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JUN 22 1921

THE WESTERN OSTEOPATH


Published by the California Osteopathic Association

VOL. 16

JUNE, 1921

No. 1

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Rocky Mountain Conference, Colorado Springs, July 11-16
California and other Osteopaths close offices and register at Los Angeles early, June 20th,
for what promises to be the most epoch-making gathering in the West
Our initiative has been registered at Sacramento and our Chairman's
instructions await our response
Special July issue by the L. A. Woman's Osteopathic Club
In a later number articles by Halladay, Daniels, Harvey, La Clerc,
Goodfellow, Rowlingson, Atzen, et al
Get receipt with ticket to L. A. Convention, half fare,
return via S. P.

ANNUAL SUBSCRIPTION, \$2.00

PUBLISHED MONTHLY

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Los Angeles, California.

Summer Session, June 27 to July 16, 1921

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Dean of Post Graduate School

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Every Technician an Expert

ALL CASES REFERRED BACK, WITH REPORT, TO OSTEOPATH REFERRING CASE.

How I Treated My Own Child.

(Name to doctors on request)

The Dionol Co.,
Detroit, Mich.

Fergus Falls, Minn.
Nov. 5th, 1920.

My 4-year-old boy, Frederick, pulled the cord of our electric heater and tipped a pan of boiling hot water on his arm and hand. My wife used the best dressings she had but the poor boy found no relief. