support.

Laughopathy

A board meeting was on. Complex problems were being solved. Orations of the mighty were being applauded(?) and Dr. Ruddy had just finished a short but magniloquently verbose presentation of the "future outlook," but much to Dr. Forbes' wonderment.

Dr. Forbes replied, "Ruddy, with mine eyes I have beheld your demonstrations, and, with mine ears I have heard your logic, but ye gods what did you say?"

In that inimitable manner so characteristic of his Donegal ancestry, Dr. Ruddy came back: "That is the difference between you and me. You know an Irishman tries to make himself understood and an Englishman talks until he is understood."

The College Board has erected a monument to "short speeches."

Another Imitator Brought to Time

Through Dr. Seymour's membership in the Stockton Ad Club and his knowledge of the Better Business Bureau in San Francisco, together with the assistance of Dr. Vanderburg, a certain Dr. Gillespie who has been advertising that he gives Osteopathic treatments at $3.50 per was called before this "honest advertising committee." This is the best and neatest piece of work we have seen done in a long time. The "Doctor" promised to withdraw all his falsehood advertising at once, otherwise he would have been arrested on the spot. We hope others will follow Dr. Seymour's excellent lead. We understand this Better Business Bureau has organizations in all the Western cities.

Mr. Light has found the student body a very pleasing one, composed of young people who are deeply interested in their work and who are mature and able to give good accounts of themselves when they have finished their work in this institution.

THE ROCKY MOUNTAIN OSTEOPATHIC HOSPITAL ASSOCIATION

The Hospital name has been officially changed to the above, which we feel will serve our ideas of what it should be to honor the founder of our science, Andrew Taylor Still. We find the Osteopathic following greatly increasing in this region of mountain country. We are planning a money-raising campaign to begin about January 1st with the men at the head who so successfully put over the Philadelphia Hospital campaign. The profession will be near 100% under their leadership. It is a great undertaking for so small a group as we, but the spirit is high and six months' experience has taught us that the plan is a feasible one and will succeed. A high percentage of our men went into the Y. M. C. A. membership campaign just closed and won respect for their good work, the Osteopathic team winning over many others and getting a promise for a Y. M. C. A. team to help in our drive.

Our recent victory over the Chiros, under the able leadership of Dr. Geo. F. Whitehouse, shows what can be done by unanimity of action. We have suffered as a profession because of our lack of team work. We as Osteopaths are entering an era of opportunity to serve the people as never before by establishing Osteopathic hospitals throughout the country, thus demonstrating the adaptability in a larger way of Osteopathic principles and practice to all kins and conditions of cases. It's one thing to say we are physicians, but quite another to show to the world that we really are what we profess to be—and in no other way can this be so successfully done as by the hospital handling of our cases.

The A. M. A. medical group for the standardization of hospitals was in Denver last week and one of the most prominent of their surgeons said: "If you had a fouled spark-plug would you jack up the back axle and twist the rear wheel?" And still another said, "If you have diphtheria, rheumatoid arthritis, or a leaky heart, in heaven's name, don't let anyone twist your spine."

So if our science is to be developed, perpetuated, hospitals built and maintained, it must be by our own Osteopathic surgeons and specialists as well, or by the tried and true general practitioner of Osteopathy. They cannot be separated but must work together. Our situation is largely your situation. Stand firmly together and the goal is sure.

Yours truly,

GEO. W. PERRIN.

WHY NOT STANDARDIZE OUR CHARGES?

By HAROLD E. HARVEY, Berkeley

In the current number of the *Osteopathic Physician* is given a series of lists of the prices charged by Osteopaths throughout the country.

There seems to be a great diversity between the Eastern and Western prices. To us in the West, the Eastern prices seem exorbitant, and yet patients are willing to pay them on the principle that the man who can charge big fees must be a man worth consulting—a specialist, in fact, in his line.

As a matter of fact, are not all Osteopaths who really know their business, specialists, in contradistinction to the medical man in general practice? Most of our cases are of the chronic type, that have, in sheer desperation, probably tried specialist after specialist, with no result and finally we get the case. Sometimes we fail, of course, but so have the other specialists. More often we cure them, and charge $2 or $3 per, which sets us back in the mind of the patient to the status of ye

ordinary practitioners. At present we compete with the "chiros," who are making $2 per 10 minutes, and have their offices filled most of the time. I would rather be looked upon as a specialist in the "chiro" line than as an ordinary practitioner. Would not people know that there must be a real difference between "chiros" and Osteopaths if we charged as specialists in our work, instead of them wasting our time asking what difference there was between an Osteopath and a "chiro," and after being told that it represented four years of hard training, being left wondering if the four years were of any benefit to the patient if our prices are the same?

My main reason for writing is to ask why we have no uniform scale of charges amongst the members of the W. O. A. We get scattered hints in the magazines of dissatisfaction at the prices charged, and suggestions of a fair minimum. Why suggest, when some of our best-known members charge that amount?

The trouble is that there is no co-ordination amongst the members along these lines. It is not because they do not desire to co-ordinate, but because the control of the central authority of the W. O. A., to whom we all look for a lead, does not extend to the regulation of prices. Some of us charge less than others. These do it more in ignorance of the charges of the men who, in sheer desperation at the H. C. L., have placed a value on their services which is a fair recompense for their labor, than from a desire to undercut prices in order to build up a practice.

I suggest that since we look to our Association as our union, that a standard list of minimum prices be determined for the West, and that these prices after adoption should be printed and issued to all members in good standing to be exhibited in their offices.

Pertinent Questions

What legislative changes would we like to see?

What of our chances for an independent Board in the light of recent election?

Would a layman Board be better?

Nebraska says it is. Idaho says it is apt to be dominated by medicos so that D. O.'s do not have a look-in.

If the colleges and universities must more and more be the source of our students, could we secure them if we offer a limited certificate?

Will the State Medical Board be inclined to approve our school now that new equipment, organization, etc., is assured?

Will you persuade your son to take a four-year course and then have the limitations of a two-year drugless?

Will we be able to so educate our students that they will be Osteopathic in thought and practice rather than hybrids?

You have ideas about these and like questions. With how much time and money are you willing to back them this year, beginning now?

Can we win if we are divided?

Will we get together?

How many of the obstacles of the past are you willing to forget to this end?

How much of your pet idea are you willing to yield for the general good of Osteopathy's future in this State?

A notable meet of the Sacramento Society at Modesto. Good idea. Why not take our local meetings to the smaller centers? Make it a real week-end affair. Ask Drs. Small, Buckman et al. what they think of the method.

Dr. Engstrom of Marysville does a general practice and the last three months he drove his new car more than three thousand miles.

Dr. Russ Coplantz, one of Washington's able D. O.'s, is now looking for location in California.

Dear Doctor:

Enclosed please find two dollars for a year's subscription to the WESTERN OSTEOPATH. I am pleased with the high character and educational value of this publication, and I always want it on my list of periodicals.

Many of my Osteopathic friends and classmates live in the group of States of which the WESTERN OSTEOPATH is the official organ, and I am happy to keep track of their decorum through its pages.

I like the spirit of the West and of the Western Osteopathic Association and hope to be one of your number in the not far distant future.

I, for one, rejoice today that I ever enlisted in the cause of Osteopathy, for the longer I practice its principles, the more I am convinced that it is the greatest thing given to the world since the advent of Christianity. With the policy adopted by the A. O. A. last June, with our own hospitals being built and public favor rapidly turning toward Osteopathy, I believe our future was never brighter. Let us hang together, work together for the one objective—the advancement of Osteopathy—get uniform laws in all the States and fill our colleges with students and we will, before many decades pass, be in the majority in numbers as we are now in truth.

C. A. WILLIAMS, Coldwater, Mich.

PERSONALS

Dr. Martha Barmby and her sister, Miss Mary Barmby, have returned from a three months' trip through the Eastern and Northern States. Both are looking and feeling fine, which proves the vacation theory. Why not more of our D. O.'s do likewise?

Dr. H. T. Treleaven of San Francisco is now spending three days a week in Berkeley. He is associated with Dr. J. LeRoy Near.

Dr. T. L. Morgan, a graduate of A. S. O., 1920, very successfully passed the October California State Board. Dr. Morgan's course was interrupted by the war, his service time being spent at the Presidio, San Francisco. The Doctor has completed arrangements for an office in Mill Valley, which he will occupy about January 1st.

Dr. Dolce Mansfield had a week with her cousins on their ranch near Sacramento. Besides being well fed up on the substantials which only a ranch can produce, the Doctor brought back to the Bay people some of the enthusiasm of the live Sacramento Valley Association Osteopaths, having been cordially entertained at their Modesto meeting.

Dr. Mable Anderson is now associated with Dr. H. E. Penland of Berkeley. Dr. Penland is one of the busiest Bay Osteopaths and is devoting much of his time to orificial surgery and treatment.

Dr. James Stuart of Mill Valley has sold his offices there and has retired from practice for a while, we understand.

We hear good words of Dr. J. H. Bell, both here, in Oakland and at his Pittsburg location.

Dr. Albert J. Molyneux and Dr. Clara Molyneux of 2859 Boulevard, Jersey City, N. J., have returned from an extended tour of Europe. Enroute the doctors gave special attention to Osteopathic progress in Europe, interviewing many prospective students for the study of Osteopathy. There is a wonderful field in Europe for the practice of Osteopathy and there will soon be an Osteopathic hospital and college established in London by prominent laymen and Osteopathic physicians abroad.

The doctors will immediately resume their practice and will shortly reopen their Osteopathic clinic.

A niece of Dr. J. P. O. Givens, Dr. Verna Belle Roberts, who married Dr. E. C. Murphy, died very suddenly November 7th, after four hours' illness, of brain hemorrhage.

Tacoma Opens New Hospital

The Pierce County (Washington) Osteopathic Association, as a direct result of the propaganda of the A. O. A. Press Director, has secured a $200,000 site in Tacoma, including a large house of twelve rooms and a garage, and has announced the immediate opening of an Osteopathic hospital. There is plenty of ground to build a $75,000 addition or new building. The location is on one of the best corners of the city. On January 1st will occur the formal opening.

The present building is one of the fine residences of the city. It is beautifully finished, the woodwork and paneling being particularly attractive. There are beamed ceilings and many built-in features. One of the most attractive things in the house is an enormous fireplace which was installed at a cost of $3,500.

Blessed is the man who has three bowel movements a day.—Battle Creek office card.

Dr. Horace Bashor is back again at work after motoring to San Francisco to take in the Stanford-Berkeley game.

Dr. Louisa Burns, of the A. T. Still Research Institute of San Gabriel, gave an instructive lecture at the Faculty meeting on December 3rd, on the result of spinal lesions produced artificially in animals. Dr. Burns stated that she had proven by many experiments that lesions in the spine caused definite histological changes in the viscera that could be seen with the microscope.

Dr. Cora Ellen Coghill, of Orange, has recently added a McManus table to her already well-equipped office.

The Phi Sigma Gamma Fraternity held their initiation at a house party in the mountains at Roberts Camp.

Dr. Walter Elerath recently entertained the Atlas Fraternity at his San Fernando Valley ranch.

A double wedding ceremony of much interest throughout the State and especially to all Delta Omegas, was recently performed at Huntington Beach. Dr. Berenice Bennett became the bride of Mr. Lawrence Thompson, a business man of that city, and Miss Vera Quinby, a former student of the college, was married to Mr. Clyde A. Windle, of San Francisco.

Born, December 3rd, to Mr. and Mrs. Floyd Hanes, a boy.

Dr. Dale Thurston recently returned from a motor trip to Elizabeth Lake, with the limit in ducks.

Dr. John Comstock was recently called to Santa Rosa by the death of his father.

Dr. Hester Tripp Olewiler of Santa Ana, visited the school and various friends last week, driving up in her new Buick roadster.

Mr. James Roth demonstrated his memory system to the school assembly the week before the inter-term exams. All instructors hope it will have the desired result.

Mr. Sy Trauger recently entertained the Iota Tau Sigma Fraternity with a turkey feast at his home in Bairdstown.

Dr. Mary Vernon Akey, a prominent and active member of the Kappa Psi Delta sorority, was married November 30 to Forrest Gillespie, a well-known attorney and business man of Los Angeles.

The November meeting of the County Association brought out a big crowd to witness the awarding of a loving cup given to the group president who could show the largest attendance from his section. As several groups were one hundred per cent present, the award has yet to be made. The discussion

over the future policy of the school and State Legislative Committee proved to be many-sided. Dr. Tasker brought out very aptly that our therapy is not based on an old-fashioned religion of sentiment, but a modern scientific basis of hard facts. On a motion from Dr. Ruddy, the Association voted to continue the policy of last year, and attempt to secure unlimited recognition under the present medical law.

Judge Forbes delivered a spirited address on "Some Californians." Dr. Merrill responded, as the only native son present. Mr. Chester Cogswell, one of the Supervisors of Los Angeles County, gave an interesting account of the manner in which county funds were spent on the many charitable institutions. Mr. Light, business manager of the school, gave another of his delightful short talks. It was decided to continue our meetings at Christopher's, as the management has promised to improve the service. Many students of the school were present to aid in the singing program staged by the community singer, Mr. Hugo Kerckhofer.

Lois M. Briggs of Oakland, California, died October 1st of tubercular meningitis. This child will be remembered by the profession who attended the June Convention in San Francisco, as the fair-haired, beautiful child of five years with tubercular hip; a niece of Dr. Bertha E. Sawyer of Ashland, Oregon.

WANTED: A good location in small town or city. Would be willing to work with an established D. O. for a while. Address, Experienced D. O., care of this office.

DIED: Mrs. Annie Shearin Weber, mother of Dr. Winifred Weber, in Colorado Springs, Colorado, October 18th, 1920.

A local Santa Barbara paper states that Dr. Ousdal is putting up a very fine residence which will also allow rooms for necessary office space containing four treatment rooms, one general office, one rest room, three dressing rooms, laboratory and lavatory. He hopes later to add other rooms for a clinical group of Osteopaths. The Doctor will enter these new quarters some time in January.

Dr. D. C. Farnham's able address on Goitre and treatment was one of the best things we have heard about the Bay for a long time. Perhaps no one in the West has made a more careful study on this subject than he. He has been asked to favor this journal with a resumé of his address.

Drs. Moore of Palo Alto spent a recent week-end in the Bay section visiting old friends, and with them came their little six-months'-old J. Whiting Moore, who is an exceptional baby and the delight of all who see him.

November Report of Bay Osteopathic Clinic.

By SARAH L. MURRAY, D. O., Social Service Department.

The month of November has furnished more new patients than any previous month. One-third of these were referred by local physicians, one-third by clinic patients, and the rest came in through social service activities. Several of our patients from the East Bay District have brought their friends over from San Francisco for treatment.

Dr. T. L. Morgan, an A. S. O. graduate, who has had charge of the laboratory for the past five months, has opened an office in the Keystone Block, Mill Valley. After the first of the year he will be in the Mill Valley office on Mondays, Wednesdays and Fridays, and will continue as an interne in the clinic three days a week.

Dr. Mabel Anderson has been added as an interne for three days a week, and is also assistant to Dr. Hugh E. Penland of Berkeley.

We wish to acknowledge the donation by a patient of one thousand printed leaflets containing directions for collecting a 24-hour specimen of urine. Copies of these will be mailed to physicians upon request. With added laboratory equipment we are always ready to give immediate attention to local or out-of-town work.

Dr. Mabel Williams assisted the internes in determining the exciting cause of asthma in several cases by applying the protein test.

OREGON OSTEOPATHIC ASSOCIATION

Dr. J. E. Anderson, of Portland, President; Dr. J. Ingle, of La Grande, Vice-President; Dr. L. H. Howland, Secretary-Treasurer; Dr. R. B. Northrup, Legislative; Dr. W. W. Rhodes, Publicity; Dr. E. Tracy Parker, Program; Dr. C. H. Beaumont, Social; Dr. H. F. Leonard, Public Health; Dr. C. E. Whitney, Clinic; Dr. H. N. Lacy, Public Education; Dr. C. A. Pengra, Professional Education.

Dr. T. C. Morris of Spokane was in Portland in September, 1919 and 1920, and half a dozen local Osteopaths are continuing his improved technic teachings in meetings every two weeks at the office of Dr. E. T. Parker and Dr. Gertrude Gates. The class is a most enthusiastic one in its work of helpful suggestions and mutual aid. Dr. Morris is now teaching technic in Chicago.

An Association meeting of District No. 1 was held November 16th at the office of Dr. Mary Giles. The meeting was an informal one as no special program was prepared. Members are anxious to have the Circuit Clinic start again.

On Saturday evening, December 4th, Drs. F. E. and H. C. P. Moore threw open the doors of the Moore Sanitarium for a house-warming for the Osteopathic physicians and their wives of Portland. Between forty and fifty were present for supper and the Osteopathic evening made up of social contact and a splendid address by Dr. Waldo, President of the American Osteopathic Association. Dr. Waldo was the guest of honor and brought an inspiring message to the local Osteopathic physicians. He discussed the problems of the profession, also some splendid ideas in the matter of fees for Osteopathic services. Dr. Waldo has rare knowledge on the subject of Osteopathic legislation and he gave the Portland Osteopaths some thoughts which may be of practical help in the legislative problems of the year.

The Moore Sanitarium is now completely settled in its splendid new location and the work is growing rapidly.

SEATTLE NEWS ITEMS

Change of Address.—Dr. Elizabeth Hull Lane from 1408½ East 43rd to 4756 University Way, Seattle. Dr. T. Oren Watson from Pioneer Building, to Suite 15, Economy Building, Seattle.

Dr. Elizabeth M. Carey from Montana, is visiting at 4754 14th N. E., Seattle.

Nov. 9th, 1920, King County Osteopathic Association (Seattle) met, with every member present. Dr. Arthur B. Cunningham read a paper, "Acute Sub-Acromial Bursitis" and presented a patient suffering from this condition.

Dr. Henrietta Crofton gave a paper on "Actinic Rays and Osteopathic Treatments." Among other things Dr. Crofton reported most excellent results in the treatment of pyorrhea and abcessed teeth, by actinic rays.

Dr. Roberta Wimer-Ford gave a review of "Therapeutic Current Events."

The Seattle Division of the Osteopathic Woman's National Association held two business meetings during the past four weeks.

They have outlined programs for a series of health talks to be given mothers of young children, during the coming ten months these talks to be given in the Club House.

They have also made a health card, to be sent to the mother of each newborn babe in the city—names to be gathered from the vital statistical records of the daily papers.

They are establishing a Health Center for girls. Their slogan will be "Keeping well girls well." An interesting, versatile, far-reaching program has been arranged.

Officers, Seattle Division of Osteopathic Woman's National Association: President, Dr. Roberta Wimer-Ford; Vice-President, Dr. Elizabeth Hull Lane; Secretary, Dr. Margaret L. Moore; Treasurer, Dr. Henrietta Crofton; Membership and Lookout Committee, Dr. Hattie Slaughter; Program Committee, Dr. Celia Newman Conklin; Press Committee, Dr. Minnie Potter.

R. W. Miller, former Secretary of our College, has now entered general insurance business.

A letter addressed to Dr. Merrill reads as follows: "Since severing my connection with the College of Osteopathic Physicians and Surgeons I have entered the local field of general insurance.

"I will have my offices with Behrens & Co., Inc., at Suite 512, 626 South Spring Street.

"You will note by this letterhead that I handle all lines of insurance. I respectfully solicit a share of your patronage and will call upon you in the near future; in the meantime if you happen to be in the market for any form of insurance, a 'phone call to Main 1404 will have my immediate attention."

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Our National President Dr. W. G. Waldo of Seattle, Wash.

CIRCUIT CLINIC January February

Dr. W. G. Waldo, of Seattle, Wash., is booked to make the "circuit" beginning the middle of January, completing the circuit the middle of February. This is the greatest hit made yet by the program committee. The plan is entirely different than heretofore. Three things:

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2. Lecture to the profession.
3. Lecture to the public.

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BRONCHIAL ANTISPASMODICS

By CURTIS E. DECKER.

This article was referred to us by that Prince of D. O.'s, Dr. R. W. Bowling. It is a paper handed in by one of his students and suggests that students are safe for Osteopathy who have his instruction.—Ed.

In dealing with the multifarious agencies that are, or that might be, used with the intention of relieving the bronchial spasm of asthma it is not my hope to offer anything new either from the standpoint of experimental science or of criticism. Instead the intention is to give a mere resume of authoritative expressions concerning relatively a few remedies. To choose those that might have the prestige of representative recommendation I consulted texts on practice by Osborne and Fishbein (A. M. A.) and by Osler. The former refer to: morphin, bromids, chloral, chloroform, belladonna, stramonium, hyoscyamus, scopolamin, nitrites (amyl, sodium, and nitroglycerine,) iodids, epinephrin, digitalis, ergot, citrated caffeine, coffee, tea, and strychnine. The latter speaks of: chloroform, morphin (or morphin and strychnine,) belladonna, henbane, stramonium, lobelia, potassium nitrate (or chlorate,) amyl nitrate, potassium iodide, and pilocarpin.

Eliminating duplications and reducing the lists down to type substances, I accepted as being of enough importance to deserve investigation the following: epinephrin, chloroform, nitrites, morphin, atropin, lobelia, and pilocarpin. Authorities consulted in regard to the pharmacology of these drugs include Cushny, Bastedo, Sollman, and the A. M. A. publication "Pharmacology of Useful Drugs" by Hatcher and Wilbert.

The present vogue of epinephrin as a remedy to be administered during an asthmatic paroxysm serves to put it at the head of the list. To epitomize the actions of this drug it has been stated in various ways that "epinephrin tends to assist the sympathetic system in whatever action it is engaged." Many rather peculiar epinephrin effects have been observed. In general it constricts the blood vessels though it acts on both the constrictor and the dilator fibres of the sympathetics. However, the vessels of the heart, brain and lungs, are said not to be under the control of the thoracic-lumbar cord, which origin of the sympathetics alone seems to be affected by epinephrin. This involves a possible point in the use of this drug in asthma, inasmuch as the paroxysms are associated with a hypersecretion of the bronchi. Other side effects of some importance in this connection are the inhibition of gastric and intestinal peristalsis complicated by spasm of the pyloric, ileo-colic, and internal anal sphincters, due to this drug. Still other effects that may result are the production of glycosuria, diuresis, and inflammatory changes in the liver and kidneys when the drug is given in large doses. Bastedo refers to the fact that more epinephrin is required to relax bronchi than to constrict arterioles, and further says the arteriosclerotic changes may result when the drug is long administered as in asthma, and even warns, "It is well to think of the possibility of harm to the arteries and heart, and to the nervous system" when employing epinephrin in asthma.

The second drug to be mentioned is chloroform and this may be dismissed here with a line as it is in the texts on pharmacology, as its antispasmodic effect is too fleeting to give

it much merit, even though it is certainly effective in some cases.

The third in the series is discussed under the general head of nitrites. These are usually administered to asthmatics in the form of potassium nitrate which is burned in cigarette paper or some other form to a nitrite, in any case to be inhaled by the patient during a paroxysm. Macht has shown that the nitrites actually cause a constriction of the pulmonary blood vessels and this leads to the belief that the nitrites lessen the exudation of the bronchioles and thus have a beneficial effect in an asthmatic paroxysm. After the administration of a nitrite respiration reacts as it does in any case of falling blood pressure; that is, the increased CO_2 pressure tends to increase respiration. Hence the nitrites are contra-indicated in the assumed condition because of the certainty of increased dyspnoea following their use without an equal certainty of bronchial relaxation. Cushny further says: "The characteristic results of the absorption of (amyl) nitrite are dilatation of the blood vessels and the formation of methaemoglobin." This latter result, we may assume, would be important in a case of asthma in which frequent medication over a long period of time might be practiced.

The fourth in the series is morphin. In such a disease as asthma in which frequent medication is the rule it would seem that the oft repeated warnings in regard to the habit forming qualities of this drug should suffice to dismiss it without discussion regardless of any qualities which it may possess as an antispasmodic.

The fifth of the series is atropin. Pharmacologically this drug seems to be a very good bronchial antispasmodic inasmuch as it possesses the desired action upon the vagus control over the bronchial musculature and upon the bronchial secretion. Yet, though it is mentioned frequently by the texts in this connection, there seems to be a general apathy toward it as a practical remedy in asthma. Dismissing the unfavorable side actions, such as a general lessening of the secretions, and others, the real point of objection seems to center in the extreme toxicity of the drug, and Bastedo tells us that a single dose of 1/100 grain will sometimes cause toxic symptoms. When one considers that 1/100 grain is about an average dose and that a much smaller trial dose is recommended, and when one further considers that treatment in an asthmatic paroxysm is intended to produce effects promptly, it appears as if the usefulness of atropin in asthma were seriously compromised and the apathy of the pharmacologists explained.

The sixth drug to be considered is lobelia. This is given scant consideration as a remedy in asthma by the writers on pharmacology. It is uniformly described as being so similar to tobacco in action that a separate consideration of it is scarcely justified. Bastedo refers to the observation that repeated doses cause unexplained, persistent, increased frequency in heart beat. Hatcher and Wilbert discuss its usefulness in asthma by saying that since the much better known tobacco has fallen into disrepute it seems strange that lobelia continues to be used. They further draw the significant conclusion that physicians are loath to give up an old remedy. The discussion of this drug by other pharmacologists substantially agrees with the opinions of Hatcher and Wilbert, and Sollman adds that it is "an unreliable depressant and a dangerous drug."

The last drug on the list is pilocarpine and I refer to it here only because of the curious fact that the great Osler included it among the remedies useful in bronchial spasm. It might afford opportunity for interesting speculation as to why it was so considered by him. The numerous objections to the use of this drug in asthma that

readily come to mind are sufficiently summed up by Bastedo who remarks that pilocarpine is directly antagonistic to atropine, and discussing its action on the respiratory system says, "Owing to the increased bronchial secretion and contraction of the bronchial muscles from the stimulation of the ends of the bronchio-motor nerves, the breathing may be labored or asthmatic. These factors, joined to weakness of the circulation, tend to promote edema of the lungs, asphyxia or paralysis."

To sum up the chemical treatment of bronchial spasm it seems as if not one of the apparently most acceptable antispasmodics could claim to be an unmixed blessing. Possibly the least objectionable is atropine. Even it is a fairly dangerous remedy to employ in such a condition as the one we are discussing. The others are all directly or by inference condemned by the pharmacologists and some are obviously fraught with disadvantages or with positive dangers, while even atropine is falling into disuse in current practice in favor of epinephrine which seems pharmacologically to have even less merit.

It seems to me that a consideration of the treatment of bronchial spasm is altogether incomplete without some mention of physical treatment. It is not my intention to discuss the undoubtedly useful application of thermal and electrical stimulation, but instead to limit this part of the discussion to a mere mention of the mechanical measures that an Osteopathic physician might find useful in his ordinary practice.

The rationale and the mechanics of such procedures are well known to the Osteopathic profession. The bronchial musculature is supplied with motor impulses by the vagi; also it is supplied with inhibitor impulses by sympathetic fibres from the second, third, and fourth thoracic ganglia, by way of the posterior pulmonary plexus. Since the spasm of the bronchial musculature is easily traceable to overaction of the vagi it seems obvious that the immediate thing to do during a paroxysm is either to reduce the vagus activity or else to counter the same by an increased activity of the sympathetic system in the pulmonary area. The former alternative is, of course, usually impracticable for securing immediate relief. To be sure, occipital or atlantal lesions (and possibly other cervical lesions) are causative factors in asthmatic cases and accordingly should be corrected. That, however, is a matter not strictly germane to our subject, and so we may consider the usefulness of stimulation in the dorsal and other areas in order to offset the hyperactivity of the vagus.

Burns has shown that somato-visceral reflexes are maximally elicitable by stimulation of the articular surfaces of the appropriate vertebral area; next in effectiveness is the deep musculature; and last the superficial musculature and the skin. Applying these principles we find by clinical experiment that an asthmatic paroxysm can be relieved almost immediately by strong movements, springing the upper thoracic column in its various normal directions, raising the adjoining ribs, etc. Testimony to the success of such measures is encountered frequently both verbally and in the Osteopathic literature.

When one considers the specificity of this treatment to the requirements of the case, and further considers that it is well nigh impossible to produce harmful effects by reasonable mechanical stimulation, it seems entirely unnecessary and mischievous, if not actually pernicious, to treat bronchial spasm by methods involving the dangers and inconveniences of drug activities, for spinal stimulation leaves no toxic effects, no damage to the arteries or to the eliminating organs, no serious interference with the alimentary functions, no destruction to the blood

elements, no drug habituation, no serious interference with the secretions. . On the other hand the many benefits of the so-called general treatment can be combined with the specific result of the thoracic stimulation to the welfare of the patient. Certainly here we must assuredly have a method that should commend itself to both patient and physician, and should help make the Osteopath content with his Osteopathy.

PROFESSIONAL EDUCATION DEPARTMENT

DR. ARTHUR T. SEYMOUR, State Chairman

Questions by Dr. R. W. Bowling

Series 1—No. 1

In answering these questions vague generalizations are to be avoided. The detailed modus operandi is desired in explanations, tracing the effect of lesions causing diseases enumerated and course of stimuli inducing palliative effects desired.

1. State sympathetic and para sympathetic innervation of larnyx.

2. State sympathetic and para sympathetic innervation of bronchial tree.

3. State sympathetic and para sympathetic innervation of lungs.

4. Give augmentos and inhibitory innervation of heart.

5. What effect upon heart from mechanical stimulation of right vagus?

6. What effect upon heart from mechanical stimulation of left vagus?

7. How may a lesion in cervical region predispose to laryngismus stridulus?

8. How may a lesion in cervical region predispose to hay fever?

9. How may a lesion in cervical region predispose to bronchial asthma?

10. Osler under etiology of acute bronchitis mentions lateral dorsal curvature as predisposing to said disease —explain from Osteopathic angle why.

11. Nearly seventy-five per cent of lateral dorsal curvature cases develop pulmonary disease, most commonly tuberculosis. Why?

12. Pulmonary phthisis is probably always blood borne; the focus of infection glandular usually—Why are the frequent lesions of upper thorax and upper thoracic spine the probable cause determining location of secondary process?

13. How does strong stimulation of upper thoracic spine stop paroxysm of bronchial asthma?

14. How would mechanical stimulation of upper thoracic spine resemble administration of epinephrin in palliative treatment of bronchial asthma?

15. What effect—good or bad—would stimulation of the vagus trunks have upon a paroxysm of bronchial asthma?

16. Explain in detail how a cervical lesion might give rise to the peculiar disease known as fibrinous bronchitis?

17. What mechanical treatment will give same result upon cardiac function as digitalis without toxic effect of drug upon heart muscle?

18. Discuss from your knowledge of sympathetic innervation to bronchial tree and lungs a tenable theory solving the inexplicable problem—i. e.: that with the same exciting cause emphysema should occur independently of bronchi ectasis and vice versa?

19. What caution in technic should an Osteopath exercise in the treatment of pulmonary tuberculosis?

20. In what way would treatment of upper thorax and thoracic spine tend to improve the course of pneumonia?

TREATMENT OF GONORRHEA OSTEOPATHICALLY

Or "The Conversion of a Medical Osteopath to an Osteopathic Osteopath."

By W. R. DeWar, D. O., Soap Lake, Wash.

In the treatment of Gonorrhea one naturally feels that drug medication is of paramount importance in order to produce gratifying results and naturally, since Osteopaths receive practically all of their training from medical textbooks, also because of the fact that we inherit a natural tendency to lean toward drug medication regardless of teachings to the contrary, and since some Osteopathic schools have not yet (or hadn't while I was in school) learned to emphasize the importance of body derangements with reference to this particular disease, Osteopaths in general and myself in particular have leaned heavily on a medical crutch in treating, and it has only been after a long series of negligable medical results and after trying more or less unsuccessfully medical treatment that I found the efficacy of Osteopathic treatment in Gonorrhea.

My medical results in a good many cases have been fair, but it was not until I saw the effect of a slipped Innominate on a case of Genital Herpes that I realized the effect of Osseous and Ligamentous lesions on the Genito Urinary tract, and radically changed my method of handling these cases.

Previous treatment has always been with Santalwood oil given in thirty minim doses after the method of Dr. Paul Vidal, the French Urologist, and later the Proteogen treatment, of which much has been written, most of which I now believe after having tried it on a large number of cases to be hot air. These treatments were given in conjunction with local irrigations and instillations of Permanganate and the various silver salts.

Last winter after suffering a great deal of pain due to a slipped innominate, which due to the fact that the nearest Osteopath to me is fifty miles, I was unable to get corrected, I had a bad attack of Genital Herpes. At the time, I did not associate the two conditions, and treated the latter with various local applications with negative results and as the sacral pain was becoming intensified, I knocked off work and went down to see Dr. Morse at Wenatchee, who in a few minutes corrected the innominate lesion. The third day following this, the herpes disappeared, which opened my eyes to something I had been overlooking in my five years of veneral practice. I then began to examine all my cases Osteopathically and will cite you a few case histories that you may judge the effects to be obtained.

Case No. 1—H. W. H. age 20, weight 145, height 5 ft. 7 in. Occupation farmer. Nationality half blood Blackfoot Indian.

History—Gonococcio infection one year previous. Was treated by the local physician for three months with negligible results, later was under treatment in Spokane, but a discharge still persisted. At the time he came to me, I found numerous gonococci indischarge which was of a seropurulent character. Urethrascopic examination showed a large and very badly engorged verumontanum, which bled very easily. The entire course of the urethra was in a state of chronic inflammation. Prostate and vesicles enlarged, but examination of prostatic secretion negative. Right innominate posterior, second, third and fifth lumbar lateral.

Treatment—Local application to Verumontanum with 10% silver nitrate, irrigations to urethra three times weekly. Prostatic and vesicular massage. Osteopathic treatment to existing

lesions. After nineteen treatments discharge had entirely disappeared, and patient had gained five pounds in weight.

It cannot be said that this patient would have got well without the Osteopathic treatment, for I have numerous records of similar cases where Osteopathic treatment was omitted, and where the patients were under treatment from two to three months before the results were the same, and even then I doubt if they were the same, for it is now my opinion that without the Osteopathic treatment, the cases are apt to be recurrent.

Case No. 2—J. L., Priest River, Idaho; age 28, height 5 ft. 9 in., weight 150 pounds, occupation logger. Nationality, American.

History—Gonorrhea a year and a half ago which disappeared under treatment. Came to me complaining of perineal pain. Urethral examination showed a posterior inflammation. Following prostatic examination profuse purulent discharge occurred, examination of which showed numerous gonococci. Fifth lumbar lateral and a slipped right innominate.

Treatment—Prostatic massage, deep urethral irrigations, and corrections of bony lesions. At the end of the fifteenth treatment, all examinations are negative.

I could give you histories of over a hundred such cases with similar results, but probably you know of these things anyway, but I didn't and that's why they seem almost miraculous, for I have histories of several hundred under old line treatment that took anywhere from thirty to a hundred treatments to cause even a cessation of the discharge, while after exhaustive examinations I feel confident that all of my Osteopathic cases are permanently cured.

The part that I wish to emphasize however is that if Osteopathic graduates are to go out in the field and practice Osteopathic Osteopathy instead of Osteopathic Medicine, it is absolutely necessary that they have good Osteopathic text books from which to study, and Osteopathic professors to teach them.

At the time that I was in school, when the subject of Gonorrhea was discussed, the Professor in speaking of treatment said that if Gonorrheics were put to bed and kept on a milk diet they would get well. This may be very true, but in the first place how many Gonorrheics are willing to go to bed. I have met very few, and in the second place such remarks as this are what makes Therapeutic Nihilists out of so many Osteopaths today, for they lose sight of the effect of body derangements as a primary factor in the causation of disease.

It is customary for one to feel proud of the school from which they graduated, but I can't say that my thoughts run along that line, for I didn't get what I went there for, Osteopathy, although I did receive sufficient training to enable me to pass the State board satisfactorily, but I have learned since that most any old school does that much for you, but if Osteopathy is to survive the present crisis, the Osteopathic student must have Osteopathy crammed down his throat for breakfast, dinner and supper, else it's calomel and salts for the Osteopath.

We are told that sixty-eight per cent of the national tax is used for past war expenses, twenty-five per cent in preparation for future wars, six per cent for upkeep of nation and one per cent for education.

You will find a few want ads that may appeal, together with all our regular ad friends.

CONSISTENCIES OR INCONSISTENCIES

By S. V. Robuck, D. O., Chicago.

"Consistency, thou art a jewel." Evidently the thought in mind when this statement was made was that jewels are jewels because they are rare. If diamonds were as common as lava rock they would not be jewels.

Consistency, thou art a stranger. Strange it is that humanity is so inconsistent and intolerant, even so-called scientists. Galen, a resourceful, progressive scientist, of his time, had his numerous admirers—admirers who thought his work absolute and perfect as though he left nothing to be found anew; as though all he had said must necessarily be just as he had told it and that he had told all. Such was the condition of mind of scientists then. Has time changed men? Lorado Taft says in explanation of his new and wonderful statue, "Fountain of Time," "Men go out but time remains." There is a passing of men like a rolling hoop: going by but revolving and ever very much the same.

It seems to be difficult for some to believe that "The Old Doctor" did not tell us all; or that it could possibly be that not all that he did tell is just as he thought it was. Yet his vision was so much advanced that we must accept his teachings as would a little child until we learn to walk alone through the forest of facts and the jungles of ideas.

But from time to time new understanding is given us and as experiments and experience substantiate them we are forced to take a stand *pro* or *con*. Much light has been cast on focal infections as an etiological factor in causation of disease. The new information ahead of us and over the hill just out of view is to be helpful in locating and understanding the significance of focal infections from a diagnostic and treatment point of view;—treatment both prophylactic and curative.

Some physicians ignore such a factor as focal infections. Others recog-

cago College of Osteopathy.

nize and treat some of them. Still others make a profound study of cases and seek to eliminate *all* foci. The examination of some is superficial, while others search diligently and persistently. Some Osteopaths would consider it absurd to leave abcessed teeth in the gums, yet would throw up their hands in horror and indignation at the suggestions of tonsilectomy. Consistency! Who is consistent?

Some physicians think an examination of the tonsils consists of pressing the tongue down, having the patient say "ah," and take a good quick look. When a senior student, I remember one of the instructors telling how to do it in this manner.

Very often the tonsils are hidden by the anterior pillars and may not be seen at all by the examination just described, when in fact they may be in a badly diseased condition. Make use of a good tongue depressor and a good light that illuminates the throat thoroughly. Use a pillar retractor that you may be able to pull the anterior pillar aside and have a clear view. One of the best instruments for this examination is a small dull uterine curette. It is curved sufficiently to permit its passage posterior to anterior pillar and into the pocket so commonly found between tonsil and anterior pillar. This pocket often contains pus. Adhesions form in such a way that the anterior pillar becomes an efficient cap, preventing drainage and of course predisposing to absorption. Another location, where such an instrument may reveal a pus pocket, is superior and anteriorly. This may be brought to light by pushing the fornix of the pillars and the soft palate well up, thus expressing the pus which ofttimes will fairly run out of the crypt. Another

one is directly superior and well to the medial portion of the upper part of the tonsil. There is one more place that frequently contains a large quantity of pus. This pocket, like the first one described, is located between the tonsil and pillar, but this time it is the posterior pillar. The anterior and posterior pockets will often permit passing the instrument mentioned to a depth of one-quarter of an inch or more. These tonsils are usually rather hard. They have long ceased to be functioning lymphatic glands and are now scar tissue which, when excised, present the appearance of a sponge or a piece of beef that has had most of the muscle substance squeezed out, leaving the fiber.

Such a tonsil not only is not helping the patient resist infection but is helping him to it. Such a tonsil is of as much value to the patient as a jawbone and apex of a tooth when in a like condition.

Where is there a man or woman today who would expect to treat such teeth and tonsils and get them healed so they would not throw their purulent organisms and toxins into the blood? If tonsils cannot be readily cured so they do not have pockets to harbor pus, the only logical procedure is to have them out. I take it for granted that today there is not a sane person who would advocate clipping tonsils. The time was when the Osteopath soothed his conscience by advocating clipping rather than tonsilectomy.

Another dangerous tonsil is the one deeply imbedded that looks very small and insignificant but nevertheless contains pus. Because they are small, doctor and patient may think them comparatively harmless. Be not misled, for they are "giant killers."

More damage is done by too much apathy in carrying out tonsil excision than too frequent use of the method. The tonsils atrophy as adolescense approaches. Then certainly they are not of great importance to the adult and he really is losing nothing other than a liability. Your Dr. Ruddy very aptly states that there are just three causes of disease, "pus, poison, pressure."

Tonsilectomy performed by an expert and preceded and followed by Osteopathic treatment is much less dangerous than not to operate when there are crypts containing pus and there is scar tissue in the organs.

Is it consistent to send patients to dentists and dental surgeons to clean up infections of the jaws and attempt the treatment of patients without the same consideration of infected tonsils? Who can say, "Consistency, thou art an old friend and working partner of mine?"

THE 1921 CORTEX

The Student Association of the C. O. P. & S. is attempting this year to publish a year-book which will, from every standpoint, be a credit to the College, the profession and Osteopathy. The object is to make the circulation as general among the profession as possible. The cost of putting out a publication of best quality is practically three times what it was a few years ago.

We are asking those in the field to help in this by subscribing for the issue and placing their names in the professional card directory.

Ooze leather bound copies will make he most attractive desk copies for our office. These will have name imprinted on the cover, will serve to advertise the profession and let your patients know there is an Osteopathic college and the contents: articles by the leaders of the profession, the artwork, various pictures and write-ups of school activities, together with a humorous section, will make a book that will be of interest to all and should prove a student getter and a boost for the profession in the West.

Send in your subscription and agreement for card space or send for further information to the Business Manager of THE CORTEX, 300 San Fernando Building, Los Angeles, California.

ALKALOSIS

By J. E. WATSON, D. O., Los Angeles Clinical Group of Physicians and Surgeons.

We have had so many discussions and have learned so much about acidosis in the last few years, it has raised a question in my mind that if we can have a condition of acidosis why could we not have the opposite condition which is labeled "alkalosis."

The increased nervous irritability, plus the muscular tremors, plus the occasional convulsive seizures, which are designated as tetany, lately have found a partial explanation in the study of the functions of the parathyroid glands. It has also been noted in man in association with gastric disease, particularly in those patients who have suffered for a long time of obstruction at the pyloric orifice. Since the attempt to relate gastric tetany to parathyroid insufficiency has encountered obstacles, it may be in those cases of tetany, such as are seen during pregnancy and after parturition, in infants, in gastric disease and in certain occupations and in the parathyroid insufficiency, that the explanation is that the increased nervous irritability has a common metabolic cause.

Following parathyroidectomy in dogs,[1] the equilibrium between acids and bases is displaced in favor of the bases, and in tetany which develops after such a procedure there is well marked alkalosis. These results have been confirmed and there is a marked increase in the carbon dioxid-combining power of the blood plasma, coincident with the development of tetany.

At the Harvard Medical School it was found[2] that after operations on the stomach, which exclude the acid secreted from the duodenum, tetany develops, accompanied by an increase in the carbon dioxid-combining power of the plasma similar to that of parathyroid tetany. The conclusion is that tetany is a condition of alkalosis in which a disproportion between rates of secretion of acids and alkalis by the gastro-intestinal tract may be a factor.

A disproportion of acids and bases leading to an accumulation of the latter, namely an alkalosis, might conceivably be due to a heaping up of alkali in the organism or to a withdrawal of acid such as the gastric juice represents. Indeed tetanic symptoms can be induced by excessive injections of sodium bicarbonate or carbonate. It has been noted[2] where the pylorus is obstructed and the gastric juice with its hydrochloric acid is constantly removed there ensues a decrease in the chlorin of the blood plasma and a consequent increase in the alkali reserve which becomes extreme. The electrical excitability of the nerves is heightened and spontaneous twitchings arise. These are the symptoms of gastric tetany.

Inasmuch as we as Osteopathic physicians have had unusual success combating the local and general acidosis condition, together with the use of sodium bicarbonate, it is not unreasonable to suppose that we can reduce this condition of alkalosis by manipulation plus the use of some chlorid. I myself have had a number of cases of paralysis agitans and other tetanic states which seem to have been much benefited by manipulation alone and I have talked to a number of other Osteopathic practitioners who believe that the correction of lesions has given them very excellent results in the elimination of nervous irritability.

1—Wilson, D. W.: Stearns, Thornton, and Janney, J. H., Jr., J. Biol. Chem. 21: 169, 1915; Wilson, D. W.; Stearns, Thornton, and Thurlow, M. D.; ibid. 23; 89, 1915.

2—McCann, W. S. A study of the Carbon Dioxide-Combining Power of the Blood Plasma in Experimental Tetany, J. Biol. Chem. 35: 533 (Sept.), 1918.

Copy of Letter from Mr. A. H. Naftzger of Industrial Accident Commission, November 27, 1920

Dear Dr. Merrill:

Responsive to your favor of the 24th and returning herewith the letter dated October 28th, signed, Dr. Harry G. Palmer, which you enclose, I have to say first: This Commission receives reports and testimony from Osteopathic physicians and makes such testimony and reports a part of the records in the case before us. The doctor testifying or submitting a report is expected to qualify the same as any other physician; second, the State Compensation Insurance Fund, which is under the general supervision of this Commission, is treated by the Commission exactly the same as any other insurance carrier and is required to do and a little more so, if any difference.

You must know that we are not dealing with systemic conditions or disease primarily, but with injuries which generally involve surgery or surgical experience. The Fund, as other insurance companies, has a panel of experienced surgeons, to any one of whom employers may refer or send their injured employees for immediate treatment. These insurance carriers arrange that a hospital be immediately available for such cases as require hospital treatment. I suspect that Osteopathic men are seldom if ever included in these panels, due, perhaps, to the fact that surgeons are required, and Osteopaths are not generally regarded as surgeons if in fact they be so.

As to the matter about which Dr. Palmer writes, I have taken occasion to ask the office of the Fund what the facts were and I am informed that there were no facilities whatever at Compton for taking proper care of injured men, no hospital or surgical appliances suitable. You can quite appreciate that as a purely economic matter the insurance carrier is interested in restoring the injured man to his employment as quickly as possible and therefore it is economy for them to find the very best conveniences and appliances and the most skilled experience to repair the injured man in the shortest time and thereby lessen their expense.

I recognize, as you probably do, that there is a considerable prejudice and probably an equal propaganda against all other medical orders except the old school and I suppose it will take time to eliminate that, but this Commission has no power to choose physicians or surgeons to treat the injured men. All this Commission can do is to insist upon it that prompt and efficient service be rendered to restore the injured men to their activities. The insurance companies choose their own panel.

If I have not answered your letter please point out the defects and I will try to remedy them. With my personal regards as usual, I am,

Very truly yours,

A. H. NAFTZGER,
Commissioner.

To the Profession

Dr. Dayton B. Holcomb, formerly of Chicago, announces the opening of his office and X-ray laboratory at 745 No. Los Robles Avenue, Pasadena, Calif., specializing in Glenard's disease, and the resulting autotoxicosis, gastro-intestinal, kidney and cardio-vascular conditions. Special training and technic in the Pasteur Institute of Paris, and also in Vienna, in physical, chemical and X-ray diagnosis.

WANTED—A D. O., single or married, who has a P. and S. license, to work either on a guaranty or a percentage. Must specialize in Osteopathy with skill in anaesthetics and laboratory. One who is unafraid of work, and if found trustworthy can later take over entire practice. The location is in Los Angeles vicinity. Address W. A., care this office.

DR. WALDO MAKES A GREAT HIT AT BOISE

The regular monthly meeting of the Boise Valley District Society was merged with the Western Osteopathic Association Circuit Clinic in a meeting in the Blue Room of the Owyhee Hotel at Boise, January 19th. Dr. W. E. Waldo, president of the American Osteopathic Association, was the guest of honor and appeared as the first speaker on the Circuit Clinic for this year.

The morning session was given over to the examination of private clinics by Dr. Waldo. The afternoon's session was featured by Dr. Waldo's address to the profession. With his subject, "Selling Yourself to Osteopathy," Dr. Waldo gave us a message distinctly different from anything we have heard before—a message straight from the shoulder, pertinent, timely, and of immense value to every member of the profession. As a lecture on personal and professional efficiency it was the very best thing this society has ever had and Dr. Waldo can be assured that every one who heard him feels themselves enriched. Dr. Waldo is not an Osteopath but an *Osteopathic Physician*, broad in his vision and in his ability to apply the principles of Osteopathy.

At six o'clock a banquet was given in Dr. Waldo's honor during which a round table discussion of our legislative needs and problems was held.

After the banquet the members repaired to the Chamber of Commerce auditorium where Dr. Waldo delivered a public lecture, using for his subject, "Osteopathy: What It Is and What It Does." The lecture was well attended and manifestly enjoyed. It was not only good publicity but most excellent in the matter of public education. This society wants every speaker on the circuit to give a lecture to the public.

The local members present were: H. B. Catron, Payette; E. C. Hiatt, Weiser; R. C. Virgil, Nampa; N. B. Barnes, A. W. Polly, Emmett; R. F. Skaden, Earl Warner, Caldwell; Carrie E. Freeman, Horace Bodle, C. W. Kingsbury, L. D. Anderson, G. L. Handy, Avis Maxwell, Boise; Martha Hamilton, Minden, Nebr.

R. C. VIRGIL,
Chairman Publicity.

STATE CONVENTION AT LOS ANGELES

At last we are able to say that the Convention place has been decided by a majority vote of the Trustees. Los Angeles is to be the place, and the exact date is to be decided so as to fit in with the date of closing of the College. It is too early yet to make definite announcement of Convention plans, except that of course, we plan a bigger and better one than ever before. We have reason to believe that the coming one will surpass any one that has ever been held. Committees are already at work so anyone may expect any day to be called upon to render service in preparation for the annual meeting.

Now that the legislature has convened and is at present on its recess it behooves our C. O. A. members to become thoroughly informed about the legislative situation. Doctor Spencer's letters and Doctor Tasker's articles having been sent out to all, one can readily study actions and attitudes and be able to answer any arguments presented against our new bill. This demands study, but study we must, if we want to win.

GWLADYS M. MORGAN.

At a recent meeting, Dr. Vanderburg called attention to the following:

Dr. Henry W. Frauenthal and Dr. H. Finkelstein, International Clinics.

* * * * We probably see over one hundred and fifty cases of sacroiliac dislocation in a year. The frequency of both infection and traumn at the sacroiliac joint is overlooked by many of the profession. Sciatica, which is a sequence of sacroiliac disturbance, is often treated by injections and various types of physical and mechanical therapeutics without obtaining any results for weeks and months. We have had cases so badly crippled that they have come to the dispensary walking on all fours. It is a valuable suggestion to investigate the question of sacroiliac joints in cases complaining of sciatica. Ninety per cent of all the cases of sciatica have their origin in an inflamed, relaxed condition of the sacroiliac joint.

In case B (I. M., female, twenty-eight years) the injury is only to the right sacroiliac articulation, produced by the patient moving a heavy piece of furniture, and feeling, as she described it, something "give way" in the lower part of her back, since which time she has had local pain and a great deal of tenderness down the sciatic nerve. The pathognomic symptom of this condition can be brought out in this way: If the knees are flexed, movement of the joint is not painful. If, as in this case of right sacroiliac, we keep to the fixed and straight position and raise the patient's foot, severe pain is excited at the right sacroiliac joint. This might also be true were the condition one of simple sciatica, but if we repeat this process of raising the left leg, thus keeping the hamstrings taut and thereby elevating the pelvis, we excite pain in the right sacroiliac articulation. This is pathognomic of the disease.

McCONNELL & TEAL'S PRACTICE OF OSTEOPATHY

From the preface of the 4th edition of the book, we read:

"A science is said to be known by its literature and, if that be true, Osteopathy is backward for there are few available books on the subject for the student and investigator although there is a vast amount of unclassified journalistic matter. A pretentious start was made and, for a time, it appeared that we should have texts on all subjects for the teaching of Osteopathy, but for reasons not necessary to give here, these books did not live although their value and need was never questioned."

True it is that some of us have not been quoted or given honorable mention in this excellent book, but there may be a good reason for this. How much have we put in tangible form for reference. Anyway the whole field is open and if we have anything worth preserving, someone will discover and give it recognition. Truth may be slow, but it has a way of getting from under.

All the facts and methods of Osteopathic practice may not be contained in the 800 packed pages of this book, but as Dr. Still says:

"Osteopathy is a science; not what we know of it, but the subject we are working is deep as eternity. We know but little of it. I have worked and worried here in Kirksville for twenty-two long years, and I intend to study for twenty-three thousand years yet."

The best post-graduate course we know of would be a generous study of these pages.

There are a lot of practical facts about Osteopathy that most of us don't know and never did.

Some law within or without ourselves should compel every physician of whatever school to show so many hours of definite professional study every year.

Facts pertinent to the patient in hand lie in this book, and he is trusting and paying you to know and apply them.

From what we might have known and might have done and didn't, come too many tragedies.

This is not a one or two man book, but the experience of the ablest Osteopathic physicians living and past, conveniently placed at our service. What more can we ask?

We are glad to note that our schools are beginning to recommend and require study of this and other of our professional books. It is a sorry statement of a graduate of any of our colleges that "he had never heard of Dr. Still's books."

It is inexcusable that any student of any school should not know of this book of practice, and of Dr. Burns Research Book, of Dr. Tasker's, Dr. Clark's, Dr. Hulet's, Dr. Phinney's and so on through the list.

To know these books is to possess them, and to possess and use them is the surest insignia of a reliable, up-to-date D. O.

And the Colt Was Saved

By Dr. Mary Quisenbery

Have just read article by Dr. Geo. Bartholamew in November W. O. Can go him one better. Some friends came to me one day in great distress. They had a fine pedigreed colt that had been injured and the veterinary had told them to shoot it. It had jumped into the manger, falling with its body weight all on its neck, its head bent under. Returning from town late at night they found it.

Was paralyzed completely. Could not raise its head for several days. Drove the mother into the stall and held its head up so it could nurse. Got able to raise its head and neck and feed itself.

They could get no further results. They begged me to come take a look at it. Found occipital atlantal lesion. A four months' old Percheron colt was too much for me to handle, but I instructed my friend what to do, and with the aid of his hired man, we fixed and let it alone. In a few days the colt was normal. Is living yet, a beautiful animal. Have given advice on several others and been successful in every case.

I believe there are many such cases where a little humane treatment of the faithful animal friends of man would be rewarded. Come again, Dr. Bartholamew.

Osteopaths Fight Bills at Washington

The Los Angeles Osteopathic Society, in a recent meeting at the University Club, which was attended by nearly two hundred members and delegates presented the following resolution which was passed and sent to the members of Congress at Washington:

"Whereas, it is obvious that parents are more interested in the welfare of their children than any State employee could possibly be, and

"Whereas, the parents and other immediate relatives of children are more competent than any other person to decide what is best for the physical and mental welfare of their children, and

"Whereas, our republic is founded upon the principle that the family is the unit of the State and has constitutional rights that must not be invaded, be it

"*Resolved*, by the Los Angeles County Osteopathic Association that we condemn as un-American, unwise and unjust all legislation of the character proposed in the Fess-Capper, Smith-Towner, France health bills, which are now before the National Congress and that we urge all persons who value their constitutional rights to choose their own physicians and to direct the mental and physical care of their own children, to spare no effort to defeat the passage of these bills."

The Western Osteopath

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C. J. GADDIS, D. O., Editor and Manager.
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EDITORIALS

MEROZ

Meroz was the name of an ancient city that went down to dust in shame —not for anything it did but because it failed to come up to the help of the Lord against the mighty.

It is probable that a snug little majority in that citadel did not approve of the campaign against the old enemies or objected to this new woman, Deborah, on whom the leadership had fallen. But history has little place for excuses or the folk that make them. This was the final swing-in on the enemies' strongholds and Deborah and her forces carried the day but Meroz had no part or lot in the victory.

Some of you have said, "Why fight all the time, can't you give us a rest?" What if the red and white corpuscles in your own body and those of your patients should talk back to you after that fashion, what would happen to you or your practice?

What if America and her friends had said, "Why all this fuss about the actions of one of the powers of Europe?" By this time we might have had several sizeable lessons on what to think and where to head in by the Kaiser and his cohorts.

Tired of battles! All life and civilization is a battle. The enemies of truth and justice never sleep—you are either battling or you're dead. But shame if you live in the city of Meroz. Let us awake to the fact that it is not our fight alone but humanities' battles, let your patients and friends also realize this, which they will when you acquaint them with all the facts.

Under the command of our Pres. Deborah and the direction of our legislative general, Barak, let us simply ask, "What wouldst thou we should do"—and, knowing, DO IT.

READ THE A. O. A. JOURNAL

Certainly read your WESTERN OSTEOPATH through first, ads and all (note the new ones in this issue).

This is your own home paper and you are liable to find several matters of interest.

Then pick up the A. O. A. journal; that also belongs to you. Take the January issue,—have we ever had a finer number? This is a revival and education along the whole broad line of Osteopathic thinking. We stayed up till after twelve just to read Pickler on his "Early Impressions of the Old Doctor," and so on through, but we had to tarry awhile with the McConnell editorials, not to decipher them, but to try and get an equally related grasp of the principles of our science. McConnell's pen was always his mightiest vehicle and we may well anticipate a master tutelage for his eager readers.

ANOTHER LETTER

It has been freely reported that the Northern Osteopathic member of the Medical Board voted with the medicos to appeal the case of the College. In the April, 1920, files at the Sacramento office of said Board may be found the following letter:

April 21, 1920.

Dr. C. B. Pinkham,
Secretary Medical Board of
Examiners, Sacramento.

Dear Doctor:

When we admit that there are now practicing in this State at least a thousand unlicensed "doctors" whose preparation consists in most cases of a few weeks of special schooling, does it seem reasonable that we should divert our time and the people's money to continue a fight against a school that our Superior Court indicates is fulfilling all the requirements of the laws of our State? Isn't it simply the age-old foolishness of straining at gnats while we are gulping down the camels?

Here is a school with standard entrance requirements turning out graduates that they offer to our Board for the test deemed necessary, asking no favors or concessions.

And yet we felt constrained to hire a number of high-priced experts to do their best to search out some flaw in this college course and the courses given. Some of the written testimonials of these men show that the equipment of the departments examined were as good and efficient as any, and the discrepancies found by others, it must be admitted, are such that a like committee might readily have found in many of the best teaching institutions of our land. At least they were considered of such minor note as to have no weight as evidence before the court. If after all this our duly constituted board is not equal to the task of culling out the unfit who come before us from said school and so protect the public (which of course is the only purpose in all this expenditure of time, talent and the people's money) then why do we exist?

We recognize the more liberal and tolerant attitude of mind that is everywhere manifest. This may be carried to extremes but we will not help matters by assuming what may be interpreted by the public as a narrow and autocratic attitude at this time.

From a recent editorial in a daily paper we clip the following paragraph:

"It is strange with what perversity the medical boards pursue their short-sighted policy. They are only hastening the day of their own reckoning. The day is drawing near when it will be a crime to dope any human being with any poisonous drugs that tax the system to the limit to throw them off. When the medical board arrogates to itself the entire field and denies a modern school the equal opportunity that America seems to stand for, it is time for all fair-minded people to enter their eternal protest."

And from another daily are these two pertinent paragraphs:

"Nearly a quarter of a century ago we urged tolerance of the new school of Osteopathy. It was then fought by the medical profession with all the vindictiveness at its command. Now Osteopathy has almost the right to live. The world moves. The fight against Osteopathy has brought it into pre-eminence faster than it would had the medical doctors let it alone.

"Certain it is that unjust laws will react. The people insist on their right to have whatever doctor they please; they are the ones that are sick; they are the ones that pay the bills. This thing of doctoring by law is becoming more and more obnoxious. It cannot long survive. No one school of healing ha sany right to squeeze out another school by law or persecution. The people will not stand for it."

It is not difficult to find many of like sort which intimate that the people may have some rights that the State Board is bound to respect.

Harassing a struggling college; causing undue hardships to a body of earnest students; spending time in searching out some Osteopathic physician who is serving acceptably in a community where no other doctors are available, taking him to the further end of the State and then, because he admits he was practicing in keeping with what he had been taught in his school, discredit him by revoking his license; these are matters that the public when fully apprised will not take kindly to from a Board of their own making. These also are matters which make not a few consider the question: Who was really on trial at our Board meeting? this college, these physicians or the State Board of Medical Examiners?

Is it the Board's decision to encourage a school that holds for high standards and offers us a chance to say who of their graduates shall practice in this State, or shall we close our doors to these graduates and let in by default a flood of short-course imitators in their stead?

The principles of the school in question will prevail in one way or another. Will we stolidly try to suppress or shall we act in keeping with the spirit of the law and in keeping with the more tolerant democratic spirit of the times? As a member of the Board I would offer this, my protest.

Yours very truly,

C. J. GADDIS, D. O.

P. S.—Do you know that the college has acquired and equipped 10,000 additional square feet of laboratory space?

The Los Angeles Osteopathic Surgical Society

Has offered cash prizes for the best paper written on a subject pertaining to Osteopathic education by a student of the Osteopathic College of Physicians and Surgeons.

The first prize will be $50.00 cash.

The second prize will be $25.00 cash.

The third prize will be $15.00 cash.

We hope this will be the beginning of similar offers by other organizations for members of the profession. The professional education needs more stimulation of this sort.

CURTIS BRIGHAM.

In length of service, study and knowledge of detail relative to the State Board of Medical Examiners no man of any school in this State has equalled the record of Dr. Dain L. Tasker. The recent documents relative to the State Board contain a mass of carefully selected matter that may well be preserved for present and future reference. If there has ever been any doubt in anybody's mind as to where Dr. Tasker stood, this ought to clear it. His nearly twenty years of efficient service in such a capacity has to our knowledge never been duplicated.

Collecting With a Smile

There are ways and ways of collecting money. An advertising magazine says the easiest way is to collect it with a smile and offers the following letter as one of the most successful ones:

Gentlemen:—

Do you remember how, when you were young and your good folks sent you down town for something, they were very likely to tie a string about your thumb to make certain you would not forget?

Those were the happy days, were they not?

But—there's no reason why the days of NOW should not be as happy, and it is just as certain that some of us are liable to forget the little things of today.

Because of that we are sending you this little reminder—not to forget to pay the enclosed statement.

We hope you enjoy the smile in our letter and that we may have the pleasure of hearing from you promptly.

Sincerely yours,

Tie the string—and you won't forget.

A FINE PRECEDENT

Says R. K. Smith: "At least one of the best books on Osteopathy should be in your local library and some Osteopathic magazines should also be given to every public library which will accept them—also high school and college libraries."

Beginning with the January number, the Los Angeles Clinical Group of D. O.'s paid for twenty yearly subscriptions of the WESTERN OSTEOPATH, to be sent to as many different libraries over the State. Here are the twenty:

U. of C., Berkeley; State Normal School, Chico; Pomona College; Glendale; Long Beach; Los Angeles Public Library; Univ. of Southern Cal.; Occidental College; State Normal School, Los Angeles; Monrovia; Pasadena; Univ. of Redlands; State Library, Sacramento; State Normal, San Diego; State Normal, San Francisco; Calif. Acad. of Science, San Francisco; Univ. of Santa Clara, Santa Clara; Santa Monica; South Pasadena, and Leland Stanford Univ., Palo Alto.

There is not in all our own professional or other schools of medicine a more progressive fellowship of physicians and surgeons and equipment that goes to make up a complete clinical group.

These twenty subscriptions at $2.00 per, not alone helps to make your journal, but offers another opportunity for publicity, and this is only one of the several generous moves they have made in the interest of Osteopathy.

LIONS' CLUB CONDEMNS GOSSIP

At a meeting of the Lion's Club held last week, a Rotary group were given several minutes to present something whose purpose was as follows:

GROUP 12
Headquarters, Hotel Oakland Room 733
Oakland, Calif.

Purpose—The conversion or elimination from this community of that curse of civilization, the scandal-monger, who spreads the germ that destroys good name and character, injures the innocent and continues unharmed on his deadly way to pollute and poison.

Method—

1. Persuasion.
2. Public opinion.
3. Force.

Constitution—The Constitution of the United States of America. Nothing more.

By-Laws—None required.

Membership—Unlimited as to numbers, but limited only to those who have in their hearts the spirit of fair-play and justice.

Dues—None required.

Emblem—Button, under left lapel for immediate use, with figure 12 and Motto, "Mar-no-name."

Public Oath—1. We will not malign the name of a friend, or that of one other than a friend; nor will we utter or repeat anything of a derogatory nature concerning him or another.

2. We will not permit to go unchallenged any statement of such nature made in our presence concerning a friend.

Reward—None whatever, excepting that great personal satisfaction of being a *MAN* and playing a square game.

Making the Circuit

Most of those who took the swing around the Circuit Clinic last year, even though through snow and rain and over swift, breezy drives, felt it was the biggest opportunity that had ever come in the course of their professional career.

Whether the Circuit Centers get their money's worth or not one thing is sure, the "circuit rider" gets his—100% and more.

You catch a train, bump into your first stop at 6 A. M., and before you are out of your sleeper a familiar voice calls, "Hello, old man," and in two

winks you are whisked to a hotel? No, nothing as common as that, but right in through the front door of a happy little residence where all the comforts of home abound. The breakfast table all waiting and sitting with you the grandma and aunt and all the kiddies, while the good wife keeps coming on with many and more homey hot-cakes.

To the first case at 8:30 sharp and not a dull moment through the whole day and deep into the night. To play the part of the "big chief" is a rôle to which you may not be accustomed, but the sensation is worth the venture. And however new or obscure the case in hand, in a multitude of diagnostcians there is sure to be some wisdom. Giving the other doctors a chance to speak up and yourself a chance to incidentally learn a few things is never a bad system on these runs.

No profession possesses a finer body of men and women, in great-heartedness and courtesy. To be called up a hundred miles away; to be assured that the "milk diet limousine" will be waiting at the next stop; to break into some D. O.'s home away out in Idaho at 2 A. M., according to schedule, and find a warm bath and bed a-waiting the crumpled traveler; to be bunched, lunched and banquetted with old friends and new; to meet old classmates you have not seen for years and others equally splendid that you never knew existed; to find in every center our D. O.'s recognized and honored as men and women who have the big interests of their communities at heart; to be driven over wonderful boulevards to "inspiration points"; to take a little time to breathe in the world's gorgeous out-of-doors with a few moments to think and talk about some of the things of life outside the lesion,—all these go to make the Circuit a great experience and in memory a joy forever.

In one little city a D. O. when approached about the Circuit Meet said: "Not for me. If those Los Angeles

D. O.'s want to take a vacation running around over the country, they can use their own money." (You see, most people still think California is located in Los Angeles.)

At another busy Center a D. O. said, "Who's Dr. —— anyway? I never heard of him. My time is worth $50 a day and I'm not going to waste it listening to him." However, this D. O. did venture in at the last of the morning session and came back in the afternoon with a patient and was one of the last to leave at night.

So much for the average man, but for a President of the A. O. A., a triumphant tour.

Everybody must know our National President and he is not President alone in name but at every point so far reached—if we may judge from the enthusiastic reports pouring in—he is more than meeting all expectations,—an inspiration to our D. O. Centers, a wise and experienced counsellor, and to the public a pleasing preacher of Osteopathy.

We recently heard something about something which reminded us of *Collier's* editorial statement:

"As we grow older we retain and develop this desire to astonish and dazzle. We exaggerate in order to increase the other man's surprise, and therefore neighborhood stories grow as the gossips retell them."

It's all very well to spend every energy for the task in hand. We must do it to succeed. But if we are constantly bent over our work without respite we will grow short-visioned, short-tempered and so stooped that it will be impossible to lift our faces to the far fields and the green hills beyond. We must sometimes catch a star-gleam if we would be other than a slave to our work. An unsupple mind is worse than an unsupple spine.

Tramp, travel, join a club, play golf, be a Scout Master, fellowship with children and old folks; teach a Sunday school class, as Roosevelt did for seven years; go to any limit to keep body and spirit free.

IDAHO OSTEOPATHIC ASSOCIATION

By R. C. VIRGIL,
Chairman of Publicity, Boise Valley District

The Boise Valley Osteopathic Society held its regular monthly meeting at the Owyhee Hotel in Boise, November 29th and 30th. Fifteen members from Boise and neighborhood towns were in attendance. Dr. T. J. Ruddy, chief of the eye, ear, nose and throat department of the Hospital of Osteopathic Physicians and Surgeons at Los Angeles was present and delivered the principal address. His subject was "Diseases of the Nasal Accessory Sinuses." Dr. L. D. Anderson, President of the Society, spoke on the "Diagnosis of Infections of the Biliary Tract," and Dr. George Handy of Boise discussed "Dislocations of the Tarsals." Clinics were held during the day at the Bristol Hotel, Dr. Ruddy performing twelve operations for the benefit of the profession.

A banquet in the evening featured the closing of the first day's program. During the banquet a round-table discussion on "Influenza and Pneumonia" was held. The evening session was devoted to the business of the Society and the reports of important committees were heard.

The second day was given over to diagnostic and surgical treatment of clinics by Dr. Ruddy. The evening's program consisted of a talk by Dr. Carrie Freeman on "Malnutrition of Children," Dr. Pauline Sears of Vale, Ore., gave a talk on "Milk and Malnutrition in Children Under Seven Years of Age," and Dr. N. B. Barnes of Emmett, President of the State Association, discussed "Tonsil Infection and Malnutrition in Children." Dr. Ruddy's second address was particularly enjoyed. He gave the members a new vision, both in the presentation of the College's new plans and in his discussion of the system and organization of the human body. His lecture, "The Science and Art of Diagnosis," was the best thing that has been given in this neck of the woods. His studies in Basal Metabolism, Blood Chemistry and the functional tests of every system, should stimulate all of us to make a more thorough examination in order to learn more of the real Basal Metabolism in the functioning of protoplasm.

Those present were: Dr. Martha Hamilton, Minden, Nebr.; Dr. O. R. Meredith and Dr. R. C. Virgil, Nampa; Dr. N. B. Barnes and Dr. W. E. Allen, Emmett; Dr. Dora E. Weymouth and Dr. Earl Warner, Caldwell; Dr. George Handy, Dr. L. D. Anderson, Dr. Horace Bodle, Dr. Carrie Freeman, Dr. C. W. Kingsbury of Boise; Dr. Pauline Sears of Vale, Ore.; Dr. R. F. Skaden of Caldwell; Dr. H. B. Catron of Payette, and Dr. H. B. Hiatt of Weiser.

PERSONALS

Dr. R. M. Wallace, who was at Angel Island during the first "flu" session, and lost practically no cases that he had direct charge of, is now in Los Angeles finishing his school work. He has been elected business manager of the *Cortex* which the student body will get out in the early spring. This will be an unusual edition, something far superior to anything ever attempted. You will want at least one or two of these and be sure to get your name in early. He has a proposition to make you. Address him, 300 San Fernando Bldg., care the College.

Dr. Russ Coplantz, formerly of Portage, Wisconsin, is now located at Santa Paula, California.

Dr. B. R. Wyckoff of St. Joseph's, Mo., is now located at the Physicians' Building, Oakland.

Dr. Susan Harris Hamilton is looking for a location around the bay.

Edith F. Maker, who demonstrated before our Bay Association, has moved to the St. Paul Building, with telephone number Sutter 14. Miss Maker's ad will be found in this issue also.

Also Dr. Reed's Cushion Shoe, whose merit is so well known among those who have used it as to recommend it to others. There is many a foot that is aching for just such comfort as the Reed Cushion Shoe offers.

Among the new ads of this issue is Mead-Johnson Company, who are manufacturers and distributers of special baby foods. Note their half page ad.

POSITION WANTED: Graduate of C. O. P. S. would like to assist in laboratory work and treating in a Los Angeles office. For further information address the Secretary-Treasurer, 796 Kensington Road, Los Angeles. Telephone Broadway 1022.

Report of Oakland Osteopathic Clinic for Year 1920

	PAYMENTS				
	Treatments	Operations	Laboratory	Subscriptions	Miscellaneous
Jan.	$ 71.75		$ 13.50		
Feb.	37.00		33.00		
Mar.	79.75	$ 25.00	35.50		
Apr.	100.25		30.00		
May	74.00		17.00		
June	128.50		21.50		
July	124.25		6.00		
Aug.	150.50	45.00	62.50		
Sept.	177.05	7.00	75.50		
Oct.	220.25	11.75	65.50		
Nov.	275.00	48.50	52.50		
Dec.	226.50	25.00	51.00		
	$1,664.70	$162.25	$463.50	$2,437.49	$136.06

	Treatments	Out Calls	Broken Appts.	New Patients	Patients Treated (Ind.)
Jan.	189			38	38
Feb.	151			20	42
Mar.	214			18	45
Apr.	178			23	52
May	165			18	38
June	230			18	41
July	361	3	62	43	76
Aug.	453	11	84	33	80
Sept.	342	11	56	26	75
Oct.	423	3	77	28	74
Nov.	526	17	85	32	87
Dec.	453	14	90	20	85
	3685	59	454	317	733

UTAH OSTEOPATHIC ASSOCIATION

By Dr. Mary Gamble, Salt Lake City.

The Utah Osteopathic Association held its December meeting at the offices of Drs. Gamble & Harris Thursday evening, December 2nd. Meeting was called to order by Dr. A. L. Vincent, President.

The program consisted of a symposium on "Malnutrition Following Flu Pneumonia."

Among the speakers were Dr. Mary Gamble on "Weakened Circulation, the Essential Cause of Malnutrition"; Dr. Alice Houghton, Secretary of the Association, on "Kidney Retention Among the Causes of Malnutrition"; Dr. Edith Steinberger of Logan on "Heart Insufficiencies and Malnutrition"; Dr. Grace Stratton-Airey on "Malnutrition a Cause of Stunted Growth in Children Under Nine"; Dr. H. E. Harris on "Malnutrition the Result of Chronic Infected Tonsils and Its New Surgical Treatment."

Dr. T. J. Ruddy, Chief of the Eye, Ear, Nose and Throat Department of the College of Osteopathic Physicians and Surgeons, Los Angeles, Cal., delivered an address on the "Science and Art of Diagnosis." Every member of the Society profited by the Doctor's very detailed presentation of not only the science of diagnosis, but, as well, its application in detail of such tests as Blood, Chemistry, Renal Efficiency, and Basal Metabolism. His series of cases showing Basal Metabolism as affected by infection through reports from his own laboratory, were extremely interesting and promises much for the understanding of the fundamenta's in the functioning of the body.

(Continued from page 17)

ing regarding it. We believe the records will show, however, that none has been carried in any of our publications to date and this letter is not to be construed as a promise that it will be taken in the future.

"The fund of $50,000, to which you refer, to our mind would scarcely be adequate to cover *The Saturday Evening Post*, and we feel that to divide that sum between even two magazines would not be a good move."

Any user of space in publications of large circulation who makes any noticeable impression in the field of national advertising spends at least a million dollars a year; and he spends it not for one year, but every year, continuously. The "advertiser's graveyard" is filled with those who started out with inadequate advertising appropriations and inadequate resources, and were forced to retire from the game.

The letter of the "Society" says, "Advertising campaigns have often proved the 'Open Sesame' to editorial columns of leading magazines."

Here is a general statement, unsupported by evidence of any kind, and obviously from insufficient data. Men like Dr. H. S. Bunting and Dr. R. Kendrick Smith, who know the game, tell us that the buying of advertising space would result in the closing of the reading columns to us, for editors will not print material gratis when they discover that they can get paid for printing it as advertising.

This is an age of specialists. We cannot all be advertising specialists; in fact, advertising is a subject far removed from the science and art of Osteopathy. No evidence has come to hand to show that any of the group sponsoring the $50,000 advertising plan are specialists in this line. Occasionally we hear the plea that the business side of Osteopathic affairs should be conducted on business principles. All right, the idea is good, and as a first step, let us follow the example set by successful business executives, and obtain the advice of competent men before taking action on any matter with which we are not familiar.

Comparatively few Osteopaths know that Dr. H. S. Bunting of Chicago is a recognized authority on advertising, and that he has written several books on the subject, the best known of which is "The Elementary Laws of Advertising." In an article in the September *Osteopathic Physician*, Dr. Bunting made a detailed analysis of the plan of advertising sponsored by the "Society for the Advancement of Osteopathy." Following are the main points made by Dr. Bunting:

1. Fifty thousand dollars would serve only to fire the opening gun in an advertising campaign.

2. Osteopathy is too complex to be profitably advertised by magazine space or any other general publicity media.

3. The 500 Osteopaths who are expected to contribute $100 each would receive no more benefit than the other 4500 or more who would pay nothing at all.

4. It is not desirable and it is not necessary to advertise a science, art, and humanitarian service like Osteopathy by the use of paid advertising space in national magazines, in commercial competition for attention and sales with all the advertised products of the day, when there is opportunity to get a vast amount of editorial and reading articles free in both magazines and newspapers.

5. We systematically waste and misapply our best economic resources through failure to appreciate and trust the competency of specialists in our ranks. The amateur holds himself out as able to direct or supplant the expert in publicity matters especially. The volunteer among us regards himself as a better judge and critic of journalism and advertising

Dr. Vanderburg, Chairman of the Legislative Committee, gave a report of the State Committee work at Sacramento.

Dr. Mansfield, intern of the Oakland Clinic, gave a financial and statistical report of the Clinic for the past year. The facts as presented showed a steady increase in the number of treatments given and money donated. A committee was appointed by the President to investigate possibilities for a Clinic in San Francisco.

San Francisco Osteopaths have been invited to join the Advertising Club in San Francisco. This will be an aid in controlling an authentic advertising campaign in San Francisco.

Dr. T. W. Sheldon, Dr. Waldo and L. L. Hull discussed sacro-illiac lesion and allied conditions, demonstrating technic, to the edification of all present.

EDITH ROBB, *Secretary.*

BAY OSTEOPATHIC ASSOCIATION

Meets on Saturday, February 12, 1921, at Oakland Clinic, 812 Broadway, 9:00 a. m. to 2:30 p. m.; at Hotel Oakland, 3:00 p. m. to 10:30 p. m.

Dr. W. E. Waldo, President A. O. A., first Western Circuit speaker, will be there, in the following program:

9:00 a. m. to 2:30 p. m.—Clinic session, Oakland Clinic, 812 Broadway, Dr. Waldo examining.

3:00 p. m.—Public Lecture at Hotel Oakland, "Osteopathy—What It Is, What It Does," Dr. Waldo lecturing.

4:30 to 6:30 p. m.—General session, Dr. Waldo talking.

7:00 to 10:30 p. m.—Dinner session, Dr. Waldo eating.

10:30 p. m.—Dr. Waldo sleeping.

PROFESSIONAL CARDS

IDAHO OSTEOPATHIC ASSOCIATION

By O. R. MEREDITH, D. O.

Last summer Dr. H. W. Sawyer of Twin Falls, Idaho, a prominent Osteopath, operated successfully for appendicitis. Later the Law Enforcement Department under the Secretary of State arrested him for practicing medicine and surgery. The Judge ruled that the charge must be more specific and so they placed the charge for practicing major surgery.

At the trial the second week in December Drs. R. C. Whittenberger, Secretary of the State Association, Andrew McCauley, L. D. Anderson, O. R. Meredith and Emma Crossland were subpoenaed, but the Judge allowed no one to testify as to the qualifications of the Osteopath to practice surgery. The case was conducted and the jury instructed exclusively on the proposition that if the jury found that Dr. Sawyer had practiced major surgery under an Osteopathic license he was guilty.

It took the jury one hour to agree to above verdict. The catalogues of most of the colleges were presented as evidence to show the Osteopathic teachings in surgery, but were ruled out of the case by the Judge in every particular. The sentence was a fine of $100.00, and costs which amounts to $350 with $1500 attorneys' fees. Twenty-five Osteopaths over the State pledged from $5.00 to $50.00 each amounting to a total of $700.00 to assist Dr. Sawyer in this fight for Osteopathy.

The Idaho Osteopathic Association is attempting a $3000 legislative fund having voted last fall at their State convention to adopt the A. O. A. uniform bill with some minor changes.

The Board of Osteopathic Examiners met at Boise in December with the following members present: Drs. Johnson, Freeman, Catron, and Barnes. Dr. Church was absent. The following physicians were granted reciprocity:

THE WESTERN OSTEOPATH

Published by the California Osteopathic Association

VOL. 15 MARCH, 1921 No. 10

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Dr. W. Curtis Brigham is making the March Circuit Clinic

Legislation—Everybody

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New Ads: Standard Oil Co., Mead Johnson, Bunting, etc.

State Convention in Los Angeles June 20-25

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The Western Osteopath

Vol. 15 MARCH, 1921 No. 10

PUBLICITY DEPARTMENT—WESTERN OSTEOPATHIC ASSOCIATION

T. J. Ruddy, Chairman, Los Angeles

Dr. W. Curtis Brigham

The north half of the "Western Osteopathic Circuit," later to become known probably as the "Northwestern Osteopathic Circuit," will be made by one of the foremost educators in the Osteopathic profession, Dr. W. Curtis Brigham, Dean of the Post Graduate Department of the College of Osteopathic Physicians and Surgeons, Professor of Surgery in the same institution, rated as one of the best clinicians in differential diagnosis, ex-President of the Los Angeles Surgical Society, member of the Board of Trustees of the American Osteopathic Association and a speaker of renown.

Dr. Brigham will carry to the profession a message of inestimable value in differential diagnosis. The only reason a patient ever seeks the advice of more than one physician is because that patient thinks that he has not received a thorough analysis of his case and therefore cannot receive the best treatment. If you should understand the art of diagnosis so thoroughly that you could determine the exact structure of every organ or part, and measure its functions accurately under all conditions and convince the patient that you have done so, you would find that the patient would go but one place, and that would be to your office. In addition, you would never lose a patient, and Osteopathy would never know a failure, unless the structure or function were beyond human control or aid.

Dr. Brigham tells you the story of differential diagnosis in such a way and so thoroughly that the community will be proud of you as one to whom they may look for advice and relief in sickness.

He will bring a message to you in the conducting of clinics. This has been part of his work for nearly fifteen years in College instruction and you will marvel at the constructive manner in which he will build for you the history and findings and treatment of the case.

Dr. Brigham has a message for the public, in his subject, "Cancer or Cell Bolshevism." In this he explains to the public how the cancerous growth differs from the normal growth, making an analogy with the Bolshevic or anarchistic reaction. This will prove

PRE-OPERATIVE TREATMENT OF GOITER

By Dr. T. C. Young

When considering this subject of toxic goiter, we must consider all the various types of thyroid conditions and consequently I classify them clinically as follows:

In class 1 I wish to consider changes in the normal thyroid secretions, which produce certain specific symptoms. As hyper and hypo-thyroidism, or toxic thyroid (exophthalmic goiter).

In Class 2 I wish to consider mechanical pressure due to changes occurring within the capsule of the thyroid, such as hemorrhage, calloid accumulation, calcification, etc.

In Class 3 tumors, malignant and benign. I wish to refer to Class 1, toxic goiter, and first study the pathology and pathologic physiology.

By careful examination of mounted pathological slides taken from thyroids of individuals who were suffering from exopthalmic goiter: we find in the acinus of the tubuler of the thyroid either a hypertrophy hyperplasia or both of the cells lining the tubuler, and in extreme cases you find the tubuler literally filled with cells. By further experiments of some cases, by triturating and suspending in saline solution the hyperplastic cells and inject in a dog will produce the typical syndrome. Still further experiments have shown the same typical syndrome by injecting the serum from affected patients. This shows definitely that the patient affected has a toxic serum. This toxin has been isolated from the thyroid secretion. E. C. Kendall, and Plummer of Rochester. Minn., have made a thorough study of this and find that there are certain harmones that affect the human apparatus in three ways.

First, excitation of the nervous system; second, great alternation in blood pressure, and toxic effect on heart muscles; third, irritation of gastric mucosa. This said toxin isolated by them is called thyroxin. The chemical formula is C_{11} H_{10} C_{5} R_{1}, and its structural formula shows that it has a carboxal group in combination with animo group. The animo group easily combines with other chemical radicals, and when it does it becomes inert. This knowledge may give a basis upon which we can work to control plasma toxins.

The clinical manifestations in these cases are very interesting. Some cases may come to you with fast pulse and gastric irritation. As soon as you think of this case you must first refer to the classification mentioned at the beginning of my paper. Is it a toxic case or are the symptoms due to mechanical pressure, or neurasthenia? This is the place for differential diagnosis, and unless the diagnosis is correct pre-operative treatment will be a failure.

Several good tests are available, viz: feeding of iodine, which will invariably aggravate the symptoms of toxic thyroid. Harrower's tolerance test is of some value. This test may be gotten from Harrower's book on Intercrainology, page 118. In this short paper I have not time to discuss it fully.

Another test which I claim is the most positive of all is the basal metabolism test. The statement has been confirmed that in all cases of well advanced toxic thyroids, the basal metabolism is increased from 40 to 60 per cent, and the percentage recorded is a very good basis from which to figure your prognosis.

After a careful diagnosis has been made we must plan a good treatment that will permit operation at a later

date. Three things to bear in mind in this treatment, is to relieve the blood of its circulating toxins; another, to prevent more toxins being formed; the third is to improve the patient's general physical condition. In beginning treatments in severe cases, it is very necessary to enforce recumbent treatment, and give them a neutral diet, such as milk. Then good general Osteopathic treatments are very advisable to relax all contracted muscles, and get a free flow of nerve energy to the various organs and flush the nervous system with blood. Keep the patient in bed under treatment until your metabolic rate has been reduced. It is then time to think of neutralizing the thyroxin in the blood. In this phase of the treatment I use a little medicine: Specific Medicine Lycopas or Bugle Weed made by Lloyd Bros. This is a non-poisonous herb tincture, used many times in petechael hemorrhage and Dr. Ellingwood recommends its use in various types of nervous manifestations. I use this in 15 to 20 drop doses, t, i, d, a, c, and it has a very good reaction apparently on the thyroxin. If you will refer to the points under pathologic physiology in this paper you remember the experiment where thyroxin combined with an amino radical, consequently I consider it possible that lycopas has this chemical constituent and at present I am preparing such a chemical analysis that it may be determined, and if such exists we can give a reason why it reduces the basal metabolism as it does.

The next phase of the treatment: the prevention of more thyroxin being formed. This may be accomplished in several different ways. First, by ligation of the thyroid arteries, and it seems to have a very efficient action due to the depletion of the blood supply of the thyroid; and I suppose it has been practiced more extensively than any other form of treatment prior to thyroidectomy.

Personally I am not very much in favor of this method of treatment for the reason that severe reaction many times follows ligation, due to the complete relaxation of the tissues and allowing a large dose of thyroxin in the blood at one time, consequently shock will occur.

Radium has been used very effectively and I think it is very good providing it is used carefully.

The treatment I have used most effectually is X-Ray in large doses. DO NOT USE SMALL DOSES, for it has been proven that it will stimulate the growth of epithelial tissue, but large doses will destroy large nucleated epithelial cells, such as you find in hyperplastic goiter, so if the cells are destroyed the amount of thyroxin will be gradually reduced. The method of applying the X-Ray is to use only a spot in three different positions. Two lateral at 15 degrees angle, and one anterior posterior, using 25 ma., 4 inch backup, of 60 seconds each, giving a total ma. of 4500 at a treatment. This repeated once a week or as often as the skin will stand it. This must be given through 2 mm. of aluminum to screen out everything but the bota ray, consequently protecting the skin.

Following up this routine treatment, I am able to operate very comfortably on these cases in from 2 to 5 months after beginning my treatment.

RESTORATION OF PELVIC FLOOR

By Dr. L. T. White

Perineoerraphy. Repair of Laceration

I do not like the name Laceration, because it is a misnomer, and works a very great injustice on the physician who took care of the case during confinement, for in many of these cases the perineum,—the pelvic floor or sling —is not really torn at all, but only relaxed. I prefer the term Relaxation of the pelvic floor, as used by some authors, or why not the term Subinvolution of the pelvic sling? The use of one of these terms would be proper in describing all cases, whether the pelvic floor is relaxed by tearing, or loss of tone, and over-stretching of the muscles. In many cases not a muscle fibre is torn; they are simply relaxed, over-stretched; do not return to normal; involution is incomplete.

In the larger percentage of cases it is the relaxation, the failure to return to normal after stretching, that causes the symptoms and determines the necessity for treatment. There should be considerable hesitation about criticising the obstetrician where the pelvic floor shows signs of laceration, for many times immediately following repair with perfect healing we have general relaxation, with all the signs and symptoms of laceration remaining. On the other hand in a case of unrepaired laceration, with the regaining of tone and return to normal the muscles are sufficient to maintain good support, and there is no indication of tearing. In some of these cases the over-stretching of the perineum may have been accomplished by one or many submucous lacerations which could not be detected at the time of confinement and therefore are not repaired. Or a pelvic floor that was in good tone and condition immediately after labor may be found greatly relaxed later. A displaced uterus, an occupation that causes straining, (lifting weights, etc.), or persistent coughing, may cause this subinvolution of the pelvic sling.

In considering the structures that make up the pelvic floor we find muscles and fascia. The largest and most important muscle is the levator ani, arising on either side from the posterior surface of the body and the ramus of the pubes, the spine of the ischium; and the white line of the pelvic fascia passes downward and backward to be inserted into the sides and posterior wall of the vagina, and into the rectum, where it blends with its fellow of the opposite side, and is finally attached to the top of the coccyx and the raphe extending from the coccyx to the rectum. It acts as a sling and supports and compresses the pelvic viscera, dilates the anus during the act of defacation, and draws the rectum, the perineum and vagina upward under the pubic arch. It is supported on either side by the transverse perineal muscles, arising from the ramus and tuberosity of the ischium, and is inserted into the perineal body. The sphincter ani muscle supports it posteriorly, and the ischiocavernosi and the bulbocavernosi anteriorly. All of these muscles, with their fascia, blend together to make a complete floor to the pelvis; attached to and encircling the urethra, the vagina and the rectum, it acts as a sling.

The treatment of relaxation of the pelvic floor consists in taking up the slack in this sling and restoring the perineal body so as to carry the vaginal opening forward and out of the line of direct pressure from above.

The essential steps in the operation are as follows:

1. Carefully dissect the necessary amount of vaginal mucous membrane from the rectum.

2. Expose and suture together the separated edges of the levator ani muscles.

3. Approximate the cut edges of the vaginal mucous membrane, and the cut surfaces of the perineal skin.

To raise the vaginal flap place a tenaculum forceps just below the duct of the vulvo-vaginal gland, on either side a third forceps is applied to the perineal skin just behind the posterior edge of the tear. The incision is then made from side to side along the line of the junction of skin and mucous membrane. A flap of the vaginal wall is then dissected from the underlying rectum. Care must be exercised to avoid opening into the rectum. The layer of veins is a good guide, and as long as the separator is kept between the veins and the vagina the rectum is safe. When the dissection of this flap is complete we have here exposed the pubo-coccygeal fibres of the levator ani muscle, which arise from the back of the body of the pubis and pass backward to the sides of the vagina on to the sides of the rectum, to be inserted into the median raphe from the rectum to the coccyx. The exposed edges of these muscles are drawn downward and inward. Three or four interrupted sutures of chromic gut are then passed through them so as, when tied, to approximate them in the median line. The muscles do not unite in the perineal body, and the union of its fibres which is produced in this region by operation is not a restoration of normal anatomical relations, but is only a physiological restoration of the pelvic floor, for it shortens the pelvic sling, restoring, elongating and bringing forward the perineal body.

The redundant portion of the vaginal flap is now cut away, the vaginal mucous membrane brought together with catgut, while the perineal skin wound is closed with silk worm sutures.

To prevent the formation of a hematoma between the upper surface of the levator ani muscle and the overlying mucous membrane of the posterior vaginal wall I carefully pack the vagina with gauze, keeping it well up into the cavity so that the posterior vaginal wall is held in close contact with the sutured muscle and but little or no strain is thrown on the sutured mucous membrane which lies below it.

THE PRINCIPLES OF OSTEOPATHY IN SURGERY

By Dr. T. J. Ruddy, Los Angeles, Calif.

The practical interpretation of surgery is that it is that branch of the healing art that relates to injury, deformity and morbid conditions that require to be remedied by operating or instruments.

In the practice of this branch of the healing art, both method and technic have undergone a remarkable change in the last three decades, and more especially during the immediate past ten years. Barring the developments of war-time surgery, it can be truthfully stated that the Osteopathic surgeon more than any other one single factor has contributed to the increased conservatism in dealing with the differential diagnosis of cases and the classifying of the same into major groups of surgical and non-surgical, with a remarkable increase of the non-surgical group cases and decrease of the surgical ones. Then, too, the Osteopathic surgeon who carries as his motto "Adjustment of Structure with Conservation of Structure and Function" has determined, and does determine now in a very large measure the security, leading to health, and confidence by the suffering public in surgery as a means of restoring the usefulness of a great many who have been laboring under a fear of the "old school" regimé, which prevented them from securing their health, and becoming economic factors in the social, commercial and industrial problems of the world.

Some Qualifications of the Osteopathic Surgeon

The Osteopathic surgeon is first, last and always an Osteopath. He has studied the human structure and function from an entirely different angle than that of the "old school." He knows that the human body, if given an opportunity to react to its normal environment, is capable of doing so independently of external means under average conditions. His sincere belief and knowledge that the "law of the artery is supreme," that the "law of the nerve is supreme," that the "law of normal pressure in related structures is supreme," afford him the foundation for the Osteopathic principles being employed in every thought and act, which is beautifully and completely expressed in one single word—"adjustment."

The second biggest word in the English language to the Osteopathic physician and Osteopathic surgeon is, "conservation." This thought, "conservation," guides him: first, in diagnosis, second, in preparation, third, in technic and general management and, fourth, in post-operative care.

Osteopathic Diagnosis of Surgical Cases

The hopelessness as well as the helplessness of drug methods forced the "old school" into the practice of wholesale surgery to the extent that the entire public has risen up within a few years in a well defined reaction against what appeared to them, and still appears to them, as an unjust and unnecessary means towards health. All non-drug methods are an expression of this reaction. It remained for Osteopathy, however, while making a thorough and exhaustive study of the human body and its functions and the allied sciences as well as an equally comprehensive study of surgery, of every means of relief or cure taught by the "old school," to demonstrate to the appealing public that under the Osteopathic principles and practice, the capabilities of the body are almost unlimited.

Our research laboratories have proven that when the body was forcibly lesioned and the resulting pathology assuming grave and serious proportions, that with the proper adjustment of structure, normal functioning of the tissues could be established.

The Osteopathic surgeon, both in general and special practice, has so thoroughly demonstrated the truth of this, even though practicing as a surgeon, that the general practitioner in the Osteopathic profession has learned well when in doubt that he must call

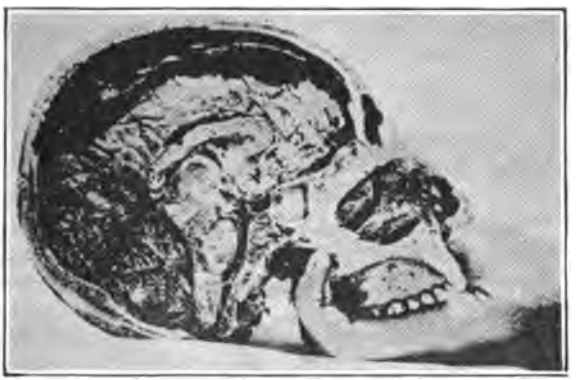

Fig. 1—Employing the author's "Finger Method" in the treatment of sinus and nasal catarrh, preventing needless surgery, and of inestimable value after nasal operations.

Clinical practice with thousands of cases in the big college clinics and private clientele confirm these findings. Hundreds of appendicitis cases, numerous gall bladder infections, untold numbers of intestinal ulcers, equally as many hemorrhoidal conditions, thousands of tonsil and sinus infections, and similar conditions in other parts of the body, which under the "old school" regime were ordered to be operated at once, found and still find a cure in Osteopathic adjustment and management until it has become a by-word or expression that the "medical man is afraid to tell the patient that he must be operated on at once or he will call in an Osteopath and get well."

the Osteopathic surgeon to make the diagnosis and render advice as to whether or not an operation is necessary. The general practitioner in the Osteopathic profession has learned once and for all that to be guided by even the most conservative surgeon

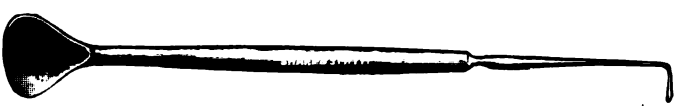

Fig. 2—Author's "Eye Finger," which has prevented many eye operations even in cases of threatened blindness.

of the "old school" is not as safe for the patient and certainly not for the perpetuation of Osteopathy.

Osteopathic Preparation of a Surgical Patient

The three-cornered bluff preparation of the old regime, "urinalysis, catharsis and soap-suds enema" play but a small, if any, part in the Osteopathic procedure of preparation.

(a) Respiration Tests: If a general anesthetic is to be employed, especially, and the patient's vitality one of question, even in a moderate degree, the Osteopathic surgeon feels that he must know the "Minute Volume" of respiration, the "Volume of Respiration," and the "Total Capacity Respiration," and if these fall below normal that treatment and exercise be employed until they insure a safe reserve and functioning. He must know the per cent of CO_2 eliminated through the alveolar air and compare this with the CO_2 plasma content in order that he might not thrust the patient into a hazard, threatening his life by an added anesthesia and dealkalinzation. This procedure enables him to employ means to restore the chemical balance and establish a proper mineralization by general and special means before operating.

(b) Basal Metabolic Rate: Not only is it necessary to know the Pulmonary Respiration reserve and the Blood Respiration, as evidenced in the CO_2 exchange, but the Tissue Respiration as well. The amount of oxygen absorbed by the tissues, and the amount of CO_2 expired expresses the heat produced by the body in the processes of oxidation, and, the Osteopathic surgeon, before operating, in many cases requires a knowledge of this Basal Metabolism. The Basal Metabolism Rate is a splendid expression or demonstration of the statement of the founder of Osteopathy, Andrew Taylor Still, that "the Osteopathic foundation is that all the blood must move all the time in all the parts to and from the organs." In other words, if the circulation is free, regardless of any local pathology which may require surgery, and the body tissues are compensating, not failing, the Basal Metabolism must be reasonably normal and this information is of great value.

Many other tests to determine the balance of the endocrine system are employed, depending upon the case. In any event, no unnecessary risk is taken where measures can be employed to obviate the same.

(c) Heart Function Tests: The electrocardiograph and other means of diagnosis are exercised for the purpose of *testing the function of the heart* and general circulation.

(d) Kidney Tests: The *kidney function is tested*, not simply a "urinalysis for $1.00," but a Quantitative Urinalysis which shows just what the kidney is doing in the way of eliminating each and every one of the solids and liquids that it should eliminate and which, if retained in the body, might cause disaster during or following the operation. The Osteopathic surgeon goes further in the testing of the kidney. He employs the Phthalein or other test, which determines that even though the kidney may be normal in structure it may be lazy or inefficient in function and endanger the operative results.

(e) Blood Count: The *structure of the blood is examined* and every cell counted and noted. If the oxygen-carrying portion of the blood is below normal, the body may not be able to carry on the healing process after the operation or even withstand the shock of the operation. The *germ-destroying cells* may be dangerously low or high and until this was rendered safe the operation would not be performed, but instead, proper treatment given. The "clotting time" is also determined and treatment given to prevent or avert serious hemorrhage.

(f) Blood Chemistry: The founder of Osteopathy has stated that the "manifestations of life are the result of the exchange of gases." The Osteopath has made an unusual stride in the *examination of the chemical contents of the blood.* In blood chemistry the per cent of urea, uric acid, sugar,

creatin, creatinin and other chemicals present in the blood, derived from the digestion of food and from tissues of one part of the body for tissues in another part, or chemicals which should be eliminated and are retained because of insufficient elimination, can be measured accurately and a prognosis given before the operation is performed. It is possible in such an examination to make the statement that the patient cannot live but a week, or two weeks, or that the patient is perfectly safe for any kind of an operation, properly performed, and that recovery will be complete and health restored.

(g) Essential Physical Examination: In the preparation of the patient, a careful and thorough general physical examination of the body is made in order that the greatest freedom possible be secured for the nerve force, arterial and venous blood and the lymph fluids, as the success of all healing processes depends directly upon these being free from obstruction or interference.

(h) Wasserman and Other Tests: So far as possible the body must be free from all parasites, bacteria and toxins and other influences which in any way would or might prove a drain upon the body reserve and thus interfere with the success of the operative or surgical adjustment.

Osteopathic Surgical Methods

In every branch of surgery the Osteopathic surgeon has developed a procedure and a technic or method that will prevent even the least unnecessary expenditure of energy on the part of the patient.

While there is a difference of opinion in the scientific and professional world as to the relative toxicity of a general and local anaesthetic, and as to the degree of shock experienced by the patient under each of these forms of anesthesia, it is my personal belief that a local anesthetic with a minimum toxic influence or property, but possessing efficient anesthetic qualities, produces less shock, less poisoning and affords a cleaner unobscured operative field, resulting in a more accurate and skillful procedure than can be secured with any form of general anesthesia. It is true that many of the operations cannot be performed without a general anesthetic—either gas, ether, chloroform or some other combination of these, nitrous oxide and ether being the best combination in my

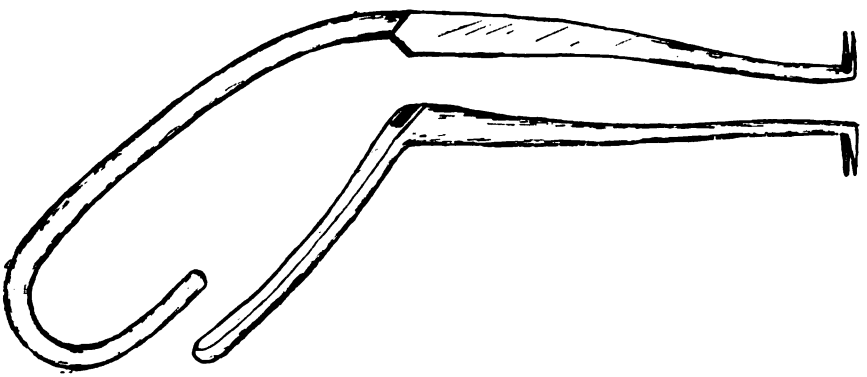

Fig. 3—Author's "Combined Tonsil Hook and Forceps," which always insures a firm hold on the tonsil, does not tear and affords a grasping of the tonsil "buried," "large" or "small," without injury to surrounding tissue.

own experience,—but even when these are necessary the Osteopathic surgeon and the anesthetist, who is an Osteopathically trained physician, have learned to diminish the amount of ether and nitrous oxide to a minimum, contributing to the conservation of the strength of the patient. The day of chloroform, and can after can of ether as well as the indiscriminate use of nitrous oxide-gas, and the employment of cocaine in two to twenty per cent, has passed. If cocaine is ever used now it is one of the modified or treated forms, the strength rarely or never exceeding 1/10 of one per cent, or even weaker, a case of poisoning being an unheard-of occurrence in the properly conducted Osteopathic practice.

In bone surgery about the ear, as in mastoid operations, on the face, jaws, or in the nose, the use of hammer, chisel or saw is rarely seen and in my own personal practice are never used in surgery upon the nose or sinuses. In the removal of soft tissues, especially the tonsils, the crude method employed by members of the "old school," known as "sludering," a pervertive use of the word "slaughtering," even in the most skilled hands, is not employed by the Osteopathic surgeon. In my own tonsil practice I do not even use the "wire snare," nor do I employ a knife or scissors, the direction of which cannot be fully determined, and the extent of the cutting of which cannot be regulated, even under a local anesthetic where the operative field is free from blood. Pulling, crushing, stretching and other means and methods of rough and extreme handling of tissues do not contribute to "conservation." Their use, while leading to some degree of adjustment of the parts operated upon, are not at the same time an exemplification of the "conservation of structure and function." The breaking down of sinus walls, the crude destruction of tubal tissue in treatment of ear cases by "radical" methods, removal of unnecessarily large amounts of bone without the employment of means to restore the lost tissue,—as evidenced in hideous mastoid scars,—the laceration and tearing of the pillars of the fauces around the tonsils, resulting in impairment of voice and frequently contributing to pressure neurosis, are all striking examples of barbarism and are religiously avoided, so far as is possible, by the Osteopathic surgeon.

The designing and the manufacturing of instruments for nearly all of these operations are characteristic of the Osteopathic surgeon. His endeavor is to get away from any and every form of instrument which needlessly injures the tissue, lengthening the period of healing and taxing the patient's strength through needless suffering. Thus the Osteopathic surgeon with conservative instruments, conservative anesthesia, conservative methods, truly conserves the structure and function, health and life of his patient.

Fig. 4—Author's "Tonsil Elevator," which does not cut or tear the tonsil, muscles or vessels, thus preventing injury and reducing "oozing" from the capillars to a minimum.

Osteopathic Post-Operative Treatment

The Osteopathic post-operative care is carried out along distinctive lines, characteristically Osteopathic. Regardless of the nature of the operation, if the operation is attended with an open wound, the utmost care and caution is exercised in the employment of antiseptics. The stronger corrosive, highly

irritating, mercurial and other metallic salts, are rarely or never employed. Only the most bland solutions, sufficiently antiseptic, are ever employed. Even in the eye, following the most radical operation, where the eyeball is severed half in two, the Osteopathic surgeon has proven through years of surgical experience that potassium, iodin, mercury, silver nitrate, dionin, and other strong irritating drugs, are rarely or never necessary. The Osteopathic surgeon,—at least it is my own experience,—rarely or never requires a solution much stronger than normal

Fig. 5—Author's "Tonsil Aspirator," employed to remove pus from the tonsil before an operation and which if persistently used cures a large percent without surgery.

salt, or a saturated solution of boric acid, or the Dakin solution. The same principle is carried out in the practice of the dressings in the "after" care in all surgical procedures. Many a patient has had the illness prolonged, the suffering intensified and the healing of the wound delayed through the use of corrosive and irritating drugs under the "old school" regimé. Here again, "conservation of energy" is uppermost in the Osteopathic surgeon's mind.

The Osteopathic treatment, or the adjustment of the tissues, following the operation, constitutes one of the greatest assets to the public and to the Osteopathic profession. Every case requiring surgery suffers a spinal rigidity in the muscles and ligaments along that part of the spine which sends nerves to the part to be operated upon. This rigidity, which is an interference with the nerve control and circulation, has been present as long or longer than the disease in the parts that require operation, and before the surrounding tissues can heal properly these interferences along the spine must be overcome, and even after they are corrected or adjusted the irritation which continues during the healing process is referred in like manner to the muscles and other tissues along the spinal column at a given area, and to insure a rapid, economic healing, with the least amount of suffering, Osteopathic adjustments are given to restore these tissues along the spine and elsewhere, to that degree of pressure and tension that will permit of the greatest freedom in the flow of arterial or nutritional blood to the parts affected, and the carrying away, or drainage of the tissues through the veins and lymphatic spaces. In addition to this supportive treatment, Osteopathic stimulation is applied to not only the affected part, but to the entire system. These "Osteopathic post-operative methods," combined with the proper diet and nursing, assures the patient of a recovery in the shortest possible time and with the least expenditure of energy.

So the Osteopathic profession can truly claim with pride and without undue criticism, that the "conservative principles" exercised from the beginning of the diagnosis until the patient is discharged as cured, is most highly commendable and deserve the support of the entire Osteopathic profession and the public.

PROSTATECTOMY—THE SUPRA PUBIC ROUTE

By Dr. E. B. Jones

To remove the prostate in part or as a whole is done not because the gland is hypertrophied, but because it interferes in part, or entirely with micturition. This places the treatment conduct in two distinct groups: First, that procedure directed toward relief from the most conspicuous symptoms, difficult urination to complete or incomplete retention. Second, the radical removal of the gland based upon pathologic anatomic knowledge. To the first we may direct catheterization either intermittent or via the indwelling catheter, Bottini's operation, or the indirect operations such as ligation of the vasa iliaca, vasa deferencia or castration, the last three on a basis of inducing comparative atrophy of the gland. This group may properly be entirely ignored now for there is no longer any controversy as to their relative merit. The radical operation has had to pass through many changes before development of the now generally employed supra pubic method, first described by MacGill and later perfected and described by Freyer to a point of unquestioned superiority over the perineal route as espoused by Proust, Young, Wilms, and others. The fundamental difference is one of anatomical approach. The perineal route invading tissues richly supplied with blood vessels and nerves and the resulting tendency for grave complications of hemorrhage, stricture, incontinence and retention, as well as sex power loss, due to severing the erogenic p'exus of nerves or ejaculatory duct. Furthermore, it is more difficult of accomplishment, subjects a poor surgical risk to a longer anæsthesia and greater shock and usually shows greater morbidity. Trans-vesical prostatectomy avoids most of these dangers for, after opening the bladder, all that need to be done to reach the hypertrophied gland is to rupture the mucous membrane of the vesicle outlet. Mortality and morbidity statistics of proponents of the two most common methods show but slight difference. Personal skill is of course a factor and a man married to a poor method usually accomplishes brilliant things because of his very enthusiasm. Formerly, when removal of the prostate was undertaken as a one-step procedure, mortality was great. Guyon explained that congestive changes resulting from the relative retention over a long period of time as being due to arterio-sclerotic changes of the bladder muscle. This cannot endure for the return to absolute normality following prostatectomy and the resulting removal of obstruction to urinary flow, is generally conceded. The term bladder paralysis should not be used in speaking of prostatics. Bladder paralysis or inertia is not a contra indication to prostatectomy for seldom following successful and clean removal of a prostate do we have a permanent condition of residual urine or complete retention. These cases are usually to be explained upon a basis of unrecognized spinal disease or faulty operative technic.

The anatomical and functional condition of the bladder in many ways influences our decision as to the treatment of prostatic hypertrophy. A most frequent complication is infection of the bladder and its sequela. Practically no prostatic who has lived a catheter life, even for a short period, is free from infection of the bladder mucosa. This condition, formerly a contra indication for operative procedure, is now among the important indications for operation.

In fact the most severe forms of cystitis, a filthy decomposed urine, with ulcerative patches of the mucous membrane, even to chronic cysto-pyelonephritis are indications for operation on the basis that to remove the cause is to pave the way for nature's repair processes and a return to normal functions. This change in procedure has been brought about by an understanding of the value of preliminary drainage. To relieve the renal statis, to flush the bladder is as to houseclean and prepare for better renal elimination. It reduces absorption from the chronic cystitis, raises urea elimination to the end that there is less constitutional toxemia, gives the patient relief from the usual night of broken sleep and rapidly clears up an otherwise toxic, sluggish, foul-breathed, irritable old man. This may be accomplished by an indwelling catheter, if possible to pass it, or by supra pubic drainage and lavage. The most toxic patient or the foulest bladder condition frequently furnishes the most spectacular results. Acquired resistance to the particular organism precludes the development of any serious septic developments following the operation, while a comparatively normal bladder as frequently succumbs to a bothersome invasion of organisms and morbidity is greater. The inflammatory diseases of the genital glands; acute and chronic prostatitis, as well as recurrent epididymitis and seminal vesiculitis are indications for prostatectomy.

A thought in reference to the association of vesical calculus with prostatic hypertrophy. Where trauma is excessive because of mechanical difficulties attending lithotripsy behind a mountainous prostate, or a markedly trabeculated bladder we may better do a prostatectomy, for the radical removal of the prostate permits easy removal of the calculus and the combined procedure is followed by but little additional shock. The frequency with which a diverticulum is found to be a concomitant of prostatic hypertrophy, prompts reference to the statement of Young and Bloom in Monographs on this subject, that radical excision of the diverticula, as well as the removal of the hypertrophied prostate should be done at one sitting.

The opening paragraph of this paper referred to the reasons for advising radical removal of the prostate. To elaborate a bit, permit me to call your attention to the fact that frequently a very slight enlargement of the middle lobe will cause the most severe retention and excruciating urinary distress, while a monstrous bilateral hypertrophy will cause at times little or no dysuria. Cystoscopic examination, as well as bimanual examination, must be resorted to if we are to detect and intelligently direct treatment of our dysuria, polykiuria and partial retention patient. It is thus, too, that we will occasionally find a prostate which shows some early carcinomatous changes—usually pain, uneven configuration, nodules on the prostatic tumor, or warty overgrowths of the middle lobes which bleed freely. These are absolute indications for immediate prostatectomy. The clinical picture we just developed may well guide us in the course we pursue, and here we find it necessary to divide the findings into three stages. First, or premonitory stage, frequent urination, especially at night, no retention, no cystitis, general health good. Second stage, stage of retention, residual urine, progressively increasing in quantity with cystitis and beginning systemic disturbances. Third stage, or stage of vesical distention—a constantly over distended bladder, dribbling or complete retention, severe constitutional changes to a degree of chronic uro-toxemia. In the first stage, a conscientious man will

hesitate to follow Freyer and Lydson and operate as a prophylactic measure, for these patients may live a comfortable existence and remain in the first stage for many years. In the second stage, complete or incomplete obstruction, frequency, bladder infection, and even infection of the renal pelvis indicate the need of operation. Those in the third stage cannot be handled so definitely as the former two, for often times we are dealing with a change of renal efficiency that may never be completely overcome. Some few of these cases can be made into second stage cases by diet, medication, renal lavage or a reduction of back pressure by way of the indwelling catheter or supra pubic cystotomy with a proper drain. The resulting functional efficiency justifying operative procedure is of course relative, and must be decided upon only after the most thorough renal functional observation. It is from this improvable subdivision of the third stage patient that we frequently have most brilliant results.

Summary

First, the indications for surgical treatment of the prostate result from a knowledge that all other methods are more serious and that none arrest the adenomatous changes taking place in the gland. Catheter life mortality is 8 to 10 per cent within five years. Cystotomy 33 per cent. X-ray and radium have not proven of much value while mortality of the supra pubic prostatectomy is but 5 to 8 per cent and curative results 92 to 95 per cent.

Stage Two. Indications are complete or incomplete obstructions or severe subjective symptoms endangering the general health.

Contra indications of stage three are general marasmus, urinary cachexia, chronic renal disturbances, uremic or diabetic coma, cerebral or spinal paralysis, T. B., bilateral renal disease or acute peri-vesical or peri-prostatic suppuration. The two stage operation should always be done in severe disarrangement of metabolism and in improvable third stage cases. The supra pubic route is preferable because of the lack of complications, such as fistula, stricture of the urethra, as well as to show in the very great majority of cases a decidedly reduced morbidity.

STAPHYLORRHAPHY

By Dr. W. V. Goodfellow

Fortunately, congenital defects of the hard and soft palate and associated defects of the alveolar arch and lip are encountered infrequently in the practice of most physicians. Any physician might, however, be called upon to give advice to patients or to anxious parents as to the proper time and method to correct these defects; therefore, a brief discussion of the operation of staphylorraphy should prove interesting.

Surgical methods for the correction of physical defects were used long before surgery came into general use for the purpose of removing diseased parts. In the early days, barbers were the surgeons. It is interesting to know that ligatures for the control of hemorrhage were used long before Harvey discovered the circulation of the blood. In fact, sutures of various materials were used by surgeons for the closure of wounds at a very early period. Celsus used ligatures for the control of hemorrhage in the first century of the Christian era. It was not until the year 1564, however, through the earnest advocacy of Ambrose Paré, that the universal use of the ligature was established. He is considered the "father of ligatures." It is not surprising that surgical methods failed to

obtain public favor when it is remembered that the basis of our success in surgery today is largely that knowledge of bacteriology which has been acquired since the middle of the last century. While it was known that microorganisms were present in certain diseased conditions, especially in pus, the part they played in infected wounds was not generally understood until the epoch-making work of Koch, Lister, Pasteur and others about 1880. It was some time after this that efficient methods were devised for ridding the operative field of microorganisms. In the early part of my own surgical experience, 12 years ago, the skin was scrubbed with soap, followed by bichloride and lysol as antiseptic agents before the incision was made. Iodine was not used in preparation of the operative field. Notwithstanding the fact, however, that modern surgical asepsis was unknown, attempts were made as early as 1760, by a dentist named Lemonnier, to close a fissure in the soft palate. No attempt in those days was made to close the hard palate surgically, an obturator being used for that purpose. It was not until about the year 1824 that M. Krimer first attempted operative treatment of the hard palate. Sir William Ferguson did a large number of palate operations, nearly all of which, however, were performed upon the soft palate. In 1844 he devised a method of dividing the tensor palati, palato glossi and palato pharyngi muscles to relieve the tension on the ligatures "to prevent their cutting out by shutting off the circulation and thereby bringing on starvation necrosis and infection." The destruction of these important muscles in the throat is not now considered essential to the success of the operation.

Dr. Truman W. Brophy of Chicago was one of the first to call attention to the fact that cleft-palate is a deformity, not marked by any lack of tissue, but characterized by a non-union of parts. He considers the problem of correction one of replacing the parts in their normal position. This conception of the problem has brought about a surgical procedure, which, if undertaken at the proper time in life, restores these unfortunate individuals to very nearly, if not quite, normal conditions.

No. 1—Original condition of lip and nose.

Attention has been called by many authors to the fact that many operations upon the palate are a success from a cosmetic standpoint, but from a functional standpoint are failures. Dr. Albert J. Oschner of Chicago has pointed out that "A palate which looks very well, may be as useless as it was before you closed it. In fact, for a number of years many surgeons preferred artificial palates because patients could talk nearly normal with them, whereas as a rule with a closed palate they spoke very little better than with an open palate." The operation on the palate should be done before the child begins to talk, which is approximately the eighteenth month. Brophy prefers to operate on the palate between the 12th and 18th month. Some undertake the operation earlier, and Sir Arbuthnot Lane, London, England, says: "The earlier we operate, the bet-

ter. As a general principle, these little babies bear operations with the most perfect results. The principle on which I operate is this: In a case of complete cleft, operate as soon as that child is born. My youngest patient was a seven months' baby which I took out of the uterus and we operated on that. These young children do not mind that operation one bit. They seem to think it is a part of the natural sequence. They do not cry—they take food afterward apparently with great pleasure. So called shock apparently does not exist." Lane's operation is a flap operation in which he crosses flaps of membrane, raised on either side of the cleft, in order to close the cleft.

No. 2—Lip repaired and alae replaced.

Brophy's operation contemplates the loosening of the soft tissues from the bone of the hard palate, without any side slit. Lead plates and tension wires are used to hold the edges in close approximation, thus relieving tension on the horsehair sutures, which approximate the edges. This method will bring about a closure with comparatively few failures even in adult cases. I have seen Brophy operate a case 35 years old.

The accompanying cuts are of my earlier cases with a double hare-lip and a complete cleft palate. This patient was 19 years old and, as the cuts will show, was about as bad a deformity as is usually seen. He did not, however, have a protruding premaxillary bone. His alveolar arch was fairly well intact, the cleft, however, extended through the alveolar arch and included the floor of the left nasal chamber. Unfortunately the photograph does not show the palate which was entirely closed from tip of the uvula to the alveolar arch in front, with the exception of two tiny openings easily closed by an additional stitch or two. The extreme bunching of the muscles of the lip made it somewhat difficult to get a smooth lip border at one operation, although it can be seen that the Vermillion border of the lip is in perfect alignment. The sagging of the nose was in part corrected. Additional work should have been done upon the columna of the nose to raise the tip, but the patient was so much benefited that he decided conditions were good enough.

It is important that cases be not allowed to go beyond the proper time for operation. The following information regarding the proper time for various steps of this operation may be of value. If the cleft extends through the alveolar arch and separates the maxillary from the pre-maxillary bone, the approximation of these bones should be brought about within the first few weeks of life, preferably within the first three weeks. During this time the bones are very plastic and the wire sutures and lead plate can be easily adjusted to hold the parts in approximation without too much tension. I have observed many of these cases over a period of six weeks to three or four months, one case having the wire and lead plate in for approximately six months, without any bad effect upon the tissue under the plates or about the wires. If the pre-maxillary bone protrudes it should *never* be excised. This practice is altogether too prevalent. It is a necessary part of the alveolar arch and should be replaced between the maxilla by making a diagonal incision through its attach-

No. 3—Original condition showing wide cleft in palate, irregular alveolar arch, and displaced nasal alae, with absence of nasal floor.

No. 4—Lip repaired, nasal alae replaced and palate closed.

ment to the vomer, after which it can be pressed back into place and wired there until union with the maxilla takes place. As soon as the wires and lead plate can be removed from the alveolar arch, the correction of the lip defect should take place. It is better to reconstruct the alveolar arch before operating upon the lip. At the time of correction of the hare-lip, the alae of the spreading nostril should be brought into place or a subsequent operation will be necessary. If a hare-lip occurs without a palate defect it should be operated early, inside of 4 to 6 weeks, but may be operated successfully at any later date. Inasmuch as the tissues of the soft palate and the soft tissues over the hard palate do not bear sutures well during the first year of life, it seems to me wise to defer the staphylorrhaphy until the child is 12 months of age or more. If, by any chance, the operation on the palate is not a success, much normal tissue is usually lost and replaced by fibrous tissue, which makes a subsequent operation exceedingly difficult. Many of these little cases have one operation after another without securing union. One of those attempted successfully by Brophy while I was with him had had eleven operations. It was only by bringing in the tissue at the alveolar margin and using muscle tissue from the walls of the pharynx to replace that lost by previous operations that he was able to reconstruct a palate. Therefore, it seems to me advisable to undertake the palate operation at an age assuring greatest probability of success. This seems to be between the 12th and 18th month. It should not be delayed beyond the 18th month, else the child will make efforts at talking which will result in wrong use of the muscles of phonation, with consequent faulty speech after the correction of the palate defect.

In conclusion, let me say that it is entirely possible for the large majority of these cases to get, not only a closed palate, but a functioning palate which will perform its proper part in the functions of phonation, deglutition and respiration.

TUBERCULOSIS OF THE FALLOPIAN TUBES

By Dr. Robert D. Emery

There are several problems presented when we undertake a careful consideration of the above topic. Some of the conclusions that I have reached in this matter have already been assailed by members of our profession, and I hope that the following presentation will bring forward other criticisms and a frank and free discussion of the subject which will be of benefit to humanity. My only regret at this time lies in the fact that the brevity of this paper does not afford an opportunity for a full presentation of the facts and proofs.

One may properly ask, does tuberculosis of the Fallopian tubes exist? If it does exist, is it of frequent occurrence, or is it a rare affection? At what age is it most liable to appear? Is it a surgical or non-surgical disease?

During the last two years I have made the above problems the subject of quite careful study and I wish at this time to emphasize the importance of this malady. I am convinced that tuberculosis of the tubes instead of being a rare affection is of extremely common occurrence; that it is being constantly overlooked by the physician, and even by the abdominal surgeon while he has the abdomen and pelvis open for inspection; that many of these cases are being erroneously and unfairly diagnosed as Neisserian infection; and furthermore, that many of these cases, if not all, present surgical pathologies. If all of these cases are surgical, the importance and gravity of the matter cannot be overestimated, because the surgical treatment of these cases causes the sterilization of girls and women.

I further believe that the vast majority of these cases originate as Hemotogenous infections, the tuberculous bacilli invading the blood stream from small areas of active tuberculous inflammation in the lungs, such as all individuals whether showing signs of clinical pulmonary tuberculosis or not, are now known to possess at some relatively early period in their lives. It is well-known both from tuberculin tests and from autopsies that practically all individuals of the age of 18 or over show these evidences of pulmonary tuberculous disease.

In answer to the question as to whether tuberculosis of the tubes does exist I quote Adami—Principles of Pathology—2nd Edition, Vol. 11, p. 893: Tuberculosis of the Fallopina Tubes. "This is much more common and is primary or secondary." "Judging from the extent of the lesions usually found, the Fallopian tubes form a particularly good soil for the development of the tubercle bacillus—what constitutes this special predisposition is not exacfly known." "As a rule both tubes are affected although not always to the same degree." "Tuberculosis generally begins in the mucous membrane of the ampulla and spreads *rapidly* to the adjacent parts. The affected tube is greatly thickened, more or less tortuous and the muscular wall is hypertrophic. The fimbriae are short, thick and firm." "On opening the tube in the early stages the mucosa is swollen. reddened, and the folds are adherent, while the lumen contains small amounts of grayish or yellowish secretion." "Microscopically, the mucosa is swollen, infiltrated with round and epitheliod cells, while here and there can be seen remains of gland follicles, frequently showing cystic dilatation. Definite tubercles are to be seen near the lumen with central caseation. In more advanced cases the mucosa is largely caseous and the process can be seen advancing into the muscular and serous coats. In the more chronic forms, giant cells can be made out."

With this clear description of tuberculosis of the Fallopian tubes before us we look back through the literature to ascertain the viewpoint of the gynaecological surgeons regarding this disease. That the possible significance and importance of this disease has been recognized is beyond question, but that it has been minimized and overshadowed by the importance of Neisserian infections of the tubes is also undoubted. The literature abounds with varying opinions regarding the importance and frequency of tubal tuberculosis. Quoting from "An American Text-book of Gynecology," copyrighted in 1893, p. 151: "Tuberculosis of the Fallopian tubes may be primary, but it is, as a rule, secondary to peritoneal intestinal, or a part of general tuberculosis." "The frequency of this affection has only recently been brought to the attention of the profession, and many cases of salpingitis and pyosalpinx are turning out to be of tuberculous origin. The trouble, when better known, may prove to be quite a common one." The revised edition of this text that came out five years later (or 1898) carries the same statement as that recorded above and would indicate that no advance had been made in an understanding of the relative importance of the malady. Other literature relating to this condition, even down to the present date, indicates that the same incompleteness of understanding still maintains.

In an incomplete survey of the Osteopathic literature to date, I have failed to find mention of any kind relating to this subject.

The fact that I have operated more than thirty cases of tuberculosis of the Fallopian tubes during the last few months, and the fact that I have many more cases that are now under observation and treatment in which I have made a diagnosis of this disease, lead me to the belief that in this country anyway the disease is of very frequent occurrence. Many surgeons with whom I have discussed this subject doubt this assertion, but I cannot understand why I should have had so many cases and why I am securing new ones constantly if this is not true. In no case that I have operated have I been mistaken in the diagnosis and in every case the laboratory findings by Dr. Louisa Burns have shown the presence of the bacilli of tuberculosis and the other pathological changes characteristic of this disease. Some of the cases that are now under observation and treatment may not be tuberculosis, but I will venture the assertion that in at least nine out of every ten of them, that come to operation, we will be able to demonstrate tuberculosis present. As I write this I am booked to operate one of these cases day after tomorrow, and I shall be very greatly surprised if a report comes from the pathologist showing no tuberculosis present.

The pathology in these cases has been outlined from Adami's Pathology at the beginning of this article. More complete details of this pathology can be secured by reading the whole of the description given by that author.

There is one feature in the disease from the pathological standpoint that I wish to mention and that is the question of ascites in the milder cases. We find in our cases of the milder type that from one to four drams of ascites is present in the pelvis as a constant factor in this disease. In no case have we failed to demonstrate it as soon as we have opened the abdomen.

The symptomatology is as varied as the pathology. In some of the cases the symptoms are negative as in a woman whom I operated day before yesterday. In this case of proscedentia uteri, tissue removed from the cervix proved to be malignant, and it was only upon opening the abdomen to use the Percy cautery and remove the

uterus, tubes and ovaries, that the presence of tuberculosis of the tubes was diagnosed or even suspected.

In some of the cases the caseous detritus becomes liquified and puriform and may be retained and become sacculated (tuberculous pyosalpinx) with symptoms of pressure. Sometimes there is excessive drainage from one or both tubes thus affected—usually in such cases there is a mixed infection. In some of these cases the pathology may favor congestion, local acidosis, irritation and the production of carcinoma. I have had two such cases during the last few weeks—young, unmarried women, one twenty-six and the other twenty-seven years of age. In one of the cases an adeno-carcinoma of very virulent type was present, in the other a field surrounding one of the small fibro-myomata which was present in the uterus showed a large number of Russell's fuchsin bodies and marked tendency toward hyperplasia, indicating a pre-cancerous stage.

One of the cases, a girl, age 16, in which I had made a provisional diagnosis of tuberculosis of the left Fallopian tube with a possible Neisserian infection, showed at the time of operation a pyosalpinx with pus of such appearance and consistency that I concluded that it was a Neisserian infection, but the report which came from the laboratory was that of tuberculosis.

The history and symptoms of one of my cases that I have under observation at this time are as follows: She started her menstrual life at the age of thirteen. For two years her menses were perfectly normal and regular. Then she went to the Atlantic States for a winter, had the grippe, followed by bronchitis which bothered her all winter. Then she began to suffer at her menstrual periods in the left tubal region, and has continued to suffer variably ever since. She is now married, is 30 years of age, and pelvic examination demonstrates tenderness of the left tube, also in lesser degree of the right tube as well. If we demonstrate tuberculosis in this case it will suggest the manner in which the tuberculous bacilli reach the tubes from the lungs.

One of the symptoms is the general lassitude noticed in many of these cases. One of our cases, a young woman of 28 years, had been under constant medical care for nearly five years and during the last year and a half in bed a great deal of the time, rarely rising before noon, and being compelled to lie down most of the afternoon. Nausea and anorexia are quite prominent symptoms in many of the cases. Variable pelvic pains, dysmenorrhea, dyspareunia and backache are also frequently encountered. However, in marked contrast to these cases are the cases where there is marked pathology and yet with an almost complete absence of subjective symptoms.

Space prevents me from discussing more cases of this series, but it is necessary to briefly discuss the most vital consideration of this whole subject, which is its treatment.

In taking up the question of treatment one question is very pertinent, which is: does tuberculosis of the tubes produce sterility? Adami states: "While, however, it is true that the disease is commonly met with during the period of greatest sexual activity, it is nevertheless found in old women and children." It is doubtless true that the disease can be eradicated surgically by removal of all affected tissue, but the most vital matter is whether the condition can be cured by conservative methods, as those used in pulmonary tuberculosis; and, furthermore, whether a wife can and should become pregnant and a mother in the presence of tubal tuberculous infection. Frankly, I am not prepared at this time to answer this question. I

am treating some of these cases by conservative measures with apparently hopeful results. One of these patients, however, whom I had given the closest study and very best advice and treatment for five months, I was obliged to send to the operating table two weeks ago. So I feel that it is an open subject worthy of our closest thought and study.

The surgical treatment of this affection certainly should emphasize most thoroughly the importance of early marriage and the rearing of families before the individual becomes afflicted with the disease. The normal function of pregnancy may prove to be a great factor as a protective influence in this trouble. Anyway, if a mother has three or four children before she acquires the disease she would not feel so cheated if she then had to submit to the removal of her Fallopian tubes.

The question of diet, mode of life, exercise and all of those factors which increase vitality and the powers of resistance should be given full consideration while discussing the management of these cases.

Summary

1. Tuberculosis of the Fallopian tubes is a common disease.

2. It is most frequently met with between the ages of 20 and 35 years, but may be found at any age.

3. It can be removed surgically and it may be cured by conservative methods of treatment. Perhaps it may disappear spontaneously without any treatment being directed to the pelvis directly.

4. The pathology and the symptomatology show a wide range of diversification, but a variable amount of ascites in the pelvis appears as a constant factor in our series of cases.

5. A study of the relationship of this condition to certain cases of uterine carcinoma should be made.

6. And also the facts as to the influence of the disease itself in producing sterility should receive our further attention.

PELVIC ABSCESS

By Dr. O. A. Dieterich

Abcess of the pelvis are usually sequelæ, starting from a vaginitis, cervicitis, oophoritis, metritis, pelvic peritonitis, puerperal septicemia, abortion, broad ligiment infections, ruptured appendix, and salpingitis.

Of these the most frequent offenders are puerperal septicemia, and abortion.

1. Mrs. P. Age, 54. Race, American. Occupation, housewife.

2. Present complaint: a, vomiting; b, fever 101 degrees; c. no pain; d, frequent eructations of gas; e, bowels moving frequent (small amounts); f, anorexia.

3. History of present complaint: a, patient's story: Thought possibly symptoms were coming from food she had eaten, starting with dull headache, vomiting, and later developing fever.

4. Past history: Eighteen years ago patient had tumor of abdomen, and physician removed it by absorption. It ruptured and drained through the rectum and vagina, discharging copious amounts of pus, drainage persisting some three weeks, accompanied with high temperature and great loss of weight.

5. Previous diseases: a, tumor, 18 years ago; b, typhoid fever, 25 years ago; c, general children's diseases—otherwise general health has been good.

6. Sexual: a, denies veneral disease; b, menstruation, normal every twenty-eight days, lasting three days, scant in amount; c, one abortion; d, no living children.

7. Habits: a, moderate in regards to diet; b, marked constipation since tumor was removed.

8. Physical examination: a, general appearance of patient healthful; b, head, neg.; c, teeth, numerous crowns slight pyorrhea; d, tongue, heavily coated, thick, teeth indentation on margin; e, tonsils, no infection—atrophied; f, neck, glandular enlargement, left side; g chest, roughened breathing over left apex, otherwise negative; h, heart, apex beat 6th interspace slightly enlarged sound, toxic, intermittent, skipping 10th beat; i, abdomen, abdominal wall thick, tense, no palpable tenderness, rigidity over appendix area, slight pain over appendix area; bowels distended with gas; j, genitals, uterus atrophied, normal; immovable mass extending from post vaginal vault well up the left side, size of an orange; right side taut, small mass connection with mass on left side; slight fluctuation of cul-de-sac.

9. Proctoscopic examination: a, upon half insertion of proctoscope it met an obstruction; b, mucous membrane reddened; c, bowels constructed to approximately one-half inch opening; d, whitish scar size of quarter on anterior surface; e, skin pigmented, shallow; f, reflexes normal; g, extremities normal.

10. Urine examination: a, indican—4 plus; b, urates—2 plus; c, albumin—neg.; d, sugar—neg.; e, acetone—neg.; f, pus—neg.; bowel movement streaked with blood.

11. Blood count: a, red cells—4,750,000; b, white cells—12,000.

12. Blood pressure: a, 140—90—50.

13. Wasserman: a, neg.

14. X-Ray: a, fluoroscope. 1. Rectal injection of barium, filled the lower six (6) inch rectum and showed a stricture at this point with the Barium leaking through into the bowel above slowly.

15. Diagnosis: a, intestinal obstruction; b, stricture of rectum; c, abcess of cul-de-sac. Treatment: 1st, vaginal drainage.

16. What was done: a, patient anaethetized; b, a small incision was made through mucous membrane post to cervix; c, blunt dissection into abcess with dressing forceps; d, about half cup of pus drained upon opening of sac, a guttapercha drain inserted into opening, 1, coli infection; e, drainage persisted for seven days and then drain was removed.

17. Results: a, during the seven days of drainage, cathartics, enemas and hydrotherapy to abdomen, the patient was put on a light diet. Clearing up the indican, acetone, and urates. b, At the end of the third week the abdomen was opened through the median line. 1. The cecum and appendix were bound down in the pelvis with sigmoid, ovary, uterus, intestine and omentum all adherent with adhesions. 2. Cecum and appendix were freed from the mass and appendix removed. the end of the appendix had sloughed in the abcess leaving a stump surrounded with granulation and abcess tissue. 3. The sigmoid was separated from the mass and adhesions were removed freeing the rectum from its structure, a portion of omentum was freed and tucked between the raw surfaces and the abdomen closed. The patient's bowels moved on the second day—had considerable pain—recovered nicely; has had no bowel distress since the operation.

18. Summary: a. Advisability of examining patient thoroughly. b. Diagnosing—all the condition the patient may present as in this case: 1, gastritis; 2, bowel obstruction; 3, cul-de-sac abcess; 4, acidosis; 5, mass of abdomen. c. Using the two stage method of operation, thereby reducing the toxicity of the patient before the major portion of the surgery was attempted.

A. O. A. CONVENTION JULY 25-29. LET'S GO.

PERICOLONIC MEMBRANE

By W. Curtis Brigham

A large intestine is morphologically a harmonious whole, but functionally it retains many of its primitive characteristics. It is developed from the hind gut and derives its nourishment from the inferior mesenteric artery. It absorbs comparatively little and serves largely for storage purposes. Wm. J. Mayo says that except during defaecation the movement is backward, or in a sense antiperistalsis.

The large intestine compromises one-fifth of the length of the entire intestinal tract and is approximately five feet in length. Normally the large intestine is about three inches in diameter at the caecum. The caecocolon is functionally the most important part of the colon and is unfortunately a location of most colonic diseases. It is in close proximity to the appendix and frequently involves the colon in inflammatory conditions which it would otherwise escape.

The ileocecal valve being narrow is often subjected to considerable irritation resulting in inflammatory reaction, which may spread to some extent around the colon. Its attachment to the abdominal wall varies greatly. At times it is very tightly held to its position in the right lower abdomen. At other times it is freely movable.

Embryologically the cæcum arrives at its final resting place rather late and the periteneum may have been already formed. As a result its attachments on the right side of the abdomen may resemble adhesions, very vascular in character and often containing a large quantity of fibrous connective tissue. Jackson describes this fold as a veil. In some cases during embryology development adhesions of the terminal ileum through the caecum occur. These adhesions may extend to the right iliac fossa, fixing the ileo cecal valve. If as a result of this condition the terminal portion of the ileum becomes acutely flexed and immobile, we have a condition designated by Lane as Lane's Kink.

During the very active early life most children will succeed in remaining fairly normal in spite of these conditions which may be termed congenital deformities, but as physical activity is reduced habits become more irregular, constipation is followed by distention of the bowel and slight inflammation, especially in the regions of peristalsis, is thus reduced. There is a tendency to the formation of connective tissue and thus the kink may be shortened and the pericolonic membrane described by Lane may become more tense. With each attack of this sort conditions tend to grow worse; the patient becomes more constipated, and the pain suffered is more violent. Very often these conditions are diagnosed as appendicitis, which may or may not be true. If appendicitis does exist and it has gone on to the point of suppuration and the case has to submit to operation under such unfavorable circumstances, the relief of the kink or of the Jacksonian veil becomes impossible without opening up new avenues for the entrance of infection into the blood stream and general circulation. Many cases have been operated on in such emergencies and have complained afterward that their operation was not a success because they still had pain. They warn their friends and acquaintances against such operations because they continue to suffer. At other times surgeons operate cases diagnosed appendicitis and find during the quiescent interval little inflammation of the appendix and overlook the possibility of pathology or deformity described above. Case records demonstrating these points may be of interest.

A young woman twenty years of age,

three years prior to the time we were called, had had an operation for suppurative appendix. The operation was successfully performed, drainage inserted, and the patient recovered, but had a great deal of pain, and from time to time seizures similar to epilepsy. Following X-ray and laboratory studies, operation was advised. A Jacksonian Veil extending from the cæcum to two-thirds the distance of the ascending colon, was found. The veil was clamped, cut and tied. This allowed the colon at rest with two inches play that it had not had prior to the operation. The colon was pulled well to the median line and the omentum thrown between the denuded areas to the colon and the abdominal wall. The patient suffered one seizure during the stay in the hospital, but since that time now for more than two years has been free, bowels move well, and except on deep pressure in the region of the caecum suffers no inconvenience.

Case No. 2. A woman twenty-five years of age, mother of a child three years old, gave a history of having had repeated attacks of appendicitis. The young physician had been called to attend her during one of these attacks. He diagnosed the case as a case of acute appendicitis. He asked me to see the patient in the hospital. I said: Are you sure it is appendicitis? and he said he was very sure it was a case of appendicitis. Blood was taken which showed a leucocyte count of 9,000. Patient had no fever, considerable nausea and vomiting; right rectus muscle was tense; bowels had been moving rather freely by enemas; the point of local tenderness was, however, a little higher than most cases of appendicitis. Operation was agreed upon. Right rectus incision was made, the appendix exposed, and found to be perfectly normal, but following up the ascending colon we found about mid way between the caecum and the hepatic flexur a sharp kink, the peritoneal fold about three-fourths of an inch in width drawing the colon sharply to the right side. This pericolonic membrane was severed, the end was tied, the ascending colon drawn out toward the median portion of the abdomen, and the denuded areas covered by the omentum. This case has had uninterrupted recovery and more than two years after the operation is enjoying perfect health in every respect. We could give a vast number of records illustrating the point which we have been describing, but consider that it would be unnecessary at the present time.

Many of these cases could be diagnosed by fluoroscopic methods. If the membranes have not been too completely infiltrated with fibrous connective tissue usually diet, exercise and manipulation may give in some cases complete relief, especially in the young. If, however, repeated attacks have occurred, each succeeding inflammation aggravating the pathology, operation is advisable and the operation should be performed where possible between acute attacks.

Summary

1st. Pathological pericolonic membranes are congenital. 2nd. They may be the cause of colon stasis, incurable except by operation. 3rd. They cannot be remedied in the presence of acute appendicitis with rupture or contiguous infection. 4th. Repeated inflammations intensify the symptoms produced. 5th. X-ray diagnosis is of great importance. 6th. If diet, exercise, appliances and manipulation fail to give relief, operation will frequently result in permanent cure.

ABDOMINAL CAESAREN SECTION—CELIOHYSTEROTOMY

By Dr. Ernest G. Bashor

The history of the so-called Cæsarean Section is interesting. Our space prohibits more details: Julius Cæsar has received considerable publicity in connection with this operation, but it is well established that he was not brought into the world by this method. Cæsones (children delivered by section from their dead mothers) were known prior to Cæsar's time, but the operation was not performed on the living. The mother of Cæsar was alive during his wars, as evidenced by his letters to her. The real origin of the term is probably from the Latin, *partus cesareus*, from cedere, to cut.

The original operation consisted of an incision through the abdominal wall at various sites; then incising the uterus and extracting the child. No effort was made to stop hemorrhage or repair the wound.

With the advent of antiseptics, anesthetics, suturing, etc., this operation has become one of the foremost to show advance in surgery. From a mortality of 50% it has been reduced to around 2%.

But it must be emphasized that while it is a sponsor for the strides in surgical science it has been abused greatly. Proper care and judgment has not always guided the patient to the Cæsarean altar.

While there are definite indications these may be absolute or relative, and each case must be individualized. The guiding factors may be several. We have two lives to consider, the pressure of circumstances, if a patient is in labor, previous care and local examinations, the time element, the possible complications, etc., may all be presenting themselves. Too frequently we hear the statement that a Cæsarean may be performed any time with comparative safety; such a procedure should be always a primary operation.

It is difficult to adequately give and limit the indications, but the following serve such a purpose:

The obstruction of normal delivery: In this class, we have those cases where the pelvis is too small or the child too large. If the conjugate vera is 6 cm. or less it is impossible to extract even the mutilated fetus through such a pelvis. Such is an absolute indication. When the true conjugate is 7½ cm. or more it is only a relative indication. Small babies may be delivered normally through such a pelvis. At least we feel justified in giving them the test of labor, carefully preserving the conditions for Cæsarean section, should the indications arise. But large babies in such cases may be absolute indication for such operations. There are certain tumors that may prevent normal labors. Large fibroids or other growths that remain as an obstruction at term are absolute indications. It is not usually advisable to do Cæsarean section primarily to remove such tumors. Other periods are usually better for such surgery. Ochsner says, "Do only necessary surgery on the pregnant woman but leave no such surgery undone." This applies at or near term as much as at any stage of pregnancy.

Stenosis of the cervix or vagina from any cause may be an indication. Particularly is this true if the stenosis is due to the repair of a previous extensive laceration. These lacerations heal by scar tissue, which is inelastic and predisposes to more extensive tears.

Previous operations may be a highly justifiable cause for a Cæsarean. Labor following ventral fixations are questionable; dystocia is frequently reported. There is danger of rupture of the uterus or dystocia where any previous operation interferes with its mobility or expulsion powers. A previous Cæsarean may be so classed.

Some authorities make a hard and fast rule; the dictum "once a Cæsarean, always a Cæsarean." De Lee qualifies this statement by saying that Cæsarean should be repeated (1) when the reason for the first still exists; (2) when infection occurred after the first; (3) when it is known to have been done imperfectly; (4) when there is indication to open the abdomen. We must frankly admit that it is impossible to know whether or not Cæsarean scar will stand subsequent labor. It is a risk at least and a responsibility one dislikes to take without careful consideration.

There are certain cases wherein we have good and sufficient cause for sterilization and present a bad obstetrical history. Such cases must receive individual consideration.

Placenta prævia is recognized as a relative indication, and some cases may justify the procedure. However, in the main these cases can be successfully handled in other ways.

Placenta abruptio, premature separation of the placenta, if extensive, demands immediate delivery. If such cases are seen early, Cæsarean offers hope of saving the baby and may be performed.

True eclampsia calls for immediate delivery. If the eclampsia develops before or in labor Cæsarean should be well considered. Particularly is this true when the pelvis is border line, the child large, the cervix very rigid or some other relative contraindication to the vaginal route. The less severe toxemias frequently call for emptying the uterus, but the induction of, or, assisting normal labor will usually suffice for these cases.

In conclusion let us reiterate, each case carries its individual circumstances; that Cæsarean is a primary operation; that such operation is done usually with a greater risk to the mother for the purpose of saving the child; therefore the child must be at or near term and viable; proper hospital facilities are imperative, and the question of previous vaginal infection or contamination considered.

An authoritative writer on obstetrics says that "the evolution of the Cæsarean family is not at all an obstetrical fad, the results of the glamor of operative surgery, but rather a permanent scientific step in advance, based on sound principles applied to the fundamental principles of obstetrics." There is truth in this statement.

The following report is taken from the card files of my private cases for the past ten months. The number of cases is too limited for any statistical purposes but will serve to illustrate some of the varied indications:

Case	Age	Previous Labors	Hours this Labor	Vaginal Examinations	Results	Indications
1	36	2	....	....	Mother, good; child, premature, stillborn,	Pulmonary T. B. sterilization.
2	30	....	10	2	Mother, O. K.; child O. K.	Eclampsia, gen. contr. pelvis.
3	23	....	....	1	Mother, O. K.; child premature, stillborn.	Obstruction due to pelvic tumor.
4	27	....	40	3	Mother, O. K.; child O. K.	Disproportion, hard labor, very desirous of living child, rigid cervix.
5	24	Caesarean	....	....	Mother, O. K.; child O. K.	Previous Caesarean, marked toxemia, sterilization.
6	30	Forceps, sepsis, dead baby	1	....	Mother, O. K.; child O. K.	Severe pre-clampic toxemia, very desirous of living child.
7	42	Two Caesareans	....	....	Mother, O. K.; child O. K.	Flat, gen. cont. pelvis. Previous Caesareans.
8	41	Forceps	1	....	Mother, O. K.; child O. K.	Stenosis cervix following repair. Border line pelvis.
9	23	....	36	2	Mother, O. K.; child O. K.	Disproportion, rigid cervix. Toxemia.
10	35	....	....	....	Mother, O. K.; child O. K.	Flat rachitic pelvis.

MYOMAS OF THE UTERUS

By Dr. Wm. Bartosh

True myomas are of the involuntary (nonstriped) muscle, and wherever smooth muscle is to be found they are an inherent possibility. Smooth muscle has a remarkable power of hypertrophy, but this is not true of striated muscle, which reaches its maximum in adult life and appears to be incapable of greater development in later years. Meltzer calls attention to the fact that permanent reserve power of the voluntary muscles is comparatively small. Crile has shown that under the influence of fear or anger extraordinary reserve of the voluntary muscles can be brought about temporarily. This, however, is not due to hypertrophy, but is the result of acceleration of the blood supply through increased activity of the internal secretion of the thyroid, suprarenals, and other endocrine glands, which at the same time inhibit gastro-intestinal action through the autonomic system and reduce the circulation of blood to the viscera. The increased muscular power comes about in the same way in which an engine steaming at 190 pounds pressure would produce greater power than when steaming at 160 pounds pressure. Increased activity of the voluntary muscles results in fatigue, owing to the acid products which accumulate, and these acids are removed from the muscular system through bases which are quickly supplied by food during rest. Smooth muscles, on the contrary, apparently cannot be speeded up to the same extent to meet emergencies, but must have time for muscle hypertrophies, such as occur from obstruction in the gastro-intestinal tract or they depend on lack of proper stimulation, owing probably to failure of the nodal system, as shown by Keith, which failure gives rise to such various conditions as cardiospasm, pylorospasm, stasis, Hirschsprung's disease, etc.

It has been said by Cannon that smooth muscle fiber has within itself the power of contraction independent of nerve or blood supply. A bit of intestine placed in Locke's solution will beat for hours. Our knowledge of the heart is most complete in this detail; the heart beat begins in the muscle fibers of the auricle, and the impulses are collected in the sino-auricular node, a primitive muscle-nerve type of ganglion endowed with automatic function. These impulses are carried to the ventricle through the muscle bundle of His, timing the ventricular beat. All smooth muscle, as shown by Keith, has its primary contraction or its beat, so to speak.

The intestinal tract has two beats: one from fifteen to twenty times to the minute, which may act as the heart of the portal circulation (Mall), and the second, once or twice to the minute. The latter we recognize as peristalsis. The uterus has its beat, which, during pregnancy, becomes so marked that it is a diagnostic sign of value as the examiner places his hand over the suprapubic region to feel the uterine contractions.

As yet there has been no good explanation of the absence of myomas in the voluntary muscle and the frequency of these tumors in the involuntary muscle. The cause is undoubtedly connected with the primitive power of contraction of smooth-muscle fibers and their ability to hypertrophy quickly in response to demand. In this connection it is well to remember that the round, broad, ovarian and uterosacral ligaments contain smooth muscles derived from the uterine wall, and that myomas and adenomyomas (Cullen) may occur in these locations.

It has been shown that 12% of white and 20% of colored women of 50 years of age have uterine myomas.

Noble, as a result of his investigation of 2,274 cases in which myomas were removed by hysterectomy, states there were pathological conditions present in 30% of the cases which would have led to death.

The most common conditions indicating operation are those which result from: (a) hemorrhage; (b) degeneration of the tumor (22%); (c) malignant disease, usually carcinoma of the body of the uterus (4%); 10% of women more than 50 years of age who come to operation for uterine myoma have complicating malignancy; (d) tumors causing pressure. The large majority of patients with tumors which can be felt suprapubically belong to this group, and, with or without symptoms, should be operated on. In 30% of patients with myomatous uteri causing symptoms, the ovaries and tubes are so seriously diseased as to require operation independently of the myomas.

The use of the Röentgen ray and radium in disease is interesting and in some respects encouraging. It seems to be generally agreed that the gamma rays are the responsible agents, and that there is little difference in effect whether they are produced by radium or Röentgen ray. Radium has the advantage of containing definite and measurable quantities. It is portable and convenient, and does not require great skill in application. The Röentgen ray requires greater skill, and should be used only by the more expert.

One cannot escape from the conviction that in myomatous disease the use of radioactive substances is destructive—nonoperative, but not conservative. In the great majority, if not all, of the cases in which myoma completely disappears under their use, the patient loses the function of the ovaries, tubes and uterus, although the nonfunctionating remnants were left in situ.

It is urged by those who are devoted to the radioactive treatment of myomas that many patients are such poor risk that they can not be operated on, and for that reason there is a wide field of usefulness for these agents. Mayo's have operated on cases of secondary anemia, where the hemoglobin was under 30. In any event the condition can be improved by blood transfusion. Again in high blood pressure, unless due to cardiorenal or thyroid disease, it does not apparently add to the operative risk. Mayo's frequently operate on patients of the uncomplicated arteriosclerotic type with blood pressure from 180 to 250 or more, and have not had a death following the operation which could be attributed to the hypertension.

Uterine myomas are rather frequently associated with goiter. The estimation of the operative risk depends on the condition of the thyroid (goiter heart). Heart lesions of any description lead to a fear of operation. The common type of lesion is mitral, beginning in the young, especially females, as an endocarditis in connection with chorea, or "inflammatory rheumatism," and without hypertension.

If well compensated, this type of lesion apparently does not increase the surgical risk. Women with bleeding submucous myomas occasionally develop heart lesions of the same character with marked secondary anemias, probably due to a similar infection, and the condition is an indication for, rather than against, operation.

Supravaginal hysterectomy has been, and is still, the operation of choice for all symptom-producing myomas, and it has much to commend it. In patients above 40 years of age, and especially those with degeneration of the tumor, this operation is indicated.

The technic of this operation is so standardized that I will only mention

that in preserving a portion of the cervix when removing the uterus and then sutering the broad ligaments to the cervical stump and covering them with the anterior and posterior flaps of the cervics, giving an excellent support to the bladder and abdominal viscera, if carefully done eliminates the danger of prolapses of the bladder. In all cases of erosin, cystic degeneration or other diseases of the cervix it is best to remove the cervix with the uterus.

There has been a great deal of difference of opinion as to whether or not the ovaries should be saved. My opinion is that you should save all the ovary that you can as the ovarian internal secretion materially reduces the unpleasant physical and nervous effects which often follow hysterectomy.

Now in conclusion the cause of myomas is rather ill defined, and no doubt disturbances of the body fluids and the internal secreting glands have much to do with the cause of their development. So the correction of spinal lesions and spinal manipulation should not be lost sight of in all these cases, as they respond to treatment and improve in general health, and should be given in conjunction with surgery.

A CASE OF CHOLELYTHIASIS

By Dr. Edw. T. Abbott

Mrs. John Doe. Admitted Oct. 27, 1920. Age, 30. Sex, female; married. Race, Caucasian. Occupation, housewife; former occupation, musician. Previous diseases and injuries: Usual childhood, small-pox, ptomain poisoning and repeated attacks of tonsilitis. No injuries; no operations. Family history negative.

Sex History.—Married at 23; first child at 25; number children, 1; labor normal; no miscarriages; perineorrhaphy after child was born.

Menstrual History.—Began at 14 years; regular and of 5 days' duration; pain intense and bilateral before onset and during first two days; last menstruation two weeks ago.

Present Complaint.—Headache and stomach trouble.

Predominating Symptoms.— Sensation of weight in right hypochondrium, aggravated after eating. Dull pain in region of gall bladder. Pain under right shoulder and pain in lumbar region. Suffers from depression, is very irritable, and complains of distress in pre-cordial and epigastric regions. Has repeated attacks of severe "sick headache" lasting from 12 hours to 2 days. Suffers from occasional attacks of coryza. Stools contain large amounts of mucus at times. Suffers from gas in stomach and intestines, but has no cramping pains, neither does she give a history of a colicy condition anywhere in the abdomen. Has a slight cough at times but raises nothing, but is bothered constantly with post-nasal dropping. Is never short of breath. Skin is at present clear and according to her story has always been so. Osseous system O. K. except for spinal lesions noted below.

History of Present Complaint.— Above symptoms began at the age of twenty and for a few years there were periods of time varying from one to three months of comparatively good health but never any permanent relief. Condition has been growing worse to such an extent that patient is now in a general run-down condition. Following the birth of her child patient enjoyed good health for a period of six months and has been steadily growing worse ever since.

Physical Examination

General Appearance.—Poorly nourished, under weight; anxious look as if tired or in pain. Height, 5 ft. 6 in.;

normal weight, 140; present weight, 106; duration of loss, 4 years; scalp, O. K.; eyes, O. K.; ears, O. K. externally; nose, O. K. externally, internally septum deviated to right; teeth in good condition, no root abscesses demonstrable with X-ray; throat, tonsils infected and full of pus, adenoid mass increased; tongue coated furry-gray; neck, O. K.; lungs, O. K.; heart, O. K.; breasts, O. K.; liver slightly enlarged below and none above; marked tenderness in region of gall bladder; spleen, O. K.; percussion does not reveal position of stomach; no tenderness in kidney region; no tumors palpable; abdomen tense; not much information can be ascertained concerning the intestines; pelvis, O. K.; extremities, O. K.; reflexes active.

Spinal Condition.—Contour normal, mobility diminished, curves normal. Lesions: Right sacro-iliac anterior; second lumbar posterior; tenth dorsal anterior; third dorsal posterior; lateral occiput on right.

Urine.—Normal, with slight trace of bile.

Stool Examination.—Much mucus, no excess fat, no undigested food; bile salts normal; no ova or parasites.

Sputum Examination.—No amoeba, no T. B.

Blood.—Wasserman neg. Bleeding time, 4 min.; coagulation time, 12 min.; hemoglobin, 70; white count, 10,000; differential, normal; red count, 400,000,000; urea, 48 mgs. per 100 cc.; uric acid, 2.6 gms. per 100 cc.; systolic pressure, 100; diastolic, 60.

Temperature, pulse and respiration normal.

Fluoroscopic examination of gastro-intestinal tract revealed a complete gastro-enteroptosis; marked adhesions around iliocecal region; lumen of gut narrowed by probably constricting bands. The barium meal stopped at this point and took about 12 hours to pass it after reaching it. Plates taken at three six-hour intervals revealed a mass shadow in region of gall bladder.

Diagnosis

Infected tonsils; chronic enteritis; cholecythiasis; Jacksonian membrane.

Conclusion

The patient was in no condition for operative procedure, and I could not make up my mind that radical surgery was indicated. The violent headaches I attributed to the stasis produced by the membrane in the region of the iliocecal valve. The patient had been on general Osteopathic treatment at intervals over the past two years and always got relief, but upon discontinuing the treatments immediately grew worse. I gave a few treatments and found lesions corrected refused to remain so, so I concluded to reduce the amount of poison the patient was receiving if possible. Accordingly the tonsils were removed and some minor work done upon the nose. The patient lost six pounds before leaving the hospital, but otherwise was in good condition.

The case is still under treatment, receiving one treatment per week. This is supplemented by exercises designed to strengthen the abdominal muscles and by diet.

At present the white cell count is 7,500 and the reds 5,000,000 with 85 hemoglobin. The patient gained the six pounds lost in hospital in three weeks and at the last weighing registered 136 pounds.

The mucous condition of the stools has almost cleared and the headaches are less frequent and much less severe.

The patient says she feels as a "veil had been lifted."

I think this was a case in which the excessive amount of poisonous material thrown into the patient's system was just a little more than enough to overbalance the patient's powers of resist-

ance and it seemed impossible for me to raise the resistance to a point where where she could throw off the infection. Removal of one source of toxin only was quite sufficient to start the patient on the way to norm. Whether further work will be done in this case depends upon how long the case remains in her present condition of apparent good health.

THE CHOICE OF OPERATIVE PROCEDURES IN OBSTETRICS

By Dr. Carle H. Phinney

No obstetrician goes far in his experience without being confronted with the necessity of making choice in the methods of operative interference in his labor cases.

Having a case presenting ante-partum infection, pulmonary or cardiac disease, a true conjugate of less than normal measurements, placenta praevia, tumor of the uterus, or such complicating or obstructing pelvic outlet, ventral suspension of uterus, malformed or resistant soft tissues of outlet, transverse position of child not yielding to external version or disproportion in size of foetus and birth canal calls at times for very careful judgment. So also may a case presenting at the time of labor or during labor the necessity for a speedy delivery on account of pulmonary edema or exhaustion on the part of the mother, excessive suffering, eclampsia, accidental hemorrhage, malpresentation, prolapse of the cord, failure to procure engagement of the foetal head and diminution in the foetal heart rate.

The obstetrician is faced with the necessity of deciding the nature of an operation to save the life of mother or child or the lives of both, of preventing injury to mother or to child or of ending excessive or unnecessary suffering, the physician being influenced many times in the latter cases by the importunities of the patient or of anxious relatives.

As to choice of operative measures there lie before the surgeon, the forceps, version, Caesarean section and embryotomy.

In cases presenting deformity of the bony pelvis, tumors obstructing the birth canal, malformations of the soft parts and evident disproportion between feotus and birth canal the election of Caeserean section is clearly justifiable.

In cases in which attempts at delivery have been made with marked disproportion in size between feotus and birth canal embryotomy is clearly indicated.

No obstetric operation lacks all chances for complication and dangers. Caesarean operation carries the danger of uterine and peritoneal infection, of uterine inertia and subsequent hemorrhage. Embryotomy carries the danger of exhaustion from the necessarily lengthy careful procedure.

Forceps operations, high or medium especially, carry the danger of infection, of damage to the maternal soft parts and more of damage to the soft parts and the nervous system of the child, of exhaustion of the child and of post-partum hemorrhage.

Versions carry danger of infection, of injury to soft parts of mother, of injury to the child on account of force necessary, of asphyxiation of child from handling cord, premature detachment of placenta or entrance of air into the uterus, of uterine exhaustion and subsequent hemorrhage. In the minds of some physicians high forceps should never be done on account of the possibilities of permanent damage

to the brain of the child. In the minds of some physicians the Caesarean operation is never defensible on account of its seriousness as a laparotomy with the possibility of infection.

Surely such serious objections as these may be advanced for all obstetric operations. The danger of infection in all these procedures in puerperal states as compared with like procedures at any other time seem lessened on account of the markedly increased resistance of the maternal organism.

Caesarean operations have in the hands of skilled operators and under proper surroundings come into more general favor, having been advised in cases of eclampsia, placenta prævia, with a well developed viable child, persistent transverse positions in primipera, lung, heart or kidney disease and where operation seems inevitable at some early later date.

Never is it safely justifiable when the membranes have ruptured and repeated examinations have been made or attempts at delivery, unless supravaginal hysterectomy follow.

Under conditions making its election justifiable, Caesarean operation should be attended by dangers no greater than those attending any abdominal operation.

Given a case in which the pelvic measurements are not showing less than nine or ten cm. for the true conjugate with not too large a child viable with a dilatable cervix and the child in a deliverable position, whether the dystocia be due to moderate disproportion, primary inertia uteri, threatened exhaustion of mother or child or the desirability to shorten labor on account of excessive suffering, the forceps operation should be elected. The operator must be sure there is not too great disproportion, that the cervix is dilated or is capable of dilatation and is dilated before the operation begins and that the position is one from which a delivery may be made.

Given a case or cases in which the head has failed to engage, in which there is faulty presentation, as a face, brow, posterior occiput or transverse position, of accidental hemorrhage prolapse of the cord, placenta praevia or eclampsia, the operation of version should be undertaken. Version should not be attempted with primipera nor with a premature child, when the head is too large, nor where forceps are easily practical. A failure to deliver with forceps may be completed with a version but a version started must be carried through.

Even when the head is retarded low in the pelvis and the cervix not fully dilated, version may be successfully undertaken although the operator should be certain that the uterus is not fully contracting on the body of the foetus, the membranes having ruptured and the amniotic fluid lost.

It is not possible in a paper of average length to consider the cases presenting complications or combinations of complications which require the judgment of skilled operators and persons of wide experience, however, so many emergencies arise in the experience of the obstetrician which require wisdom in judgment and in which the life of the child alone is the determining factor, others in which the life of the mother determines the choice of procedures and others in which the question of possible danger to both or possible material damage to both must determine the decision.

In a few preceding paragraphs the indications for each of the classic operative procedures have been presented, together with the pronounced dangers.

In the presence of these and other conditions the choice of methods must be determined in the light of experience of the operator, the favorability

of surroundings and the end to be attained. With hospital facilities, trained assistants and an operator of wide experience, the question assumes no such proportions as in an emergency in unfavorable surroundings with two problems calling for solution at the same time when ordinarily simple procedures seem radical.

Under the one condition, simple procedures may be radical; under the other condition radical operations may be the most conservative of life and danger and damage.

COMPLETE HYSTERECTOMY

By Dr. K. P. Babee

Pan-hysteroctomy or the complete removal of the uterus and its appendages, becomes necessary many times in diseased conditions of the uterus, ovaries and tubes, especially when the diseased condition is malignancy.

In cases of fibroid of the uterus, the supravaginal hysterectomy seems to be the operation of choice with a great many surgeons, but we are beginning to learn that this operation is not complete enough, in at least a goodly number of cases, to insure the patient from future trouble.

Many times a fibroid has begun to break down, and its cells change from the benign to the malignant type, long before there are any symptoms which characterize it as malignant, and these symptoms may not be apparent at the time of operation, nor show themselves until some time later.

This is especially true with cases of fibroid in women who have borne one or more children, leaving a badly torn or lacerated cervix, which many times has not been repaired, and remains a constant source of irritation and inflammation. This sooner or later brings on cervicitis, endocervicitis, infection and a hyperplasia of tissue, which is a most favorable field for the development of cancer.

The infected glands keep up a continuous leucorrheal discharge which is depleting to the patient, to say nothing of the infection which soon spreads by way of the lymphatic glands to the broad ligaments and parametric tissues, and they in turn become thickened, tender, sensitive and painful. These conditions continue for months and even years following supravaginal hysterectomy, and are most distressing to the patient.

In checking over the literature regarding the sequel of these cases, I find there are two hundred and fifty-six cases recorded where cancer has developed in the cervical stump following supravaginal hysterectomy. The question then of supravaginal or complete hysterectomy is one which should be definitely settled in the interest of our patient, for to do an incomplete operation with the above mentioned symptoms and conditions would not be giving her the chance she should have for a complete and uneventful recovery.

We all know there are cases of simple fibroid, especially in younger women, where this radical operation would not be necessary, and the patient not be running a chance of one in ten thousand of developing a post-operative cancerous condition of the cervical stump, but the radical operation applies mostly, as I stated before, to women with a badly traumatized cervix and a fibroid of several years' standing.

The chief reason that supravaginal hysterectomy is done more often than the complete, is because it is more easily performed and with less loss

of blood. The vaginal walls aré not disturbed, the round ligaments are attached to the cervical stump, which does seem to make a stronger and better support than when the entire organ is removed, but only in exceptionally few cases is it worth the chance of having something of a more serious nature develop later.

The technic which I use in these cases is a combination between the vaginal and supravaginal hysterectomy.

I have the patient take one to two ounces of castor oil, forty-eight hours before going on the table, the diet during this time consisting of clear broth or some of the simple carbohydrates, up until the night before the operation. This gives the bowels time to regain their tone and activity and without depleting the patient. If the purg is given the night before the operation, the intestines do not have time to regain their tone, and then with the post-operative paralysis which always follows abdominal section, the intestines balloon with gas, peristalsis is slow in starting and the discomfort of the patient is very materially increased, as to abdominal pain, nausea, vomiting, acetonuria, etc.

If the pathology lies in the cervix such as carcinoma, this should be well cauterized before starting operation, or if there is an infectious discharge coming from either the cervix or fundus, this should be whipped over and in a manner seal the cervical canal.

The cervix and vaginal vault is well iodized, sterilizing as far as possible these parts before starting the actual operative work.

The first incision is the same as though you were going to amputate the cervix, cutting through the mucous membrane only. As soon as this has been lossened all the way around, begin dissecting up toward the fundus with a pair of curved round-pointed scissors, and always cutting down against the body of the uterus. This will prevent a possible damage to the bladder.

The uterine arteries are soon located, and a chromic gut is stitched around these and securely tied. As soon as the bladder has been freed from the anterior wall of the uterus, and the lower uterine segment loosened on all sides, and all hemorrhage stopped, this much of the operation is finished and the patient is immediately placed in the Trendelenberg position and the abdominal preparation made.

By putting the patient in this position while being prepared, it gives the intestines time to gravitate downward and out of the pelvis before the incision is made. Also by opening the abdomen in this position the sudden inrush of air into the peritoneal cavity, will still further help in driving the intestines down and out of the way. This saves considerable time in beginning the actual work of removing the uterus.

When the abdomen is opened and there still remains some of the intestines in the pelvis, these are pulled up and will usually adjust themselves, and it will not be necessary to use sponges to wall them off. This is a big factor in preventing post-operative adhesions in the peritoneal cavity.

The next step is to double clamp the broad ligaments, including the ovaries and tubes, if these are to be removed with the uterus, care being exercised to save as much of the round ligaments as possible in order to attach them to the vaginal stump for its support in preventing prolapsus of the vagina.

If the vaginal dissection has been well done, the next step is to cut between the clamps and lift out the uterus. This can all be accomplished in a very few minutes, and shortens the time you are working in the abdominal cavity to about one-third the time it takes to do the dissection by

the supravaginal method alone.

The upper and lower vaginal walls are now brought together and stitched straight across, and if this is carefully done the vagina will not be materially shortened, or thrown into deep folds as is very often the case, with careless purse-string suturing.

The round ligaments are attached to the vaginal stump, and the broad ligaments and peritoneum are whipped over the same as in any supravaginal hysterectomy.

The advantages of this combined technic for the complete removal of the uterus and its appendages, over the abdominal route alone, is, as I see it, as follows:

1st. The time of operation is much shorter.

2nd. Danger of troublesome hemorrhage is less.

3rd. Less manipulation and trauma to the abdominal viscera.

4th. Less peritoneal adhesions.

MALIGNANCY

By Dr. N. G. Stewart

The problem of malignancy is one of the greatest before the Osteopathic profession today. Its universality, its unknown etiology and its seeming increase all add to the gravity of the problem.

Apparently, malignancy is no respecter of race, creed, climate or environment. Malignancy is not a modern disease, for from the literature of 1500 B. C. we find that the ancients were well acquainted with many forms of malignant growths. Since early times medical literature has been filled with innumerable theories and conjectures as to the nature of this dread disease. Hippocrates, 460-375 B. C., advanced the theory of the four body fluids—blood, mucus, yellow bile and black bile—with the belief that an excess of the black bile was the cause of malignancy. Galen, 500 years later, not only did not add any light on the subject, but fixed the "concentration of black bile" theory for another 1000 years.

The discovery of the circulation by Harvey, in 1628; of the lymph vessels by Olens in 1652, and of the red blood-cells by Malpighi in 1661, completely demolished the "black bile" theory.

Little advance was made in the study of cancer then until the construction of the achromatic microscope in 1824. The next step of importance was the view advanced by Thiersch, and continued by Waldeyer, that all carcinomata were epithelial in origin and secondary growths were simply offsprings of transplanted cells. Later, Cohnheim advanced the idea of the embryonal character of cancer cells.

The research work carried on to uphold Cohnheim's theory resulted in uncovering its defects and established the theory of cell autonomy with the factors which are necessary to control the multiplication of cells in normal repair. Ribbert maintained that no unusual power of reproduction was given to cancer cells, but that cells freed from the natural restraining influences of the body by displacement developed in an abnormal manner.

The theory of cell autonomy fits in with many characteristics shown by the usual malignant growth. It does not explain those cases of isolated cells that regress and only rarely succeed in producing tumors.

The parasitic theory of malignancy reached its height of popularity about

1895, but during the last fifteen or twenty years has lost ground. These and the many other theories, too numerous to mention, simply accentuate the fact that science as yet has not found a satisfactory explanation of the true nature of malignancy.

While we all are interested in the experimental evidence being constantly collected, aiming to get nearer the solution of this problem, we have the more pressing problem of early diagnosis and treatment at hand that demands our constant attention. Scientific experiments have proven beyond a doubt that there are certain predisposing causes of malignancy that we should not only keep in mind ourselves, but as fast as possible educate the public to the existence of these factors. Among the most important predisposing factors are:

A. Irritation (physical, chemical or infectious), illustrations of which are seen in—

1. Cancer of the lip in smokers.

2. Cancer of the cheek, tongue and buccal mucous membranes in both sexes in India, as a result of the universal habit of betel-nut chewing.

3. Cancers of the groin in sailors and chimney sweeps from irritation of the supporting rope.

4. Cancer of the anterior abdominal wall in users of the Kangri, a small earthen vessel containing a charcoal fire and worn by the natives of India under their clothing to keep them warm in cold weather.

5. Cancer of the gall-bladder following gall stones.

6. Cancer of the stomach, an organ subjected to an acid secretion and the constant irritation of coarse food often in much too large quantities.

7. Cancer of the large intestine, which frequently contains large quantities of coarse dried particles of fecal matter, which no doubt, in many instances, are the irritating factors that start the malignant growth. In contrast to the large intestine, we find the small intestine, which is usually empty and bathed by liquid matter, slightly alkaline or neutral in reaction, rarely the seat of cancer. It is also noticeable that in both the stomach and large intestine, cancer practically always starts at the site of an old ulcer, erosion or tumor.

8. Cancer of the cervix, in which we practically always find malignancy starting with either hypertrophy, polypi, erosion, ulceration, laceration or some such irritating factor.

B. Other predisposing factors are neoplasms such as warts, moles and other benign tumors of various sorts, which may undergo malignant degeneration. Bloodgood states that out of 820 cases of cancer of the skin he was unable to find a single case that did not show a previous defect.

C. Trauma is unquestionably the start of many malignant conditions—carcinoma as well as sarcoma.

D. Malignancy is essentially a disease of senescence, although we are finding more and more cases of malignancy in the young.

These many potential causes of malignancy lead us directly to the subject of *prophylaxis*.

Prophylaxis naturally consists in (1) avoiding subjecting ourselves to the irritating influences enumerated above. No one will deny, I think, the fact that if the smoker with cancer of the lip had never smoked he would not have had cancer of the lip; or that if the native Indian with cancer of the anterior abdominal wall had never used the Kangri he would not have had cancer of the abdominal wall, or that if the farmer who brags that he has always been able to digest anything, and has tried it, had eaten intelligently, he would not have developed cancer of the stomach. (2) in removing all neoplasms, if removable,

that are subjected in any way to irritation, (3) in carefully watching all cases of trauma followed by swelling, especially in delicate tissues, such as the breast, and (4) in being suspicious of all abnormal tissue in persons over 50 years of age.

Considering the fact that up to the present time our success in the treatment of malignancy has depended entirely upon a very early diagnosis of the disease, the subject of early diagnosis and the so-called pre-cancerous state, looms as of paramount importance.

Our means of establishing the existence of a pre-cancerous state is at the present time very meager.

Heredity. The first factor of importance is the one of family history. While the question of heredity is by no means settled, statistics as well as experimental investigations tend to indicate that heredity does play a role and that a careful family history should be taken. The percentages of cases of malignancy in which the relatives were affected vary from 8 to 33⅓ per cent. by different investigators. Until more uniform and reliable statistics can be arrived at we will continue to be uncertain on this point.

Maud Slye, working in the University of Chicago, has produced some interesting data on the influence of heredity in mice. Her experiments, covering a space of several years, and including over 10,000 autopsies, seem to prove without room for doubt that the inbreeding of tumor-bearing animals greatly increases the incidence of tumors. Very strong conclusions cannot be drawn from these experiments, as it is not recorded that Dr. Slye was able to observe that the same neoplasm was traced in successive generations. If we could find, say three successive generations afflicted with cancer of the breast, it would be much more suggestive of heredity than if a cancer of the breast was followed in the next generation by a neoplasm of a different character. It is of interest to note in Dr. Slye's experiments that considering all tumor formations, the transmission followed Mendel's law.

Blood.—In early malignancy the blood findings are largely negative. We do, however, find in a majority of cases a lymphocytosis with later on a neutrophile leucocytosis and a general degeneration of all the blood elements following the poor nutrition and toxemia. The one important blood finding, however, and one that to my mind will continue to grow in importance, is the fibrinolysis test.

In the first Report of the Pacific Branch of the A. T. Still Research Institute, published July 1, 1919, Dr. Louisa Burns has given a very careful outline of this test, including its scope, meaning, technic and variations. Briefly described, the fibrinolysis test is as follows: Normal adults possess a certain fibrolytic ferment that in the process of repair of an injury is able to digest and carry away the existing fibrin and related substances, and favoring the return to normal of the part, with the stopping of the tendency to cell multiplication. It is very probably that one at least of our cancer protective factors lies in this power to speedily digest the coagulum caused by injury with the undelayed return of the cells to the adult type and without ability to multiply. To the lack of this ferment may be ascribed the seemingly uncontrolled multiplication of cells seen in malignancy. The value of this test lies in the fact that it helps to segregate those who are susceptible to malignancy from those who are not, and in connection with other suspicious evidences of malignancy, aids us in the early diagnosis which is so desirable.

Advanced cases of carcinoma frequently show a normal fibrinolysis which has been somewhat confusing, but Dr. Burns has observed in her re-

cent tests that there is a proteolytic ferment present in the advanced cases which causes a digestion of the coagulum, but she has found that this ferment also destroys the white blood cells, whereas the fibrinolytic ferment simply destroys the red cells and leaves the white cells intact. This observation has been made only on a limited number of cases and may not prove a constant factor.

We have found that in practically all cases where fibrinolysis is absent or very subnormal, that a normal condition may be brought about by blood infusions of from 2 to 4 CCs of blood from a person whose fibrinolysis tests normal. The average number of these infusions necessary seems to range from 4 to 6 three or four days apart.

The instituting of normal fibrinolysis in advanced cases of cancer seems of little therapeutic value, but might conceivably be of immense value in the early stages of malignancy.

Dr. Burns' files show that a number of cases have retained normal fibrinolysis for two years after infusions for its absence. With further tests and improved technic, it is hoped that the exceptions to the rule will grow less and less, and that a real addition to the scientific knowledge relating to cancer detection may be established.

The urinary findings in incipient malignancy are negative. In the later stages of course the findings vary with the condition. The nitrogen content is increased in advanced cases due, according to Miller, to a toxic destruction of proteins.

Demineralization occurs in cancer cases and is associated with nitrogen loss with which it maintains a parallel.

Albuminuria is absent in the early stages, but may occur in the later stages.

In connection with the ductless gland influence, it has been found that the thyroid glands are frequently atrophied with a consequent hypo-thyroidism.

The microscope is probably one of our most efficient helps in detecting the early or pre-cancerous conditions. William C. McCarty of the Mayo Clinic has described the microscopic findings especially in the breast, as follows:

(a) A condition of primary epithelial hyperplasia (not carcinomatous) in which the acini are found with two rows of cells, an outer row and an inner row, both rows intact and regular.

(b) A condition of secondary epithelial hyperplasia in which the inner row of cells of the acini have disappeared and there is a proliferation of the cells in the outer row. This condition may, or may not, be cancerous.

(c) A condition of tertiary or migratory hyperplasia which is frankly carcinoma. In this condition the inner row of cells have disappeared, the cells of the outer row are hyperplastic, the line of demarcation between the acini and stroma is confused or lost and the cells of the outer row are seen in the stroma.

Dr. McCarty believes that the most immediate precancerous or pre-carcinomatous condition is the secondary epithelial hyperplasia. The condition, he states, is a definite histological picture and is one through which carcinoma passes before it can positively be said to be carcinoma.

The three stages of epithelial hyperplasia serve as a basis for definite practical rules for treatment of epithelial neoplasms.

Treatment.—The treatment of malignancy, handicapped as we are by ignorance of its true etiology, is on an experimental basis. The value of surgery where wide excision can be made including all the pathology is unquestioned.

Radium in the past has been only moderately successful, but with better technic and more careful selection

of cases is proving more and more efficient.

In the past the testimony of many operators is that they have applied the radium in too small doses and at too great distance from the center of the pathology. The tendency recently is to give a heavier dosage and wherever possible to insert the radium into the center of the neoplasm by needle or canula. This technic is showing much more satisfactory results.

The X-ray has been used with good results in selected superficial cases. It has also been applied regionally following excision, but with questionable effect.

The cautery is still used extensively and where the tissues affected can be reached is unquestionably a very valuable aid in eradicating the disease.

The question of diet, especially as a post-operative factor, is an important one, and the main point probably is one of the re-mineralization of the body. To this end the calcium salts, raw vegetables and fruits should be given.

STATE CONVENTION, LOS ANGELES, JUNE 20-23, 1921

We are offered as a profession only one opportunity a year to get together. This we should consider seriously. There are things of vital interest to each and every one that should be thoroughly discussed at this time, to say nothing of the value that it is for us to hear the other man's views and correlate our varied ideas. The good you do your fellow Osteopath and the profession is small in comparison to the benefit you individually receive at such a convention. We urge each and every member that he set aside June 20, 21, 22 and 23 as red-letter days and be at Los Angeles to reap the reward that is in store for you.

The State Program Committee is pleased to submit the following tentative outline for the California Osteopathic Association Convention June 20, 21, 22 and 23:

Monday, June 20th

A. M. and P. M.: Meetings of committees, fraternities and National Women's Osteopathic Club. Evening: Reception (dancing).

Tuesday, June 21st

A. M.: Baby conference and scientific program. Noon: luncheon for standing committees. P. M:. President's address, business meeting, scientific papers and round table. Evening: Public professional lecture.

Wednesday, June 22d

A. M.: Scientific program, demonstrations. P. M. and Evening: Outing.

Thursday, June 23d

A. M.: Scientific papers, discussions and demonstrations. P. M.: Business session and election of officers. Evening: Banquet.

Not only are we planning scientific papers, discussions, demonstrations and technic but also thorough discourses by various members of our profession on our relation to each other, ourselves, the public and public institutions.

ERNEST G. BASHOR,
Chairman State Program Committee.

A. O. A. CONVENTION JULY 25-29. LET'S GO.

The Western Osteopath

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EDITORIALS

The members of the Los Angeles Osteopathic Surgical Society appreciate the opportunity of editing this number of the WESTERN OSTEOPATH. We believe that this journal contains more real scientific material of value to the profession than any other Osteopathic magazine published today. This may sound like boasting. It is not. We have a pardonable pride in this splendid magazine and we believe its circulation should be greatly increased among members of the profession in other than the Western States.

We accredit the present status of the WESTERN OSTEOPATH largely to the personal enthusiasm and good literary work of its editor, Dr. C. J. Gaddis. We know the amount of pride and personal enthusiasm which Dr. Gaddis has had in building this enterprise not only in securing scientific data but in securing advertising and making the journal a financial success. We are cognizant of the vast amount of work and time necessary to accomplish this and we feel the Osteopathic profession is to be congratulated upon having a man of this type at the head of its journal.

In view of the fact that the editorship of this magazine carries with it no salary or other financial remuneration we invite the members of the profession to join us in commending Dr. Gaddis for his work, and we ask that as many as can do so, write him a personal letter expressing their views.

Fads

Fads are of importance. All great men have fads. Only the mentally incompetent are entirely fadless. Fads in therapy are universal among therapists. Fads may be carried by strong personalities far enough to influence all therapeutic endeavors. We would not for a moment decry fads, but resent the faddist impugning of others' motives.

One faddist maintains that those who disagree with him on the diet question are forever a menace to humanity. Another faddist maintains that the structure of the human body is all important. Another that biochemistry is all important. Another that the psychic side of life is the only thing worth considering, and we may find a dozen fads in each of these sides of our existence.

The question comes as to which essential is most essential. Can we say that one essential is more or less essential than any other? With all our fads perspective should be main-

tained and each case should be considered four square.

If our fads deprive us of this perspective, we are undoubtedly in a state of "faddy degeneration."

W. C. B.

The Efficient Physician

By Dr. T. J. Ruddy

Efficiency in service differs little, whether that service is rendered by or through manual labor in the form of ditch digging, the deft or delicate manipulation of the skilled surgeon, or in the form of mental labor, as a convincing oration or the exercise of judgment, the decision from which would result in some material good being done.

The one factor of great importance in any service is the "result." If the results are all that can be possibly hoped for and these have been produced at a minimum cost to all concerned, such a service must be acknowledged as efficient.

The physician's "service," above all service offered to man, should be ultra efficient. The individual's health and happiness,—his life in many instances, and the health, happiness and lives of many others closely related, depend upon the efficiency of the doctor's service. *His service, unless accidentally beneficial, is the direct offering of what he knows and can do*, at least under the circumstances of the moment.

It has been stated that diagnosis is fully one-half in treatment, but it is much more; it should be considered at least seventy-five per cent in an evaluation of the two. The Osteopathic physician is fortunately endowed, through his training, with a detailed knowledge of structure and function of the different parts of the human body. He should be, in order to be consistent at least, most thoroughly equipped with a knowledge of tests for determining the normality or abnormality of every tissue and every organ and the entire body; and also tests for the function of each and every tissue and every organ and the entire body as a whole, THE RESULTS OF WHICH TESTS CONSTITUTE A KNOWLEDGE WHICH HE EMPLOYS IN FORMING A CONCLUSION AS TO WHAT IS WRONG WITH HIS PATIENT AND WHAT HIS SERVICE SHALL BE.

Finally, in addition to this, if he has in his possession the best therapeutic method and means for that given condition and understands the administering of it with the least expense of time and energy, especially to the patient, he is truly an efficient physician.

This number is edited by the surgical society, and under the auspices of the committee consisting of Drs. Ernest G. Bashor, E. T. Abbott, O. A. Dieterich.

We are sorry to say that one of our members, Dr. L. D. Reeks, has recently been on the sick list. He is now in Arizona convalescing from pneumonia. The following is an extract from one of his letters telling about the care of patients in the Tucson (Arizona) Hospital.

We are glad to note that Dr. Reeks is making a rapid recovery and we expect to welcome him home in a short time.

"The main ideas in treatment here are, first, to get the patients away from their families and friends so that they may have absolute rest and quiet and lots of it; the second is to get the patient to eat a generous mixed diet and drink lots of milk; third, give them the benefit of the climate and sun baths. To put it another way, there are three solid, tangible, practical, necessary factors in the treatment of tuberculosis, i. e., REST, AIR and FOOD. These three are of fundamental importance and must be obtained in every case. Other things,

such as drugs, surgery, sunlight treatments and especially a mental attitude and a philosophy of life that will help instead of hinder are adjuncts not to be disregarded, but these latter are adjuncts in the true sense of the word, i. e., they can be added to treatment wherever the patient happens to be, while the three fundamentals—REST well within the patient's fatigue limit; AIR, the freshest, driest, most invigorating and hottest that can be comfortably borne, and NOURISHING FOOD up to the limit of one's assimilating capacity—are best given in an institution that is properly located climatically.

"If I were to create a fourth essential it would be the above mentioned MENTAL ATTITUDE and PHILOSOPHY OF LIFE designed to aid and abet the progress of the patient. As we well know, this is the most difficult factor of all to obtain in and for the patient's welfare—it is easy to suggest but hard to develop. The patient must be coached, encouraged and directed in the cultivation of cheerfulness and optimism, to look for and find the 'silver lining' under all conditions. They must be made to understand that cheerfulness is a habit and as such can be fostered and developed to an unbelievable degree.

"In the foregoing I do not mean that the cheerfulness, optimism and buoyant philosophy of life are to be obtained and developed by the false and seductive method of DENYING THE BAD. If the BAD is there it must first be acknowledged truthfully, met bravely, faced cheerfully, and overcome resolutely.

"On the contrary, the patient must be taught (as is every good fighter) to meet the evil fairly and squarely, with both eyes wide open and every faculty alert, to seize and utilize every available agency to combat and overcome this evil condition; this is the sane and sensible method of meeting any and all problems of life and tends to make the individual happy, whether he wins or not, for there exists the knowledge and satisfaction of having done one's best under the circumstances, and where this knowledge exists there is the added benefit of being able to drop as absolutely useless and indeed harmful, all worry and fearfulness as to the outcome."

Dr. W. E. Waldo addressed the Seattle Rotary Club, March 24th. Subject, "Seattle and You."

He will address the Publicity Bureau of the Seattle Chamber of Commerce and the Commercial Club, April 4th, upon the same subject.

The Kirksville School and the profession generally must feel great grief at the loss of our able researcher, Dr. M. A. Lame. He was a man of national reputation and was brought into the field of Osteopathy from a purely scientific standpoint. He found in Osteopathy an unusual sphere for his very brilliant talent. Our profession and the world is enriched by his labors.

"Another point, it will be fifty years in 1924 since Osteopathy was given to the world by Dr. A. T. Still. Let's have the A. O. A. convention in Kirksville in 1924. A fitting time, a fitting place," says the *Journal of Osteopathy*.

Why not live, laugh and be glad? Glad for a chance at this thing called life. What if you don't understand all about it. There may be others in like predicament. This is the great adventure. There may be another coming but anyway a good running start here ought not to handicap there. Live, live to the limit. See all nor be afraid.

A. O. A. CONVENTION JULY 25-29. LET'S GO.

DR. MORGAN'S CIRCUIT

A Letter from our President, GWLADYS M. MORGAN

As I look back over my recent journey, I not only see a long vista of beautiful places, miles of verdant fields, but I also see the eager, earnest faces of the people that I met. It was a delightful experience to meet again old friends in the profession, and to meet for the first time the Osteopaths whom I knew before only by name.

Fresno was my first stop, although Mother Nature greeted me with wind and rain, she did not chill the warm welcome of the Osteopaths there. Doctor Ruddy had preceded me a few days before and I found that he had done excellent work in informing the D. O.'s and, also, interviewing the Assemblymen on the legislative session.

Stockton was enjoying a holiday, Washington's Birthday, and although the Osteopaths were as busy there as I found them everywhere, they saw to it that I was well entertained. In one office I met a returned soldier who was being benefited by treatment, and he told me many interesting tales of his experiences throughout the war. I was very much pleased to have him give me a "Gott mit uns" buckle, which he cut from a German soldier in the Argonne Forest ,and also a piece of balloon which was shot down at St. Mihiel.

Stockton was a surprise to me, for I had never thought of it as such a busy place with all sorts of industries being carried on. A drive about the town was a liberal education in paper and flour mills, glass factories and tractor works, etc. The canal, "direct line to the sea," as one of the doctors proudly informed me, was the scene of bustling activity and stimulated interesting speculation about those who go down to the sea in ships. A very happy, informal evening was spent at the home of one of the doctors. Legislation divided the honors with Doctor Waldo's methods as a topic of conversation.

Sacramento was the place that proved to me the value of our present organization. Because of the absence of the President, no notice had been received of my intended visit until I telephoned that I was on my way. This fact made no difference, however, in the cordiality of my welcome nor in the effectiveness of the meeting. It was evident here as it was also in other places that there was an individual sense of responsibility for the success of any venture.

I have a personal reason for remembering Sacramento because it was here that I succeeded in finding three Welsh phonograph records that I had failed to find in any other place. Since Evan Williams sings all the songs in the Welsh I am not able to understand any of the words, but in one it sounds as if he were saying, "Lord, I fear for heathen Gwennie." I imagine poor Gwennie has been associating with some of the corrupt politicians found at the Capitol.

The ride on the electric car from Sacramento to Oakland was one of the most beautiful, for we traveled through miles and miles of green fields where thousands of sheep were grazing. The roadbed was covered with lovely wild flowers of all kinds; there were yellow violets in profusion.

San Francisco's was the largest meeting up to that time, and a very stimulating one it was, too. There is no question in my mind as to the value of our organization as it is today; there is a duty for every one and it is plain that every member feels more or less devotion to the duty that is assigned to him. Each committee has its definite work, and it knows that a certain thing is expected of it. I am sure that none of us would ever want to go back to the time when this was not true. Our organization is not perfect, and

yet, it does form a basis for more efficient endeavor than has hitherto been possible.

Oakland showed an eagerness for information that was characteristic of all the Societies. Some of the members there had been unable to attend the meeting across the bay, so they planned to take their lunch-time together and hear all that could be said during the noon hour. There were numerous questions asked about legislation and these queries showed what a response had come from this campaign of education: the education of our own people to our own needs.

San Jose, in the heart of the beautiful Santa Clara Valley, was my next stop. The drive there by stage was delightful, the highway leading through miles and miles of fruit trees, either in the beauty of full bloom or in the rosy glow of reddening buds. The fragrance of the blossoms was mingled with that good smell of freshly upturned earth, and the breeze was just chill enough to make one glad to be alive. The drive through the valley past the distant red roofs of Stanford made me recall that other drive that we had to the barbecue at La Honda during the last Convention time. I happened to be in that exploring machine which led about six other cars over thirty extra miles of wild mountain roads.

Santa Barbara, the city of magnificent homes and beautiful estates, was a delightful place to see again. A drive over the winding roads overlooking the water was a real treat. The new San Marcan Hotel and its grounds was a veritable fairyland of soft coloring and artistic decoration.

Riverside Osteopaths showed me how an Osteopathic meeting can be made a real social occasion. It proved that the serving of delicious refreshments does not detract from the ability to argue pro and con the merits of a legislative question. In fact, it probably added zest to the debate.

I saw Mount Rubidoux, the magnificent viewpoint overlooking the valley. No one should miss the opportunity of seeing the lovely stretch of cultivated country from this height.

One fact that stands out clearly in my memory of Pasadena is that the meeting was held in the very attractive Clinic rooms, and it was certainly an inspiration to see what can be accomplished by the enthusiastic work of an active organization. A fine, working Clinic, such as this is, shows the value of co-operation among our members.

Long Beach is looking forward to the same kind of co-operative work, for it has made a good start for a Clinic. It also plans meetings for study and discussion, and in all probability will take advantage of the scheme being arranged by the professional education committee.

Santa Ana is a live organization that does not blindly accept the dictates of another without thoroughly looking into the situation herself. But she is a worker for the majority when a plan is decided upon. There is a true loyalty about the small groups that makes one realize how necessary all of the organizations are to the whole.

The Imperial Valley Association shares with the San Joaquin, Sacramento Valley and Riverside Associations the difficulty of a widely separated membership. Those of us who only need to go a few city blocks to attend a meeting should keenly appreciate the hardship it means to drive ten to fifty or more miles to enjoy the same privilege.

The trip to El Centro over the new San Diego, Arizona and Eastern Railroad was one long to be remembered. All of the scenery was varied and beautiful, but the Carriso Gorge was magnificent. The track clings to the precipitous sides of the barren mountains for many sinuous miles, and it pierces the solid wall of the gorge by

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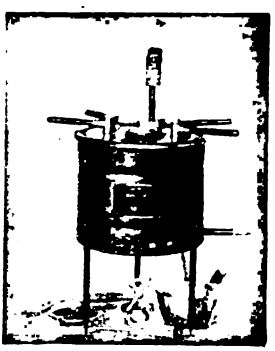

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seventeen tunnels. From the standpoint of engineering it was a tremendous feat to overcome the colossal obstacles that nature placed in the way of this accomplishment. The train creaked and cracked as the heavy engine climbed its way to the top of the pass. In some places there was a drop of nine hundred feet to the winding, narrow stream below. When the sun lighted up the purples and pinks on the masses of heaped-up rock and threw them into sharp contrast against the blue sky, it was a gorgeous sight.

The valley itself was very interesting, and gives ample evidence of the great changes that have been wrought by the marvelous system of irrigation.

Los Angeles, the next Convention city, has the prize for the largest meeting of all, and it proved, as ever, its ability to do things on a large scale. The banquet together gave an opportunity for friendly, personal contacts, and the assembly afterward gave opportunity for professional growth. When I faced that great group of intelligent men and women, I was impressed by the thought of what a stupendous power our organization may become in the progress of advanced medical science.

Pride and modesty forbid that I go at length into the beauty and charm of my own home town, but I can say with keen appreciation that nowhere was my welcome more cordial.

The whole trip was a long series of interesting adventures, and I shall look back on the memory of it for a long time to come.

At Sacramento

Among those who went to Sacramento Wednesday, the 13th, to hear the medical bills discussed were Dr. and Mrs. Evans from Woodland. The Doctor is State Vice-President of our Association. Also Dr. and Mrs. Edwards from San Jose, who are always on hand when needed.

Los Angeles, Doctors Spencer, Tasker, Forbes, Sprague.

San Francisco, Doctors Hull, Collins, Farnham, Rust, Sutton, Hebb, Waldo, Burke and wife, Vanderburg and father, and Turney, Dr. and Mrs. Aaronson.

Sacramento, Doctors Daniels and wife, Palmer, George, Carey, Stewart.

Fresno, Doctors Ivy Still Wallace and son, Sarah Pugh.

Petaluma, Doctors Morris, Healey, Rundall.

Santa Rosa, Doctor S. S. Smith.

Berkeley, Doctors Decker, Sellars, Mansfield, Anderson, Boyd, Ferguson, Robb.

Oakland, Doctors Desseau, Lineker, Moreland, Axtel, Barmby, Murray, Laird, Gaddis and wife.

Stockton, Doctors Rule, Vanosse, Brown, Seymour and wife.

Woodland, Doctor Evans and wife.

Our able leader, Mr. Beck, and our committee had carefully planned out our side of the discussion before the Senate Committee and it went as planned.

From an unbiased viewpoint the Osteopaths had the best of it from the first speech by Dr. Daniels to the motion to set the hearing of our bill, No. 1055, for 4 o'clock Wednesday the 20th. Dr. Daniels in a few clear statements showed the medical bills to be a piece of class legislation that aimed at the closing of our schools in spite of the public demand for Osteopathy in this State by more than a quarter million of people.

Dr. Spencer brought out the fact that only two years ago the Legislature took from the Medical Board power that they had been abusing. Then why return it to them now?

One of their men said there were four approved schools, but no one of the medical side seemed to know the name of the fourth school in this State that was meeting requirements. So

the question was shunted from one to the other till Dr. Vanderburg picked on his old friend, Dr. Alderson, who got out the names of three and then fell down on the fourth.

Dr. Vanderburg in a very few minutes brought out a lot of past history that was a bit discomfiting to our opponents. For instance, when he stated that the State Board disapproved of our school on account of equipment when we had just bought out the equipment of an approved medical school.

The five-bed proposition, it was shown, was something U. C. could not have qualified for five years ago.

The medicos seemed quite ready to consider amendments and their two outside speakers were in quite apologetic mood.

Altogether our men acquitted themselves with great credit to our cause and must have won yet more friends.

Dr. L. R. Daniels gave us by letter and later by address to our East Bay D. O.'s one of the clearest outlines of the legislative solution. All were in hearty accord.

Another most effective legislative letter was recently received by the profession from Drs. Ruddy and Chandler, which comes at the crucial hour and shows the loyal support by our College.

Mr. Miles added another strong letter and *if there is a D. O. who has not been and is not working to the limit to put this bill over, we could think of nothing now that would move him.*

NEWS OF THE C. O. P. & S., LOS ANGELES

G. W. WOODBURY, PH. D. DR. R. F. WALLACE

Cortex

Why a college year book? It is an essential of an essential institution; it is the indestructible evidence, the outward sign of life in that institution. But is it not of interest only to those who are active students in the college, and in the present graduating classes? Decidedly Not! Would it really be worth while to get out a book, the cost of which will approximate over two thousand dollars for so small a group of individuals? It would hardly seem so. The 1921 *Cortex* will evidence in picture, poetry, and prose, humor and art, the inner side of this progressive Osteopathic institution. It will reflect the spirit of its student body, of the profession, and of Osteopathy from every possible angle.

Place a copy on your reception room table, in its most attractive form, a handsome, ooze sheep leather-bound book. It will show you and your patients, and that prospective recruit to the Osteopathic ranks, that there is a live, growing professional school in the West, and stimulate your pride and interest in it. Don't miss this opportunity to get a good book and help a worthy cause.

Forms are already assembled for the press. Send in your subscriptions at once. Leather bound copies with indi-

vidual name stamped in gold leaf on cover at four dollars each. Paper covered copies at two dollars each. There is still an opportunity to be of additional help by placing your card in the professional directory section; cost, ten dollars, including a leather copy. Let us hear from you; help make this book worth while.

DR. R. F. WALLACE,
Business Manager.
310 San Fernando Bldg., Los Angeles.

The College Annual

The College of Osteopathic Physicians and Surgeons at Los Angeles, California, reverting to an ancient custom, is publishing a year book that should prove of interest and value to every member of the profession. In addition to matters that pertain largely to school affairs, *The Cortex* is running special features relating to the civil, social, professional and individual relationships of the physician's life.

Representatives from different sections of the country have contributed articles of interest which have been segregated into a symposium on the possibilities of location in their respective home centers.

Specialists along the lines of educational research, technical and otherwise, have written convincingly of their work, and their contributions will add strength to the literary possibilities of the publication.

The book will carry a wealth of wit and humor incorporated in short stories, poems, jokes and personal items. The illustrations are numerous and varied as to character, being for the most part the product of talented local artists.

The Alumni of C. O. P. S. have a special section which will include a gallery of future Osteopaths, who are at present saying but little for themselves.

Altogther the book bids fair to be a good investment for the office table as well as a lasting advertisement for the College and the profession.

Subscriptions are in order, and the genial Business Manager, Dr. R. F. Wallace, will gladly receipt for as many copies as may be desired.

G. W. WOODBURY,
Editor.

A $225 Victrola for $1.00

Last year the C. O. P. S. Student Association became heavily indebted in issuing the College Edition of the WESTERN OSTEOPATH. We are anxious to wipe out this deficit and keep the name of the Student Association clear. One of the means of attempting to clear this debt is through the raffling of a $225 Victrola. One chance is being given with each dollar's donation received. The machine is on exhibition at Birkel's. Here is a splendid chance to help, and a chance to win a valuable instrument. Send in your donations to B. G. Trauger, care of the College, 300 San Fernando Bldg., Los Angeles.

COLLEGE CLINIC

The following is the report of the Clinic work during the month of March:

Number of Osteopathic treatments	2609
Examinations observed by students	351
New cases registered	186
Obstetrical cases delivered by students	34
Obstetrical cases examined	165
Emergency Hospital hours	300
Surgical cases observed at County Hospital (est.)	40

EDW. ABBOTT, D. O.,
Supt. Clinic.

A. O. A. CONVENTION JULY 25-29. LET'S GO.

Woman's Osteopathic Club Los Angeles

Dr. Jennie Spencer addressed the March meeting of the Los Angeles Woman's Osteopathic Club. The meeting was well attended, nearly all of the members being present. Her subject was Gynecology and a lively discussion followed. We like a subject well delivered and plenty of wide-awake members to take it up and give case reports. The April meeting will be held the third Tuesday, the 19th, and the subject "Innominates" will be handled by Dr. Edmiston. He knows more about those bones than anybody else. Anyway, whether he does or not no one can get so old or so smart that he can't learn something more about them. We hope every member will be there and will ask a lot of questions.

Phi Sigma Gamma Fraternity

"Progress" is our watchword. Each day shall find us farther than the day before. Exponents of Osteopathy have to forget their own personal ambitions and lose themselves in conscientious endeavor on behalf of the great cause.

Our progressive President has consistently sought to keep these ideals before us and each week he has arranged for an evening to be spent in the office of one of our Fraternity Alumni. Each Friday we have received instruction and advice in technic. The gathering together and incorporation of different men's ideas is a method of studying Osteopathy, the value of which cannot be overestimated.

So far we have been given evenings by Drs. Dale Thurston, E. F. Bagby and Dayton Turney.

The development of the social side of the Osteopath has not been neglected. The Fraternity entertained its friends at a dance on March 31st at Ebell Club House. This was a rousing success.

We are able to meet a number of outsiders and to demonstrate what a high type of people make up the Osteopathic profession.

On March 8th Dr. H. F. Harrower of Glendale gave us an interesting address at the "Y" Clubhouse on "Glands of internal secretion, etc."

The College of Osteopathic Physicians and Surgeons of Los Angeles, has installed a Vulcan Auto X-Ray Unit, operating the Coolidge 30 ma. X-Ray tube. This is the second Vulcan X-Ray apparatus purchased by this College.

DR. WALDO AT PORTLAND

The evening was devoted to a public lecture given at the leading downtown Baptist Church and attended by 2000 people. Dr. Waldo's subject was "What Osteopathy Is and What It Does." The lecture was interesting and evidently enjoyed by the hearers.

Six Osteopathic physicians took the last State Medical Board examination, five of whom passed. They are Dr. E. A. Crandall at Ashland, Dr. Gladys Anderson, with Dr. R. L. Eaton at Oregon City; Dr. G. E. Holt at Pendleton, Dr. L. R. Marshall, with Dr. B. H. White at Salem; Dr. C. H. Beaumont, 908 Selling Building, Portland. There is a magnificent field in Oregon for high-grade Osteopathic physicians. The law is broad, the use of narcotics and anaesthetics and full practice of surgery stated in the law.—Luther H. Howland, Secretary; Dr. Mary E. Giles, President.

EASTERN IDAHO SOCIETY MEETS

By VERN M. BODMER, D. O., Pocatello

The Eastern Idaho Osteopathic Society met March 23d at Dr. Vern M. Bodmer's office in Pocatello. Dr. W. Curtis Brigham, professor of surgery at the C. O. P. and S. of Los Angeles, Calif., was the guest of honor and appeared as the second speaker on the "Circuit Clinic" this year. The afternoon was given over to clinical examinations by Dr. Brigham. The patients that came in for Dr. Brigham were brought a distance of 100 miles by Dr. Geo. A. Aupperle of Idaho Falls.

Dr. Brigham also gave us some very interesting facts about "Differential Diagnosis and Blood Infusion."

A banquet was served at Hotel Bannock, at which a round table discussion took place. The members present were Drs. Glen I. Noe, Julia Welters, Andrew McCaulley and wife, Geo. A. Aupperle, wife and son from Idaho Falls; Dr. A. H. McFarland of Blackfoot, Dr. A. E. Johnson of Rupert, President of the Society; Dr. Grace J. Parker, and Secretary-Treasurer Vern M. Bodmer and wife of Pocatello.

For Sale: Practice, office furniture, and lease, in good oil town in Texas, where a fee of $5.00 per is charged, and a cash practice. Address B. B. L., care Western Osteopath, Oakland, Calif.

A blind Osteopath wishes job as assistant to some other D. O. He will consider $40 a month, plus board and lodgings, as wages. Address Dr. C. F. Scheller, D. O., 3601 Telegraph Avenue, Oakland, Cal.

A. O. A. CONVENTION AT CLEVELAND, OHIO, IN JULY

Now while the program for the Cleveland Convention is receiving its finishing touches and being made ready for the journals. It has occurred to me that the publication of a few reminiscences of the very early conventions might be apropos, for with 1921 the American Osteopathic Association closes its first quarter century of conventions. It is the twenty-fifth annual convention which is to be held in Cleveland the week of July 24th.

Our colleges, our conventions, and our literature are the chief gauges by which we may measure professional growth. Many of us have entered the profession within the last decade and at best can have but a meager conception of Osteopathy's development during these twenty-five years of national organization. In 1892 history tells us the first class entered the first Osteopathic College. In 1896 a handful of men and women who had been trained under the Old Doctor in these four years of time convened as the American Osteopathic Association and this meeting must have been recorded as the first Osteopathic Convention. The convention machine this year is being operated by four Vice-Chairmen and nine Section Chairmen, in addition to the General Chairman. Technic is to be put on under two headings: (a) Adjustive Technic and Osteopathic Principles, and (B) Exercise Technic and Muscle Training. A Laboratory Diagnosis Section has been created and one of our colleges will equip and conduct a laboratory in a private kitchen attached to the convention suite of the hotel. We shall discuss our responsibilities before the great problems of public health, and review the hospital situation. A representative of the Dental Research Field will present the latest findings in Focal Infections. A Medical Psychologist will lecture on Psycho-analysis.

To the best of our ability we have endeavored to make the program represent the scientific thought and the organized activity of the Osteopathic profession as it stands today.

As a profession Osteopathy has not entirely found itself and what it has accomplished is little more than a hint of what it may hope to accomplish in the years to come. But nevertheless the development of Osteopathy in twenty-five years has been tremendous and it is well worth our while to pause often and consider that after all our growth has been by leaps and bounds. And so, if you think wise, let us avail ourselves of this twenty-fifth convention anniversary to drive home once more these historical facts and to offer to the profession the encouragement and faith in our future which such a survey cannot but give. As we look forward a few months to the Cleveland meeting, let us look backward also to those first activities from which so short a time ago, the organization had its beginning.

JENNIE A. RYEL,
Program Chairman.

Philadelphia plans for a world's fair in 1926 to commemorate the 150th anniversary of American independence and the local Osteopaths invite the A. O. A. Convention to Philadelphia in 1926.

Obituary

Theodosia Phelps Nickerson, twelve-year-old daughter of Dr. Grace Nickerson, at Los Angeles, April 10th. Death due to hemorrhages following post-pharyngeal abscess. Our sincere sympathy is extended to Dr. Nickerson.

DR. BRIGHAM'S LECTURES WIN AT BOISE

By R. C. VIRGIL

Dr. W. Curtis Brigham, the second speaker for the year on the Circuit Clinic, appeared before the Boise Valley Osteopathic Society at Boise, March 22nd. Arriving at noon, a part of the afternoon was devoted to the examination of private clinics, which left but a short two hours for Dr. Brigham's lecture to the members of the profession. Dinner at the Owyhee Hotel was followed by the public lecture.

The address on Differential Diagnosis was thoroughly enjoyed. Dr. Brigham is not flowery nor spectacular but so evidently sincere and so manifestly sure of himself that his hearers were profoundly interested from the beginning to the end of his address. His message was so full of practical hints that we felt we were getting something workable and we feared to lose a single word of it. The importance of case records—throughout our treatment and as follow-ups; the necessity of a correct diagnosis, physical and laboratory; Osteopathic treatment as a preventive in cancer, thus avoiding a prolonged toxic state and the formation of "cancer whirlpools"; the treatment of anuria, hemorrhage, and pernicious vomiting, were high points in his discourse. Everyone was impressed with the fact that Brigham "was there."

The public lecture was held in the Congregational Church and under the auspices of the Parent Teachers' Association. There was a good attendance and the lecture was well received. Postural defects in the growing child was the theme of this address, which was well illustrated with stereopticon slides.

Those present of the profession were L. D. Anderson, C. W. Kingsbury, Horace Bodle, Carrie E. Freeman, Geo. H. Handy, of Boise; Earl Warner, Dora Weymouth, of Caldwell; O. R. Meredith, R. C. Virgil, of Nampa; Pauline Sears, of Vale, Oregon; N. B. Barnes, of Emmett.

Change in Washington Laws

By W. T. THOMAS, D. O.

The law regarding Osteopathy has been changed in Washington as follows:

The Administrative Code does away with our examining board the first day of April, 1921. A Director of License will have charge of affairs, call the examination and issue the licenses after three Osteopaths have prepared the questions, examined the applicants, marked the papers and returned the results to the Director of License. The Osteopaths are appointed by the Governor to do the examining.

We have Reciprocity with all States having equal requirements.

To encourage Osteopaths to come to Washington, the President, A. B. Ford, D. O., of the Washington Osteopathic Association, has appointed the present examining board to look after this, with W. T. Thomas, Tacoma, as secretary, who will be glad to give information.

At the meeting of the representatives of all of the recognized Osteopathic colleges, held in connection with the annual convention of the A. O. A., the following officers were elected by the Associated Colleges of Osteopathy: President, Dr. George A. Still, Kirksville; Vice-President, Dr. Arthur M. Flack, Philadelphia, and Secretary-Treasurer, Dr. Louis C. Chandler, Los Treasurer, Dr. Louise C. Chandler, Los Angeles.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912.

Of THE WESTERN OSTEOPATH, published monthly at Oakland, Calif, for April, 1921. State of California, County of Alameda, ss.

Before me, a notary public in and for the State and county aforesaid, personally appeared C. J. GADDIS, who, having been duly sworn according to law, deposes and says that he is the editor, publisher and business manager of THE WESTERN OSTEOPATH and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 443, Postal Laws and Regulations, printed on the reverse of this form, to wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:

Name of— *Post office address—*

Publisher, Editor and Business Manager, C. J. Gaddis, D. O., Oakland, Calif.

2. That the owners are: (Give names and addresses of individual owners, or, if a corporation, give its name and the names and addresses of stockholders owning or holding 1 per cent or more of the total amount of stock.)

CALIFORNIA OSTEOPATHIC ASSOCIATION.

3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state.)

CALIFORNIA OSTEOPATHIC ASSOCIATION.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity othe rthan that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

5. That the average number of copies of each issue of this publication sold or distributed through the mails or otherwise, to paid subscribers during the six months preceding the date shown above is..... (This information is required from daily publications only.)

C. J. GADDIS.

(Signature of editor, publisher, business manager, or owner.)

Sworn to and subscribed before me this 18th day of April, 1921.

[SEAL.] LOTTIE M. CONKLIN.

(My commission expires January 13, 1921.)

OAKLAND CLINIC REPORT

Since our last report we have had a veritable feast of information in our rapid succession of Legislative discussion by our State president, Dr. Gwladys Morgan. Splendid clinics and lectures by Drs. Waldo and Brigham.

If we will all gather to ourselves and use only a part of the feast they spread before us we will be better and more successful members of our chosen profession.

February 26, Dr. Berlew began a series of weekly two-hour lectures on diet for the interns, and those interested may attend.

Beginning with meat, the composition, reaction and nutrient values, she will discuss milk, eggs, vegetables, etc., in turn, paying especial attention to the composition of dietary lists.

We wish Dr. T. L. Morgan God-speed and success in his new location.

He has been a very efficient intern and will be greatly missed by his patients as well as ourselves. We hope our loss will be his gain. Dr. Mansfield will take over the office started by Dr. T. L. Morgan in Mill Valley, where she will practice Mondays, Wednesdays and Fridays, giving the alternate days at the clinic for a while. We wish her all success.

Dr. Myrtle Laird is associated with the clinic Monday, Wednesday and Friday. We feel honored in having with us the founder of Patriotic Mothers of Sons in Service, organized in Los Angeles during the war and now affiliated with the Legion. Dr. Laird is one of the few Osteopathic women who saw active service for the government.

Dr. B. N. Reich, of Kansas City and Nacogdoches, Texas, will be with the clinic at least for the next two months. Already his interest in the work has made him popular with the patients

and he bids fair to become a valuable member of this clinic.

The social service department has increased its work to talks to Business Womens' and Girls' Clubs, War Mothers, etc. Each month shows a material increase in new patients.

We have attended experimental work by Dr. Lacey in which the normal function of the stomach and intestines were X-rayed and following stimulation of selected vertebral areas re-X-rayed. This is proving a wonderful field for diagnoses and has been developed to quite an extent by our indomitable associate.

We now have Mrs. Duffield installed as clinic assistant.

We are sorry to learn of the death of Rev. Stevens, husband of Dr. Nina Stevens of Hollywood, who passed away suddenly at their home. We extend the sympathy of the profession to Dr. and son.

Pasadena Clinic Report

By E. E. Donnelly, D. O.

The Pasadena Clinic continues to be a center of Osteopathic interest and a place where the doctors can meet informally with the profitable interchange of ideas and the resultant enthusiasm.

Following is a report of patients treated: January, 51; February, 54; March, 51. Of this number 25 were discharged and cured of their various complaints.

Riverside has recently organized a clinic and report an enthusiastic cooperation of the Osteopaths of that vicinity: Six doctors treating patients.

Drs. Palmer and McGrath were discharged by the court and also by the State Medical Board of Examiners, there being no evidence on which to convict. The post-mortem expert witness testified that under the conditions as sworn to, the operation was indicated.

"Aggressive fighting for the right is the noblest sport the world affords." Theodore Roosevelt

THE WESTERN OSTEOPATH

Published by the California Osteopathic Association

VOL. 15 MAY, 1921 No. 12

Contents

Los Angeles Women's Osteopathic Club will edit July number of this magazine

There are just two classes of D.O's, those who read the W. O. and those who do not, so you who read would better sit right down and go straight thru these 48 pages, ads and new ads—for there may be another issue with articles and cuts of more of our officials before Convention Week.

ANNUAL SUBSCRIPTION, $2.00 PUBLISHED MONTHLY

808 First National Bank Building, Oakland, California

The Western Osteopath

Vol. 15 MAY, 1921 No. 12

DR. LILLIAN M. WHITING TO BE NEXT SPEAKER

Well-Known Obstetrician Will Make Circuit Clinic Trip May 19 to June 10

DR. LILLIAN M. WHITING

Dr. Lillian M. Whiting of Los Angeles, Professor of Obstetrics at the College of Osteopathic Physicians and Surgeons, ex-President of the California Osteopathic Association, and a practicing obstetrician of wide renown, will make a Circuit Clinic Trip beginning at Fresno, May 19, and ending at San Diego, June 10. Her complete schedule will be found on the next page. She will lecture to the members of the various local societies on "Osteopathic Obstetrics" and will also be prepared to speak before mothers' or women's clubs or other audiences of lay women on "The Health of the Expectant Mother." Dr. Whiting is known to graduates of the Pacific College of Osteopathy and of the present C. O. P. S. as one of the most successful obstetricians on the Pacific coast. She has done post-graduate work at the most famous clinics in America and Europe, including those in New York, London and Vienna. Her experience in obstetrical practice includes more than two thousand cases. Leaving a busy practice to make this Circuit Clinic trip means a sacrifice that few of us can fully appreciate. The Western Association is exceedingly fortunate in having obtained Dr. Whiting for this trip, and every member who has the opportunity of hearing her and fails to take advantage of it will be a loser.

Dr. Whiting's Schedule

Local Society	Date	Local Society	Date
San Joaquin Valley	May 19	Utah	May 31
Bay	May 20	Western Colorado	June 1
Sacramento Valley	May 21	Southern Colorado	June 2
Southern Oregon	May 23	Denver	June 3
Willamette Valley	May 24	Northern Colorado	June 4
Portland	May 25	New Mexico	June 6
Walla Walla Valley	May 26	Arizona	June 8
Boise Valley	May 27	Imperial Valley	June 9
Eastern Idaho	May 30	San Diego County	June 10

Local Societies in southern California which are not included in this schedule will be visited later.

—Team Work

EVOLUTION OF THE WESTERN OSTEOPATHIC ASSOCIATION

T. J. RUDDY.

1. In the "beginning" the Western Hemisphere was under water. Noah's wife said, "Noah, we will never see our farm again!"—but they did. It is here.

2. An Indian from Asia, out on a "skate" on Bering's Strait one winter morning, saw a seal skin he wanted for his wife, and chased it "away from home." An oriental breeze suddenly caught him and moored his biped perambulator on the rocky shores thirty-six miles "due west," exclaiming, "Oh, land!"—though his brethren and cystern cautioned him, "It is all wet over there."

3. Cabot Brothers & Columbus, Real Estate Dealers from the "East," got the scent and escaping the Insane Commissioners de Espana y Inglis, and later mauling the pessimists in the engine room of the sailing vessel, laid sidewalks, sewers and built boulevards and bath houses all over the sand of Cuba and New Jersey and adjoining "everglades"—they won.

4. John and Christopher in due time, after laboring day and night and having the "kitty" squeezed to death by Ferdinand and Henry, said, "Let's keep this island, we saw it first! We will elect George Washington president of the company, and we'll put out a 'film' and call it 'Liberty,' and run the whole show to suit J. & C."—co-operation did it.

5. "Independent" now of this "stone around their necks," and voting a reasonably high tariff on tea via Boston, and, settling the game laws on the southern blackbirds, a bunch of the boys, DeSoto, Balboa, Custer, Joe Smith, Kit Carson, Bill Cody, Lewis and Clark, and Father Junipero, got together in the meantime and drew up a map of the place and when George W. had his office ready, they hung it up in front of his desk, and "Warren" said last Friday, "It's a dandy"—it took a good while and a lot of work, but they did it.

6. A lot of these people got sick and tired. Hippocrates was still writing letters to a lot of livery barn chauffeurs around the woods, who made up a number of his recipes and had the people "try" them. One Andrew Taylor Still, after a "calm" day in Kansas, grew very sick physically and mentally as a result of the "barn brew," and suffered suspended animation, but on being "born again," exclaimed, "That brew is the bunk; it is a bone that's busting my back!" Under orders the "boys" "found it and fixed it," and they are legion who owe their lives and health to the doing of a thing that had never been done—but truth with confidence and sincere effort always wins.

7. Seven thousand men and women said, "There is much to do for suffering humanity, and we can do more than any other therapeutic group, *but we must tell the public*, and *we must organize to do it*. We must have a 'central body' and 'peripheral departments,' and each one of the 7000 must work."

8. A few thought the A. O. A. president should be the "goat" and do it. One fellow said the secretary was paid to work and in time could do it, but about forty-eight "live wires" in as many States thought that one from each State should advise the "prez" and "sek" what to do, and then the "Colliges" thought they knew what would increase their dividends, and, finally, a few "ejicated" fellows said we should have the whole works on (1) professional, (2) educational, (3) a business basis, and have a great "general" organization, The American Osteopathic Association, and three other geographical organizations, (1) Western Osteopathic Association, (2) Central Osteopathic Association, (3) Eastern Osteopathic Association.

9. The sages stated that this great machine should be so constructed that it would do everything required of a therapeutic organization in a business way. It must have an executive body to design, perfect and regulate the purposes and plans, including finances. It must have departments as follows:

1. "Program Department," which is the "stock room" filled by all of the other departments as their "products" are ready for "distribution."

2. Clinic Department, providing temporary and permanent clinics and hospitals, including equipment.

3. Professional Education Department, in charge of all research

problems, and other matters of professional and scientific interest.

4. Public Health Department, to have charge of all that part of the program having to do with the welfare of the public, not only monthly, but continuously.

5. Public Education Department, to provide speakers of prominence to address the organization and have charge of all Osteopathic speakers before public assemblies, and in charge of "student getting" and all matters pertaining to informing the public concerning Osteopathy, with the exception of the "Press."

6. Social Department, to provide entertainment on all occasions for members and visitors, and have charge of halls, menus, music, etc., necessary for same.

7. Legislative Department, to have charge of all matters pertaining to national, State and local "statutes," including regulation of hospital, school and public health centers, etc., in their attitude to the profession.

8. Publicity Department, the real "distributing" machinery for the "production" of the other departments. An "advertising" and "sales" department, that now consists of every member of the profession under the "Osteopathic Associated Press" plan.

This "plan" is the Western Osteopathic Association, consisting of ten States (eight now), and a total of thirty local (county) societies, with monthly meetings and a "circuit clinic." A *harmony of plan* in organization finances and services, which, if emulated by the American Osteopathic Association and the new Eastern Osteopathic Association, and the *to be* Central Osteopathic Association, will be a power for the profession and the public.

10. Bill Waldo sez the whole plan is coming out just like his great-great-grandfather's great-great-grandfather said it would—some claiming "it can't be done, and others doing it." Yes, and we will continue to do anything we should do if we have (1) harmony in plan, (2) co-operation in action, and (3) co-ordination in "production" and publicity.

DR. O. R. MEREDITH
Nampa, Idaho

President of the Western Osteopathic Association. Began to practice Osteopathy in 1904. Busy as he has been he has found time to build up one of the best physician's libraries in his State. He suggests that as Osteopaths are good buyers, Osteopathic magazines might well advertise on their front pages more of our Osteopathic publications.

Victory for Idaho Osteopaths

Early in April Dr. Andrew McCauley of Idaho Falls was arrested under the direction of the State Law Enforcement Department for practicing optometry without a license. The county attorney was made to see that our new optometry law did not exempt M. Ds. or D. Os. from its requirements to be registered as optometrists, but inasmuch as Osteopaths were being prosecuted and medical men were not being prosecuted, it was evident because of the established fact of various Supreme Courts deciding that Osteopaths are physicians, that there was no more a case against Osteopaths than there was against medical men. Therefore the county attorney moved for the dismissal of the charge and the judge so decreed. This is the first real victory for Idaho Osteopaths in the last ten years.

P. S.—Matter of interest in connection with our next examination for permit to practice Osteopathy in Idaho: The last session of our board voted to examine in hygiene, dietetics and major surgery. The examination in major surgery will be of particular interest in face of the fact that Dr. Sawyer was convicted in December for practicing major surgery. Our State law requires examination in the general subjects which do not include major surgery, but authorizes the board to add additional subjects. O. R. M.

DR. P. D. SCHOONMAKER,
President, C. O. A.
Graduated A. S. O. July '17, now located at Colorado Springs. He is one of the Osteopaths who helped to raise the standard of Osteopathy by his preparation and by his ability.

DR. MARTHA MORRISON
Graduated June '04, and has practiced in Denver ever since, excepting a year P. G. Kirksville. Since 1912 she has been Colorado's efficient secretary, also assistant secretary Rocky Mountain Osteopathic Hospital.

DENVER GLEANINGS

The Fifth Annual Meeting of the Rocky Mountain Osteopathic Conference will be held at Colorado Springs, July 11-15. The Program Committee assure us of a goodly array of speakers and leaders, and we are looking for the best meeting so far. One particular drawing card will be Dr. Halliday with his anatomical specimens; the rest will be emphasized later.

Dr. R. R. Daniels and those associated with him have organized the Daniels Clinical Group, for thorough diagnosis and treatment of cases. Such groups add to the dignity of Osteopathy and help to raise our standards.

The Rocky Mountain Osteopathic Hospital will close its first year of operation April 30th. The conduct of even a small hospital is a liberal education to those in charge, and to study the financial reports ought to encourage every Osteopath to use the Hospital freely. It has meant plenty of hard work and many discouragements, but the outlook is promising and the next year should be even more encouraging.

Four Osteopaths took the recent examination of the State Board, and Colorado needs more Osteopaths, so we hope to welcome them all to our membership.

Drs. D. L. Clark of Denver and Rodney Wren of Trinidad, were reappointed as Osteopathic members of the State Board of Medical Examiners. All medical legislation was killed, excepting a grant of $600,000 for a State Hospital in connection with the University.

Dr. C. C. Reid at State Conventions

Arrangements just completed whereby Dr. C. C. Reid of Denver attends three State conventions this summer, leaving home July 5th. Dr. Reid is expected to be at Salt Lake July 8th and 9th, in Idaho the 11th and 12th, and Oregon the 14th and 15th. This will release him for his National Lion's Club work at Oakland the 17th.

Staff and

Osteopathic Rocky Mountain Hospital

Denver, Colorado

Sitting: 1—Dr. G. J. James, General Practice and Anesthesia; 2—Dr. H. S. Shaffer, Interne-Anesthesia; 6—Dr. Geo. W. Perrin, President—Diagnosis General Osteopathy.

Standing: 1—Dr. Dale H. Craig, General Practice; 2—Dr. H. S. Dean, General Practice and Anesthesia; 3—Dr. H. E. Lamb, General Practice, Nose and Throat; 4—Dr. J. E. Ramsey, General Practice, Orificial Surgery; 5—Dr. J. H. Bolles, Pediatrics; 6—Dr. W. L. Holcomb, Surgery; 7—Dr. Mabel C. Payne, General Practice, Gynecology and Pediatrics; 8—Dr. M. Breckenridge, General Practice, Gynecology; 9—Dr. C. C. Reid, Eye, Ear, Nose and Throat; 10—Dr. Carrie A. Bennett, General Practice and Gynecology; 11—Dr. H. H. Poole, General Practice; 12—Dr. Martha A. Morrison, General Practice; 13—Dr. A. C. Cluff, X-Ray, Genito-Urinary; 14—Dr. C. L. Draper, Anesthetics; 15—Dr. F. A. Luedicke, Obstetrics.

May 1st, 1921, Celebrating the First Year

Over 600 cases of various kinds and conditions have been admitted and treated. A majority of the Osteopathic physicians of this city have had cases in the Hospital. We are very enthusiastic at the results of the year's work. It is the policy of the management to make this a standard Osteopathic Hospital, but open to all reputable physicians who hold State licenses.

GEORGE W. PERRIN, President.

Osteopathic Rocky Mountain Hospital, Denver Colorado

2—Miss Wright, Kirksville Graduate Nurse
6—Miss Mero, Operating Room Nurse
Interne, Dr. H. S. Shaffer
7—Mrs. Rogers, Superintendent

WHAT CAN YOU PALPATE?

First of a Series

By H. V. HALLADAY, D. O.,
Professor of Anatomy and Head of Anatomical Research Laboratory, A. S. O.

For the last few years it has been the writer's privilege to attend the National conventions and later to be present at several State conventions, during which time one question seems to stand out in the writer's mind as the most frequently asked. This question was, "Doctor, what can you palpate at the third cervical?" or another would ask about some other articulation until practically every joint of the spine and some of those of the extremities were covered. Then the next question would be, "What can you tell by such a finding?" At an informal "question box" at one of the recent conventions it was surprising the varied number of answers given to a single question. There is evidently in the profession a partial, at least, misunderstanding of what can and what cannot be palpated along the spine, and carrying the discussion further, what these findings mean to us as Osteopaths. The writer is not going to try to convince anyone that he or she is wrong, or that he is right, for there is yet much to be learned about the spine, but some facts can be stated and these have been proved by experiments at the Anatomical Research Laboratory at the A. S. O. Some old theories have been proved correct, some entirely disproved. Some new and very startling facts have been proved especially regarding the sacro-iliac articulation.

First there are some general facts that must be kept in mind. In our work we locate lesions by palpation, but should we stop with that phrase? Should we not add that we locate lesions by palpation of motion? By simple palpation without testing for motion no one can locate or perhaps we had better say describe, a lesion. Normal movement of each articulation means no bony lesion. Hyper- or hypo-mobility indicates to our trained touch a change at that articulation, consequently a lesion. Therefore palpation is useless unless it is done with a full and complete understanding of the parts palpated. In these articles only the bony tissue will be discussed, so first we must make a few general statements that apply particularly to that kind of tissue.

Bones should be symmetrical. They are seldom so. In the work recently done on prepared spines and in the past on the dry skeletons, all agree that bilateral structures, while having the same general characteristics, are not exactly alike. It is quite reasonable to suppose then, that we will find these variations in the living. Spinous processes are especially susceptible to variations as to their relation to the midline, inclination and length in the various regions. Articular processes vary with the region and in the same region. Transverse processes have the same fault and these three bony prominences are the ones we have to depend upon for much of our information about the condition of the spine. Keeping the possible variations of bony structure in mind and with the idea that the reader has a good working knowledge of the spine, we will analyze the cervical region.

At the occipito-atlantal articulation the movement occurs between the atlas and occiput, therefore our palpation in this region should include bony prominences of the atlas and the occiput or those moving with the occiput. In the average case it is useless for us to attempt palpation of the tubercle on the posterior arch of the atlas either for the purpose of discovering the position of that bone or for comparison with any other bony prominence. The transverse process of the atlas is the only

practical part of the bone to use in palpation. This we compare with the mastoid process of the temporal bone, for it moves with any movement of the occiput. Under normal conditions the transverse process of the Atlas should be found anterior and slightly below the mastoid process; usually considered midway between the mastoid process and the angle of the mandible. But here we have a variation with the mandible in that it often varies on the two sides and will mislead us. Having located these two bony prominences let us see how we can use them. In extension at this articulation, (using Lovett's nomenclature) the movement being the same on each side, the mastoid and transverse processes of the atlas will be approximated. In flexion, the opposite will be true. This may occur even though we have found one transverse process to be much more prominent than the other, indicating that in some, and not a few, cases the transverse processes vary in length. If in this palpation we find no change in the relative position of the bony prominences, we know immediately that there is a lesion. Another test must be made for the small amount of rotation and side bending that occurs at this articulation. Thrust the patient's head to the left and palpate the bony structures mentioned. You will find that the mastoid and transverse process of the atlas will be separated on the left side and approximated on the right. Thrust to the right and find the opposite true. These few tests are all that we need to determine normal movement at this articulation. You have put the articulation through its possible movements and have noted by your intelligent palpation the result.

The bony prominences are necessary in palpation of the atlanto-axial articulation. The transverse process of the atlas is one and the spine of the axis the other. A slight amount of flexion and extension is present at this articulation but it is negligible. We are more interested in the rotation that occurs as a characteristic movement. When we find a great variation in the distance between the spine of the axis and the two transverse processes of the atlas we have a well-marked atlanto-axial lesion. Let us add that these are not common. This is one joint that is not often in lesion, and when so, can easily be diagnosed.

Typical cervical articulations are found beginning with the joint between the axis and the third cervical and extending to the articulation between the seventh cervical and the first dorsal. We can palpate the spinous processes and differentiate them easily in flexion. In palpation of these spines we must keep this fact in mind. Cervical spines are for the most part bifid and the two parts vary in length. For this reason if we find a spinous process apparently turned to the right, we may find on more complete examination that it is not turned to the right but is elongated to the right, normal movement being present in all directions. Regardless of this common variation we use the spinous processes in palpating for movement, keeping, as stated, these facts in mind and making allowance for them. In thin individuals the lamina in the cervical region may be palpated. This is done by separating the heavy mass of musculature on each side and working deeply along the base of the spinous process. This is of very little value to us in determining movement. The articular processes are next in importance to the spinous. These may be palpated readily down to that of the seventh, which is covered by such a heavy mass of musculature that it is not of practical value in all cases. These articular processes really tell us more than the spinous if we interpret them properly. The transverse processes of the typical cervical vertebræ are of the least value to us in the determination of lesions.

This statement will be denied by many, and it has been, but still the writer holds to the statement and will continue to do so. Examine the spine carefully and note the small size, and the location of the transverse processes of the typical cervical vertebræ and visualize the movement that occurs in this region and you will find that the transverse process tells you less than even the body of the vertebræ, which you cannot palpate under normal conditions.

Now let us briefly state the value of the useful bony prominences in this region as applied to movement and palpation. In flexion the spinous processes and articular processes will be separated, in extension they will be approximated. This is a simple form of movement and present in all parts of the spine with the same relative results. The complicated movement is that of rotation and side bending. On the side of the concavity thus produced the articular-processes will be approximated, the reverse being true on the side of the convexity. The spinous processes are turned to the side of the convexity. Making a specific case let us suppose that we have a side-bending and rotation lesion of the third cervical to the right. We find the spinous process turned slightly to the left, the articular process on the right prominent and approximated to that of the fourth below. The articular process on the left not easily palpated and separated from that of the fourth below. We do not need to try to use the transverse processes; we have found the lesion without subjecting our patient to the pain which must accompany palpation of a transverse process in this region, and we have specific points to work on.

In order to properly and intelligently palpate the spine we must first have a knowledge of it. These few above facts we know, but there are many other things also to be known about the spine before we have a proper appreciation of it.

DR. MARY GAMBLE

President Utah Association, recently took P. G. at C. O. P. and S., in eye, ear, nose and throat. Graduated A. S. O.

DR. ALICE HOUGHTON

Secretary of the Utah Osteopathic Association, graduate of the A. S. C., Secretary of the Osteopathic Health Club and a member of the Board of Directors of the Salt Lake Business and Professional Women's Club.

Sidney, Australia, offers an exceptional field for D. O.'s. Dr. Emily V. Sutton says her father writes that there are four D. O.'s doing well in Melbourne, but Sidney needs as many. Write Dr. Sutton, St. Paul Bldg., San Francisco.

DR. GRACE STRATTON AIREY

Graduated A. S. O. '04, served two terms as member of the Utah House of Representatives. Has always taken leading part in health and civic interests in her city.

Washington State offers reciprocity with California for practitioners of Osteopathy.

Circuit Clinic Trip by Dr. Phinney

Dr. Carle H. Phinney of Los Angeles made a Circuit Clinic trip April 18th to 27, visiting the following local societies:

Tri-Counties (meeting at Santa Barbara), Pasadena, Long Beach, San Diego, Imperial Valley (meeting at El Centro), Riverside-San Bernardino, and Orange County (meeting at Anaheim). Dr. Phinney's subject was "Differential Diagnosis." Great interest was shown in his address and also in his clinical demonstrations.

Some of the notations made by Dr. Phinney on his reports of the various meetings are: "Excellent clinic material—interest exceptional"; "Very interesting clinic"; "Finely entertained"; "Those present much interested in discussion." In his report on the Pasadena meeting, he writes: "Visited Pasadena Osteopathic Clinic. Rooms are nicely located and fitted up in a manner to do credit to any organization. Report shows excellent work done and hearty co-operation of clinic staff."

Advance Program of the Annual Convention of the Osteopathic Women's National Association at Cleveland, Hotel Statler, July, 1921.

Saturday, July 23rd.

2:30 P. M.—Executive Board meeting with State Presidents.

7:30 P. M.—Business session. Reports of Officers and Chairmen of Committees.

8:30 P. M.—"Our O-W-N Follies." Direction of Dr. Evelyn Bush.

Monday, July 25th

2:00 P. M.—Reports of Presidents of State Associations and City Clubs. Address, Mrs. Lillian Burt, of Ohio State Department of Health.

Tuesday, July 26th

1:00 P. M.—Women's Annual Luncheon, in charge of Cleveland Osteopathic Women. Judge Florence Allen will be the honor guest and speaker.

All Osteopathic women and all associate or affiliate members are cordially invited to attend these meetings.

An attractive program, women of the profession, and you will not want to miss any of it. Make your plans to arrive in time for the Saturday sessions. Find out what the O. W. N. A. has been doing this first year of its organization. No woman can afford to remain outside when the women of our profession are pushing ahead so splendidly. You need to be identified with your National Association, and we need your enthusiasm and co-operation. It is the "pull all together" that counts.

PEDIATRICS DEPARTMENT

Department Edited by

LESTER R. DANIELS, D. O.

Examination of Children in the Office

Equipment:

In addition to the ordinary treatment table, the office of one who is to give systematic and comprehensive examinations of children should be equipped with the following:

1. Scale, with measuring rod.
2. Device for measuring infants and young children, description of such an apparatus which may be quite readily made, is given below.
3. Tape measure.
4. Tongue depressor and head mirror, or electric lighted instruments for examining throat, nose and ears.
5. Skin pencil.
6. Stethoscope.
7. A suitable case record.

A very satisfactory apparatus for measuring the height of infants and young children may be made from a board about 8 inches wide and about 40 inches long, fitted at one end with a board about 5 inches in height and the width of the long board. This is screwed securely to the end, forming a stop against which the feet of the child are placed. Another board of similar size is bound around the edge with a brass or iron binding which passes around the long board in such manner as to allow it to slide freely on the long board. The child is laid supine on the long board with the feet against the stationary base and the sliding board is adjusted to the position of the head. The measurements may be read off a yard stick which is imbedded in the long board or a tape measure pasted thereon.

As in all examinations, the keynote of our work with children should be system. A well-ordered routine method and a keen sense of observation are the two most important requisites in conducting a satisfactory children's examination.

History:

Secure as definite a statement as possible from the parent or guardian as to the past history of the child, first without questions from the examiner and later as brought out by suitable questions touching on the following points: Family history, tuberculosis, alcoholism, nervous diseases, syphilis, miscarriages of mother, etc., environment, personal history, length and character of labor, weight at birth, sat up at what age, dentition, talked and walked at what age, general health and habits, appetite, bowels, sleeping, mouth breathing, eating between meals, character and amount of food, digestion, cough, falls or injuries of any sort, lameness.

Previous Diseases:

Gastro-enteric, respiratory, ear-throat, colds, children's diseases.

Diet from Birth:

History of present trouble as to: character of onset, duration of complaint, present symptoms, etc.

During the eliciting of all information as to history of case, it is much better to address yourself entirely to the parent, apparently ignoring the child. In fact during the early part of your contact with any child's case, it is better not to intrude yourself on his consciousness by attempts to ingratiate yourself with him. In this way he becomes used to your presence, loses his fear of you, if he had any, and becomes curious as to what is going to happen next. Then when you begin your physical examination you should do so as a matter of course, handling the child gently, but firmly, and do not let the question be raised

as to whether the child is afraid of you or of what you are doing.

Children are usually quick to sense the attitude of a physician, and an air of confidence goes just as far with a child as it does with an adult patient to inspire a reciprocal confidence on his part. In many instances the confidence of the child may not be gained until the mother has been induced to step out of the room for a time, when usually by tactful handling, the child will unconsciously be made to subordinate his will to yours.

One of the most important requisites in gaining the confidence of a child is absolute frankness and honesty. Never deceive a child by telling him that a certain procedure will not hurt when you know it will. Be on the square with him and nine times out of ten he'll come back at you in the same candid way. Above all don't try to force him, or you probably never will succeed in accomplishing anything at all; but gently, steadily, tactfully and artfully if you please, seek to gain his interest. It may take a lot of time to do this but your persistence will usually be rewarded both by excellent professional results and what is just as important, by a friendship which is marked by the sincerity and true admiration that only a trustful little child can give.

In the next issue we will discuss the physical examination of children.

Our Legislative Efforts

The net results of our legislative efforts have been to leave us in a slightly improved condition in this State.

Our Assembly Bill No. 1055 was defeated at the close of the session by the steam roller. Your committee succeeded in modifying or defeating the bills introduced for the purpose of strangling Osteopathy in this State.

One amended bill that passed gives the courts the right to pass on all cases of revocation of license, which is a distinct improvement over present conditions.

Only those who quit fighting are whipped. We have just started to fight. Let us get together behind an initiative measure and settle for all time the question of our survival in this State.

The committee desires to thank those who so ably assisted with their time and money, and to express the hope that in the forthcoming initiative that a 100% record of co-operation may be had.

CHAS. H. SPENCER, D. O.
Chairman Legislative Committee.

P. S.—Details of the campaign will be given at the State convention in June. Come!

We shall never cease being grateful to Mr. Jas. A. Beek for his able generalship of our cause at Sacramento. His work was ably seconded by Mrs. Beek.

Below is his letter, which sums up greatly to his credit:

"Due to peculiar political conditions of the present time, and certain unfortunate incidents of which you will be advised, the medicos were able to beat A. B. 1055. This apparent victory, however, need afford them small consolation in view of the fact that all six of the bills directed against Osteopathy were either killed or amended beyond recognition.

"S. B. 711, amended, does not prevent Osteopaths using medicines or performing minor surgery. Also amended to provide for appeal to Superior Court in case of revocation of license.

"S. B. 406 (laboratory bill), killed in committee.

"S. B. 409 (X-Ray bill), satisfactorily amended.

"S. B. 410 (cutting out oral examination), killed in committee.

"S. B. 346 (giving medical board power to close disapproved colleges). This was the M. D.'s pet measure. We first amended it in the Senate to make it less vicious but finally, seeing the treatment 1055 got from the Senate committee, we saw to it that it was killed in the Assembly committee."

DR. MARY E. GILES
Portland, Oregon
President of the Portland District Society and Trustee of the State Osteopathic Association

DR. KATHERINE MYERS
Portland, Oregon
Vice-President Western Osteopathic Association and Secretary of the Portland District Society. Graduate of the Los Angeles College of Osteopathy, 1912.

DR. J. E. ANDERSON
Portland, Oregon
Graduate A. S. O., practiced in The Dalles, Oregon, till he enlisted in the Y. M. C. A. service in France till end of the war. Upon his return to Portland served four terms in the Legislature as representative, where he accomplished some notable legislation, chief of which is the prohibition law, of which he is known as the father. He is president of the State Osteopathic Association.

DR. LUTHER H. HOWLAND
Portland, Oregon
Graduate of the American School of Osteopathy, 1906; post-graduate of the American School of Osteopathy, 1910. Secretary of the Oregon State Osteopathic Association.

PROGRAM

California Osteopathic Association, June 20, 21, 22, 23
Los Angeles, California, Gamut Club

Monday, June 20th

MORNING

Meetings of Special Committees, Fraternities, Osteopathic Women's National Association (1:00 P. M.).

EVENING

Reception and special entertainment features.

Tuesday, June 21st

MORNING

9:00-10:30 Registration.

9:00-12:30 Baby Welfare Conference. Conductor, Dr. Louise Heilbron.

10:30-12:00 Gastro-intestinal section (including recent developments along diagnostic and treatment lines, with special Osteopathic care).

12:00 Luncheon for all Standing Committees.

AFTERNOON

1:30- 3:00 Business Session.
Welcome to Los Angeles.
Address by the President.
Reports of Standing Committees.

3:00- 4:30 Premalignant States—Dr. Louisa Burns.
Eye, Ear, Nose and Throat Section—Conductor, Dr. T. J. Ruddy.

4:30- 5:30 Round Table—Conductor, Dr. Arthur T. Seymour.

8:00 Public Professional Lecture—Dr. D. L. Tasker.

Wednesday, June 22nd

MORNING

9:00-10:30 Pediatric Section — Conductor, Dr. Daisy Hayden.
Infant Feeding: In health; In disease; Convulsions.

10:30-12:30 Surgical Section—Los Angeles Osteopathic Surgical Society—Conductor, Dr. Kenneth Baber.

Afternoon and Evening—Outing (Wonderful Scenic Drive, Barbecue, Games, and General Good Time.)

Thursday, June 23rd

MORNING

9:00-10:30 Gynecological and Obstetrical Section—Conductor, Dr. Royal H. Crist.

10:30-12:00 Business Session
Election of Officers.
Miscellaneous Business.

AFTERNOON

2:00- 3:30 Heart and Lung Section—Conductor, Dr. R. W. Bowling.

3:30- 3:30 Round Table—Conductor, Dr. T. J. Ruddy.

EVENING

Banquet.

Further details of papers, speakers and demonstrators will be announced in the June issue. Every effort is being put forward by the general arrangement committee to make this convention the most successful that our Association has ever had. Let us again emphasize the fact that there are only three days of convention. These will be intensive days and most interesting. Let us be there at the start and stay through to the finish.

Convention Preparations Progressing

As we go to press only three exhibit spaces for the Los Angeles convention June 21-22-23 remain unsold. In view of the fact that the income from the sale of exhibit space pays the rent of the convention hall and other convention expenses, every member who attends should extend to the exhibitors the return courtesy of his best attention.

STATE CONVENTION—THE PRESIDENT'S CALL
Every D. O. Convene at L. A. June 20th

It is just five weeks from today—May 17th—that the California Osteopathic Convention convenes, and it is time that each one of us should be planning to attend the annual meeting. Each one owes it to himself to increase each day his store of information. To continually study is the ideal of everyone who wishes to succeed in his chosen profession, but many of us let the days slide without refilling the storehouse of our knowledge.

However, the annual convention offers you an opportunity to refresh your memory on the subjects upon which you have gotten rusty, and teaches you, as well, new things—new methods of diagnosis and treatment, what others are doing for their patients, better management of cases, etc.

The convention, this year, will afford an opportunity for the consideration of policy, legislation, research, and other matters of importance to the Association.

The convention not only will refresh you in mind, but rejuvenate you in body as well. The Social Committee is at work on the finest kind of entertainment. Each one who attends the convention this year will return home more efficient and capable in his work, and with greater happiness in his heart.

GWLADYS M. MORGAN.

CONVENTION POST-GRADUATE WORK

EDWARD ABBOTT, D. O., Chairman Post-Graduate Committee

The post-graduate work given at Los Angeles during convention week is to be given by the California Osteopathic Association and not by the College. The work, however, will be given at the College building, saving the association that expense. The work will be given on Friday and Saturday of convention week and no charge is to be made for any members wishing it.

The following is a partial program:

8 to 10 and 10 to 12 A. M.—Surgical clinics by the various Osteopathic surgeons in the city. This work to be at the several hospitals in which they are working.

9 to 10 A. M.—Obstetrics, Cayler; Bone and Joint, Spencer.

10 to 11 A. M.—Obstetrics, Bashor; Management of Pulmonary Diseases, Bowling.

11 to 12 A. M.—Obstetrics, Whiting; Labratory Interpretation, Turney.

1 to 5 P. M.—Eye, Ear, Nose, and Throat Clinics—Staff.

2 to 3 P. M.—Technic, Gaddis; Management of Thyroid Conditions, Young.

3 to 4 P. M.—Technic, McMannis; Radium Therapy, Emery.

4 to 5 P. M.—Technic, Burlon on Friday, Edmiston on Saturday; Management of Gastro-Intestinal Conditions, Farmer.

This program is subject to change, and other subjects and speakers are to be added.

CLEVELAND CONVENTION, JULY 25-29

W. E. WALDO, President.

The complete program will be published in June and July magazines, but I want to at this time tell you of some of the things that are in store for those who attend.

Cleveland, the city needs no introduction. Situated as it is on Lake Erie, easy of access by great transcontinental railroads, as well as by boat, it is ideally situated.

Hotel Stattler, the Convention Hotel, is one of several operated by The Hotel Stattler Company, and the name alone assures us of all that is best in hotel accommodations. There are other hotels galore, should one not care to stop at the Stattler. So no one needs to stay away for fear of not getting accommodations to suit their individual tastes and pocketbooks.

Railroad rates are assured, and the roads are once more on a competitive basis, assuring good service.

Program proper starts at 10 A. M. Monday, when Cleveland will welcome us. Immediately afterwards the President will talk to you. His remarks will be plain and easily understood, following we will hold a Memorial to Dr. A. T. Still.

The following program officials assure us of the best to be had in all Departments:

General Chairman

Jennie A. Ryel, D. O., Hackensack, N. J.

Vice-Chairmen

R. C. McCaughan, D. O., Kokomo, Ind.; A. L. Evans, D. O., Miami, Florida—Memorial to Dr. A. T. Still. Carl J. Johnson, D. O., Louisville, Ky.—Adjustive Technic and Osteopathic Principles. Evelyn R. Bush, D. O., Louisville, Ky.—Exercise Technic and Muscle Training.

Section Chairmen

Curtis H. Muncie, D. O., Brooklyn, N. Y.—Eye, Ear, Nose and Throat Section. Chas. J. Muttart, D. O., Philadelphia, Pa. — Gastroenterology Section. Dena Hansen, D. O., Moose Jaw, Saskatchewan — Gynecological Section. Thos. R. Thorburn, D. O., New York, N. Y.—Laboratory Diagnosis Section. J. Irvan Dufur, D. O., Philadelphia, Pa.—Nervous and Mental Disease Section. Blanche Mayes Elfrink, D. O., Chicago, Ill.—Obstetrics Section. Harry W. Sutton, D. O., Simcoe, Ont.—Pediatrics Section. Jenette Hubbard Bolles, D. O., Denver, Colorado—Public Health Section. George J. Conley, D. O., Kansas City, Mo.—Surgery Section.

In a recent issue of the Journal A. M. A., Dr. Will Mayo says that "Poor Osteopathy has lost its Spine," or words to that effect. In order to assure the good doctor that he is mistaken, *Technic* has been made the keynote of the entire program, and such well known artists as Doctors Carl Johnson, H. H. Fryette, Harry Forbes, H. R. Holmes, C. J. Gaddis, Franklin Fiske, Edith Ashmore, Evelyn Bush, and many others will show you how to "find it and fix it."

As noted above the completed program will be published next month so I will not tell you now of the many other notable ones who will appear on the program and discuss subjects of vital interest to you in your practice.

To those looking for amusement, we have provided that also. Monday evening, reception and ball; Tuesday evening, beach party at Euclid Beach; Wednesday evening, boat trip on Lake Erie; Thursday evening, banquet.

Those who do not want to attend are looking for excuses right now. One excuse is as good as another, but remember, "To him that hath shall be added, and to him that hath not shall be taken away even that which he hath," which interpreted means that those who sacrifice the most shall get the most out of the Convention. Come, let us make this Convention the biggest and best.

PROFESSIONAL EDUCATION DEPARTMENT

Dr. Arthur T. Seymour, State Chairman

Answers to Questions—Series 1, No. 1

By Dr. R. W. Bowling

In this department it will be our aim to present for consideration—

1. Series of questions.
2. *DIDACTIC* dealing with main points of Pathological condition under consideration, together with points of differential diagnosis.
3. *CLINICAL* in which a short actual case history will be presented for your consideration.

These may not all be presented in the same issue but will be printed as rapidly as articles are available and it is hoped the local Societies will consider and discuss the various problems presented at their regular meetings.

It has been suggested that each Osteopath jot down answers on paper so that all may be better prepared for the general discussion at the local meetings.

Correct answers or diagnoses will be printed in future issues but not before the local societies have had an opportunity to discuss the questions or cases presented.

A QUESTION BOX is herewith established to which we invite the profession to address all knotty and puzzling cases. These will be referred to our specialists and their answers printed as early as practicable.

It is hoped the profession will cooperate with helpful suggestions which should be handed or mailed to your local committeeman.

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1. Sympathetic innervation—preganglionic given off from upper thoracic spinal nerves ascending in ganglionated cord to superior and middle cervical ganglia, from these as post-ganglionic axones accompanying superior and inferior thyroid arteries and their laryngeal branches; also axones from the same source joining and traveling with superior and inferior laryngeal nerves. Parasympathetic innervation from the medulla descending through the vagal trunks and distributed to larynx through superior and inferior laryngeal nerves.

2. Sympathetic innervation of bronchial tree. Preganglionic fibres to second, third and fourth thoracic ganglia, post-ganglionic axones from these to posterior pulmonary plexus; thence through rami bronchiales to bronchial tubes. Parasympathetic innervation from medulla through vagi to posterior pulmonary plexus; thence rami bronchiales to bronchial tubes.

3. Sympathetic innervation same as in No. 2, perhaps confined in ultimate distribution through anterior pulmonary plexus. Parasympathetic innervation same as in No. 2, with like probability as to restricted distribution through anterior pulmonary plexus.

4. Augmentor or accelerator innervation to heart—pre-ganglionic from upper thoracic nerves, second to fifth ascend in gangliated cord to cervical ganglia — post-ganglionic axones descend through cardiac nerves to cardiac plexuses; thence along coronary arteries to heart. Inhibitory innervation of heart from cardio-inhibitory center in medulla through vagi, (some authority for limiting this function to right vagus), to cardiac plexuses, and, as before, to heart.

5. Experiments from physiologic laboratories warrant the assumption that stimulation of the right vagus induces slowing of the heart rate by prolonging of diastole, and the pro-

longed diastolic period favors nutrition of the heart muscle through better feeding with resultant increase of heart tone and contractility, thereby increasing output of heart in given time unit.

6. Experiments upon left vagus warrant that mechanical stimulation of the left vagus results in lessening conductivity in the atrio-ventricular bundle, thereby retarding and lessening influence of the pacemaker, (normal or pathologic), upon ventricular muscle.

7. Laryngismus stridulus is usually discussed as a functional disorder of nervous origin. It is the writer's opinion that hypersensibility due to faulty nutrition of the medullary center from which the motor innervation of the adductor muscles in the larynx is derived, is fundamentally responsible for the paroxysms of profound dysponea excited by so many and varied causes—passion, fright, pain, etc. If this premise be granted, then follows a plausible and tenable lesion explanation of the increased irritability of above mentioned center to afferent stimuli. Vaco-constrictor centers in upper thoracic neuromeres send proganglionic axones through upper thoracic spinal nerves to inferior cervical ganglion, thence post-ganglionic axones from vertebral plexuses accompanying the vertebral arteries ascending through the transverse foramina, curving lateral and posterior to the superior articular processes of atlas through notches on the laminæ, into the spinal canal, winding round medulla, branching with bulbar arteries to regulate medullary nutrition. A cervical lesion from sixth, sometimes seventh, to, and including atlas, may bring pressure upon some threads of this plexus; should this particular thread pressed upon and irritated by lesion, contain the sympathetic vaso-constrictor nerves destined for medullary center confined in distribution to motor innervation of laryngeal adductors, the effect is obvious,—impaired nutrition, hyperexcitability, predispositon to laryngeal spasm from causes negligible in normal children.

To be continued next Month

Portland Items

Dr. G. H. Holt, A. S. O. 1917, two years' U. S. Army laboratory service—practicing in Pendleton. Was married in March to Miss Virginia Todd, a very charming Pendleton girl. Miss Todd, during the war, was Secretary of the Red Cross Bureau at Pendleton and just prior to her marriage was in charge of the same bureau, which in addition to Red Cross work was the Welfare Center for Pendleton.

Dr. Lena McConnell has been in hospital for two weeks, returning to Pendleton to continue her practice.

Dr. Katherine Myers returned recently from a trip to Mexico City.

Under the heading of "The Nervous Regulation of the Intestinal Activity" in Arch. di. Fisiol, 1918, 3/4, P. 151, by J. Spadolini, we find the following, namely: "The peristalsis and rhythmic pendular movements of the small intestines are enervated by the antagonistic nerve action of the cranial autonomic of the vagi. The thoracic-lumbar portion controls the position and form of the intestines through the splanchnic. Thus adrenolin changes the form of the organ and pituitrin influences the pendular movement."

The above is just an item which shows that the physiological world is gradually falling into line and giving proof of the reasonableness of Osteopathic treatment.

THE X-RAY IN EXPERIMENTAL THERAPEUTICS

By F. A. Lacey, D. O.

A patient afflicted with constipation is told by a friend that Osteopathy is good for constipation. Accordingly, he visits an Osteopath's office, takes a treatment, pays the fee, makes another date and goes his way. Very likely, he thinks it over and wonders whether anything worth while has occurred within his anatomy to justify the investment. Had he taken a cathartic, the evidence that something happened would be indisputable.

On the left, in the cut is shown an X-Ray picture of the colon. The patient is a man in middle life. His mother died of cancer of the bowel. He is constipated. The radiograph is taken before treatment; the sigmoid portion of the bowel is shown to be very atonic and dilated. It is apparently the seat of the constipation.

The X-Ray plate is changed as soon as exposed and a new plate substituted. Osteopathic stimulation of the entire *lumbar spine* is given for one minute, by the clock. The picture on the right, in the cut, is the result. Comparing the two pictures, it is seen that the sigmoid has been greatly reduced in diameter. The same treatment given in this case daily for two or three weeks was followed by a regular action of the bowels, which has continued. In fact, this method appears to be of universal application where the constipation is caused by an atonic colon.

The increased spasticity of the transverse colon is not desirable and raises the question whether a way cannot be found to act on the sigmoid affecting the transverse colon.

In the second cut is shown the colon of a patient thirty years of age, complaining of constipation. The colon is extremely spastic—just the opposite condition, as compared with the first case. An X-Ray exposure was made immediately before treatment, the plate changed, and stimulation during one minute of time applied to the *eleventh dorsal vertebra*, immediately following which a second exposure was made, with the result shown on the right.

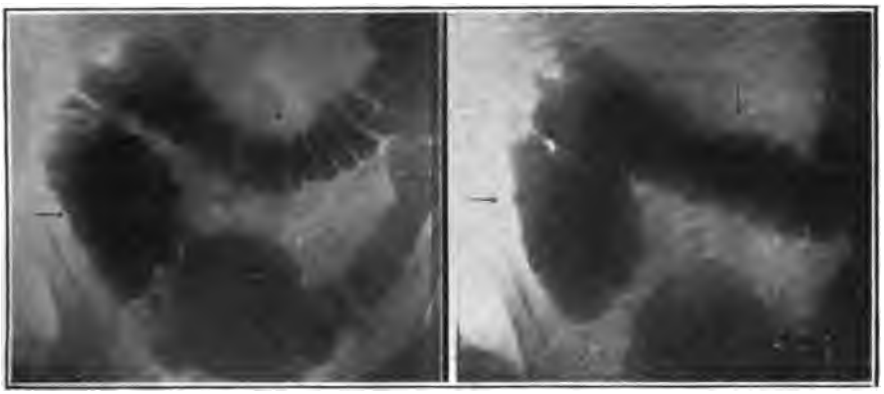
Constipation caused by dilated sigmoid; see B. On the right is shown the result of one minute's Osteopathic stimulation. Shows more tonic sigmoid, and diameter reduced twenty-five per cent. Entire colon more tonic.

Both of these experiments demonstrated phenomenal results.

It is the custom to make two exposures of the colon in all my work. If no treatment has been given between exposures, the differences found between the first and second exposures, in comparison with those shown in the

above experiments, do not amount to anything. In other words, the differences found appear to be due to the treatment given. In the first case, I have always got the same answer, differing in degree with the age of the patient, his physical condition, temperament, and the condition of his reflexes. I have not had the same opportunity to test the second class of cases, and simply assure the reader that the experiment, and, in fact all my experiments, have been carefully carried out.

On the face of my experiments, it would appear that there are two well marked types of constipation, the atonic, and the spastic, and that the treatment indicated by the one case is invariably contraindicated by the other. X-Ray diagnosis affords the only known method of suiting the treatment to the case.



Constipation caused by spastic colon. A one-minute stimulation of the eleventh dorsal vertebra increased the diameter about one-third, relieving the spasm.

Problems Which the X-Ray May Help to Solve

1. Find the push-button which controls the sigmoid only, the transverse colon only, the ascending colon.

2. Wash the stomach downward by stimulation of the proper center.

3. A heart with valvular lesion throws a distorted X-Ray shadow six inches in diameter. At the end of four weeks' treatment, the shadow is diminished by three-quarters of an inch, and the distortion practically gone. Can you get the same results or better?

4. Compare your stomach and intestinal cases before and after treatment, as shown by the radiogram.

In the Comedy Relief section of the May issue of "*The Bloodless Phlebotomist*," which is mailed to Osteopathic physicians, a delightful satire entitled "Too Late Now," by James Montague, gives a mirthful view of gland transplantation vs. euthanasia at sixty. This is only one of several worth while features of this publication. J. Petrie Hoyle, M. D., the first American physician to serve in Flanders during the World War contributes a very interesting article on war injuries, and the article on "Treatment of Inflammation of the Fallopian Tubes," by Dr. J. Sidney Eason, Coldwater, is well worth reading.

If you have not received this little journal a request to The Denver Chemical Mfg. Co., New York City, will bring, without expense to you, the May number as well as future issues.

The Western Osteopath

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EDITORIALS

Educating the Public vs. Patient Getting

These are not one and the same thing. Educating the public will result in patients; patent medicine and kiro ads will also bring patients. One is a duty you owe your community; the other is often a short cut method to selfish ends. One brings you the gratitude of a grateful people; the other, the method of the parasite, and the method marks the man.

We are paying expert men in our A. O. A. to help us put over a high grade of public education and we are implored every month to send in our lists and spend a few dollars for our community's enlightenment. And the offers they make are equal to any. Here is Bunting and Williams, who will also give you attractive material at reasonable rates and take all the detail work off your hands.

The best publicity stunt we can turn is a live, well-supported clinic, and after that a hospital. This is a sort of ethical publicity, born of necessity, that must appeal to every doctor, and it's the only kind that carries much weight with a thinking public. Your friends are proud to tell the world of this fine, big, unselfish work for your community. This gains respect and standing that can't be gainsaid. The question isn't, how can I get another patient and make another dollar? but, how much can I give to my community? Am I rendering it all the service that is in me? You serve on the chamber of commerce, in your club, and church, but most pertinent is the clinic and hospital. Dividends? Along such a path they blossom and ripen with every step. Dividends that are sound to the core.

The proposition Dr. Forbes presented to us the other day seems sane and sensible. It was a relief to hear it. There is a chance to breathe in that. It looks like freedom. Its strength is first in its simplicity and second in its fairness. We ask no change in the present law, we stand ready to meet all requirements, ourselves, and our school. We simply ask the right to administer this law, as it relates to ourselves. If the regulars are capable of this then are we. But the best way of securing these rights may be open for debate. Very good reasons have already been offered against method proposed. Leaders north and south ask that decisions be delayed until Convention Week. The proposition may not be foolproof. We heard but one hurried reading. Now is the opportunity to study, question and discuss it.

Hurried action in the past has resulted in nothing.

On the Dotted Line

There are order takers and salesmen. With class A houses, only the latter prevail. Rushing a thing through, carrying by force, nailing up the exits and wielding a big stick used to get orders, but it was never salesmanship. Neither is it today. Too many canceled orders result. A proposition is presented to us and we are too indifferent to ask questions or too timid to oppose. This is neither fair to yourselves or the proposition; later we throw the blame on the leader for the result, when in reality it was our own fault. Order taking isn't salesmanship, speak up—quiz it out, oppose if necessary, make him give his strong reasons for the faith that is in him. Have courage to stand pat if you believe you are right and have more courage to change your mind when you're wrong, but be sure you're sold before you put your name on the dotted line.

If you should hear some one say that the Osteopaths lost out in their fight in California, don't believe it. Fighters for a great cause never can lose. Truth is not impatient of delays or seeming adversity. The medicos, the legislators and the people of California know now that Osteopathy is on the map with a body of broad-minded, keen-eyed physicians, who, with their thousands of friends, must be reckoned with when laws are considered that have to do with the health of a great commonwealth. And further, we believe at this hour the majority of the people of this State would rather trust to the guidance and care of Osteopathic physicians than the bigotry and domination of the old school. Except to those who cannot and will not see, Osteopathic physicians have proven themselves worthy of recognition and worthy of confidence.

"Limited"

The word is unfortunate. To say the least it is bad psychology. Who is the limited physician, the doctor who studies Osteopathy plus everything that the medical man is taught or the man who is confined to his medical training. There is but one answer, the medico is by far the more limited physician. This we have taught and believed for decades, because it is true, true in theory and true in practice, and yet we come before a legislative committee with a bill that prays that they and the public consider that we are simply limited physicians, "limited" Osteopathic physicians, limited Osteopathic physicians and surgeons. Many fine points about the bill, but surely this was not one of them. Explain as we will that it simply meant limited with reference to certain drugs, yet it is this very "limited" thing that we have been and are fighting. Asking a legislature to make us limited Osteopaths and limited Osteopathic physicians and surgeons when a court had just ruled that Dr. Harlan with his Osteopathic license is unlimited, a full fledged physician and surgeon and can if he chooses give drugs, do major surgery or anything else he wishes to do.

"Limited" physicians does not catch in the understanding of the layman nor appeal to the ambitious student.

Have we been teaching such poor Osteopathy all these years in our colleges that we must have laws enacted to keep our Osteopaths "Simon pure" and laws to keep our surgeons from the evil of drug giving? If we are going to prohibit let us in fairness, prohibit all physicians from mis-use of drugs. Why select out one class of educated men as against another. Prohibitions are made for weaklings, the strong neither need them nor are influenced by them.

It is the unknown that awes. It's the little learning about drugs that is

dangerous. Study them under Bowling or Chandler or other of our best men and any student who is worth making into a D. O. will come away 100 per cent more an intelligent Osteopath and 1000 per cent more loyal Osteopath because he knows the whole truth. You can't make Osteopaths by law. It must be bred or grafted into the bone, and when we have made him don't stamp him "limited." After his four or six years of study let us be able to say to him and to the world, here is a physician, a full fledged unlimited Osteopathic physician, who is ready and equipped to do all and anything that need be done for any human being, and because he is an *Osteopathic* physician the public will know that he is the *physician plus*—plus methods and resources unknown to the regular—hence the physician to be desired. Let him specialize as he must and as he will, but don't brand him and his certificate "Limited."

It has been the unfeigned purpose of the medicos to wipe the State clear of the word OSTEOPATHY. It seems to be a disturbing word. Too often have they met it in courts and legislative halls to their discomfiture; while in the therapeutic field it works with an efficiency beyond their ken. No wonder they hate the name and all its stands for.

Mr. Beek and his able helpers, together with the Osteopathic profession over the State, only a few hundred strong, more than held their own against the organized powers of many thousands of the medicos. This is a feat to be proud of, and we accredit the high honor to those who gave aid, whether by personal effort at Sacramento, in their own vicinity, or by generous checks.

Now that our legislative fight is over, it is none too early to begin to lay our plans and take time to frankly discuss means and measures for the future.

It's not at all compulsory, but if you want to rest a pair of tired arms and shoulders during the crowded day, just venture to throw in a few of those "bedside treatments." Then see if you have not done several needful things for those articulations of spine and ribs that you had never been able to do before—stretched out the tense places, held them there till there was chance for exchange of fluids about those oedernalius joints—drained and nourished. Adjusted all this with ease and economy of effort on both patient's and your part; just letting the patients relaxed weight do the work as your guiding hands direct while the spine is pivoted on your cushioned knee. Your patient will feel like a new man and you will have conserved a bushel of energy.

Dr. Ruddy assures us we will soon have at Los Angeles the best College Hospital and Clinic Building and equipment in the entire profession.

Dr. McManus will be at the Los Angeles College from April 20th until after the Convention. He will demonstrate complete course of mechanical and straight table lecturing. The College Clinic is simply bounding ahead. The problem is to take care of it, but this is being done in a most scientific and efficient way under Superintendent Abbott.

Dr. Chandler had a fine reception at a luncheon with the Bay Osteopaths. If you have any questions about Chandler, meet him, speak up and get acquainted, and 10 to 1 they will begin to straighten out and solve themselves.

Have you tried Meads arrow-root flour? Look up the ad in this issue. The Mead Johnson Company products are here to stay, so you better get acquainted with them. They are scientific and it might be embarrassing *not* to know about them.

BAY ASSOCIATION

Dr. Lillian Whiting

Dr. Lillian Whiting will program on May 20th as follows:

2:30 P. M.—Public lecture at Assembly Hall of Emporium, San Francisco. Subject: "Health of the Expectant Mother."

6:45 P. M.—Banquet at Palace Hotel. $3.00 per plate.

8:00 P. M.—Lecture to profession on obstetrics at Palace Hotel.

Dr. Forbes had a special message on migraine headaches at the Sunday morning meeting which was greatly appreciated.

Dr. Morgan was up from San Diego to meet with the General Arrangements Committee for State Convention at Los Angeles June 20-23. They plan a notable gathering—something just a little different—something you won't want to miss.

Exhibitors more numerous and interesting than seen for several years. Note Exhibit page this issue.

It was near eleven when we quit asking the doctor questions. It seemed good to get back to the Palace Hotel for a change, and with a speaker like Dr. Whiting it seemed no easy matter to get away. We would like a long series of these talks. They come from carefully collected case records and an experience in that special line seldom if ever duplicated.

Dr. Forbes gave us a new angle on the circulation and the spinal fluid. We would like to hear more of this. Perhaps he will give us a series of articles. He and Drs. Spencer Whiting, Ruddy and a few others must take time to get out their books. We need them and when a profession like ours calls men to do certain work there should be no escape.

PERSONALS

Dr. Charles C. Martin has brought his family from Kentucky to Los Angeles and expects to locate here permanently. He is a graduate of the old Southern School of Osteopathy and has been in practice seventeen years.

A party of two score or more friends of the Oakland Clinic gathered at the Gaddis ranch in honor of Dr. Anderson, who, after a year of notable service, is leaving for her home in Glasgow, Scotland. Her many clinic patients are not the only ones to regret her leaving, for her friends among the profession are not a few. Some very complimentary offers were made her, should she stay in our midst, but the bonnie braes were calling more strongly. Dr. Anderson is a young woman of rare tact and skill and all our good wishes follow her.

The feature of the evening was Mrs. Horace Ivie's singing. There is something about her voice and personality that makes you feel that you are listening to a great artist.

Mrs. Ivie has some suggestions for our local society and clinic which we hope she will carry out.

Dr. Dolce Mansfield is another valued member of our clinic staff that closed her year's internship and takes to her independent way in Mill Valley Tuesday, Thursday and Saturday, while the other days the doctor is associated with Dr. Gertrude Smith of Alameda.

A meeting of the Osteopathic Clinic Association was held in the office of Dr. F. C. Lacey on May 14th. The technic of electro-therapeutics was demonstrated by radiographs.

At a special meeting of the Bay Osteopathic Association, held Wednesday evening, May 11th, the following were elected: President, Dr. Fred O. Edwards, San Jose; vice-president, Dr. Edith Robb, Berkeley and Oakland; secretary and treasurer, Dr. Sarah L. Murray, Oakland.—*Oakland Tribune.*

Dr. L. L. Hull is having marked success in his eye, ear, nose, and throat work. We heard that he and Dr. Turney were considering a small hospital. We hope it is true. Together they could keep several rooms busy. We cannot get these hospitals started too soon. Denver and Detroit should point the way.

New Officers of Los Angeles Society

At the regular meeting of the Los Angeles Osteopathic Society, held in the Blue Room of the Los Angeles Athletic Club Monday evening, May 9th, the following officers were elected to serve during the fiscal year 1921-22:

President, Dayton Turney, A. B., D. O.

Vice-President, Katherine E. Gibson, D. O.

Secretary-Treasurer, Inez S. Smith, D. O.

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Nujol Laboratories, Standard Oil Co. (New Jersey), Room 774, 44 Beaver St., New York.
Please send me booklet marked:

☐ "AN OSTEOPATHIC AID" (*Especially prepared for the Osteopath*)

The following booklets may also be of interest to the Osteopath:

☐ "In General Practice"
☐ "A Surgical Assistant"
☐ "In Women and Children"
☐ Also Sample

Address _____

Dr. Frank A. Ward of Los Angeles died suddenly in his office in the Baker-Detwiler Building April 20th. Dr. Louise Crow, who shared offices with Dr. Ward, went to lunch about 11:45, at which time Dr. Ward was still alive. It was his custom to leave the office for the day at 12 o'clock, as he had only morning office hours. Returning about 1:15, Dr. Crow noticed his hat and coat still hanging in an outer room. A knock at Dr. Ward's door brought no response, so Dr. Crow entered, and found Dr. Ward's lifeless form on the floor. He had apparently been dead about an hour.

Dr. Ward graduated from the Los Angeles College of Osteopathy in 1914. He was 44 years old.

Dr. A. J. C. Saunier of Los Angeles died May 1st, aged 63 years. He graduated in 1906 from the Los Angeles College of Osteopathy, and at the time of his death had offices in the Bradbury Building.

Dr. Ora Louise Webb of Los Angeles and Walter R. Elerath were married April 23d. Mr. Elerath is a student at C. O. P. S. and will graduate in June.

Birth of Daughter—Dr. and Mrs. Stewart J. Fitch, of 1175 North Los Robles avenue, Pasadena, are receiving the congratulations of their friends over the arrival of a baby daughter, Barbara Marie Fitch, on May 7th.

Yes, at least a good dozen A-1 Osteopaths teaching Osteopathy on the C. O. P. & S. Faculty and it would make your heart glow to note the plans the College had already under headway for next year. If there is a Western D. O. who isn't boosting for our College let him sojourn there a few days with Dr. Chandler and Mr. Light, and Dr. Ruddy, Chairman of Trustees, and then see what will happen.

SEATTLE ITEMS

Dr. Elizabeth Hull Lane discussed the "Osteopathic Interpretation of Abnormal Blood Pressure," at the April meeting of the King County (Seattle) Osteopathic Association. Dr. A. B. Ford was host to the meeting.

Dr. James T. Slaughter presented "Therapeutic Current Events."

Dr. H. F. Morse, president of the Rotary Club of Wenatchee, Washington, was in Seattle, a very busy man, prior to the arrival of the "Wenatchee," the palatial trans-Pacific liner. The Wenatchee Rotarian Club had charge of the receptions given when this big liner arrived in her home dock (Seattle) prior to her maiden trip across the Pacific, with her great cargo for starving China.

About the middle of April, Dr. Roberta Wimer Ford returned to Seattle after several weeks spent in studying business and financial conditions throughout the United States.

Dr. Ford toured California, the Southern States, visited Washington, D. C., and motored much in the Middle West, covering in all almost eleven thousand miles and looking things over in twenty-five States.

Did you know that McManus is another D. O. on our College faculty? He will be at the Los Angeles Convention with both table and technic.

Do you read the monthly bulletin of the Detroit Osteopathic Hospital? If so, you see the fine big thing which we in every center are working for.

Dr. J. W. Henderson of Berkeley got out one of the best letters we have seen on the legislative solution. But that wasn't all, he sent it to every one of his fellow Rotarians and furnished copies for other clubs.

COLLEGE OF OSTEOPATHIC PHYSICIANS AND SURGEONS

Clinic Summary, Los Angeles, Calif.

Osteopathic Treatment.	Examinations Observed by Students.	Obstetrical Cases Delivered by Students.	Obstetrical Cases Examined.	Obstetrical Ante-parten Examined.	Obstetrical Post-parten Examined.	Hours at Emergency Hospital.	Cases County Hospital.	New Patients.
November 1388	155	30	152	100 est.	240 est.	400	32	----
December 1730	184	32	150	110 est.	250 est.	470	36	----
January 2090	443	30	159	110 est.	250 est.	321	36	157
February 2285	347	34	170 est.	110 est.	250 est.	300	40	198
March 2609	350	34	165	110	250	300	40	186

It is interesting to notice the increase from the number of patients treated in November to that treated in March.

The Osteopathic Post Graduate Efficiency Course

given by

The Denver Polyclinic and Post Graduate College

This course will be given again beginning Monday, August 1st, and will continue for four weeks. Last summer more applicants desired to come than could be accommodated. All who are interested in doing their work better, easier and quicker, saving their nerves and strength and time while doing more work, should register for this course.

EFFICIENCY

The efficiency of every phase of the business side of practice will be studied; office efficiency; starting practice; publicity; practice building; code of fees; collections; assistants; secretaries; records; schedules; bookkeeping; standards and maximum attainments; personal finances; selling osteopathy with enthusiasm; personal efficiency; all this will be included in the course.

There will be various suggestions for increasing your personal power. There will be a program of health; neatness; self-analysis; checking up the value of time. We will study your problems; ideals and visions; with steps to fulfilling them. Organization; conservation of energy and time; cultivation of confidence and courage; training the will; laws of memory, and other phases of applied psychology will be taken up in the course.

REVIEW

A practical review over the most necessary subjects in everyday practice, OSTEOPATHIC TECHNIQUE, not quantity but quality of technique with a view to the surest and best results without waste of time; EYE, EAR, NOSE AND THROAT from the standpoint of the general practitioner; DIAGNOSIS covering the most essential points; REFRACTION with the diagnosis of eye strains and refractive errors and the value of lenses; DIETETICS, an efficient method of giving the best diet with the smallest expenditure of time; ORIFICIAL SURGERY, MEDICAL GYMNASTICS and a number of clinics, demonstrations and operations will be given.

If you are interested, you should apply at once, as the number that can be accommodated is limited. For further information, write

DR. C. C. REID, President,
Eye, Ear, Nose and Throat Specialist,
501 Interstate Trust Building,
Denver, Colorado.

Dr. C. L. Draper, Trustee. Dr. J. E. Ramsey, Trustee.

Attention—Axis Members: All Axis women, regardless of Chapter affiliations, are requested to register at the Axis booth during the State Convention.

Dr. Roland F. Robie spoke at the Kiwanis Club luncheon recently held at the Hotel Oakland. He talked on the subject, "Osteopathy, its Past and Future." His talk was appreciated

CLASSIFIED WANT ADS

FOR SALE—$10,000 practice, located in wealthiest county seat in northern California; 19,000 population to draw from; only Osteopath in the county; all-year practice well established; cash receipts for last eight months, $7500. Will sell to competent Osteopath for $2000, including office equipment, if taken soon. This is exceptional opportunity, especially for new graduate who wants actual experience and a well established practice. Location is excellent, 1500 feet elevation in foothills of Sierra Nevada Mountains. Reason for selling upon inquiry. Address Box 100, Western Osteopath.

FOR SALE—Treating table, instrument cabinet, instruments, and medical books. Address 1415 Baker-Detwiler Bldg., Los Angeles.

WANTED—Will buy a first-class practice in Los Angeles or San Diego, and pay cash. Address Box 465, Grand Island, Nebraska.

Technic

Have you tried with patient's head drawn in, lowered neck, slowly, gently but firmly turning the head to right and left to limit. Then with chin thrown up twist carefully to right and left limit. Then follow with a little steady traction and you will find many a cervical lesion disappear.

With innominate lesion, place patient on back, bring up both knees to right angles or more, then let both knees fall together to short leg side, back firm on table, then straighten out to first position. Many times this is a simple way of taking the twist out of the pelvis. Patients find this of great aid when not in reach of the doctor.

Senator Carr and ourselves are to be congratulated on winning the Harlan case vs. the State Medical Board in the Superior Court. The burden of proof is now up to the Board, and it is quite some burden, too.

Call for Osteopathic Nurses

It is the plan of every city to have an Osteopathic Hospital and already there is far more demand for Osteopathically trained nurses than can be supplied from present institutions.

If the young person cannot qualify for our college, suggest the hospital training.

Dr. W. I. Shaffer of North Platte, Nebraska, says: "I have been lucky in being a charter member of the Kiwanis Club that has been recently organized. I am enclosing $2.00 for my subscription to the WESTERN OSTEOPATH. I don't want to miss a single issue."

Don't smile just because these medicos are now beginning to discover what Dr. Still taught 25 or more years ago. Don't scold 'em. It may not have been all their fault. Encourage 'em.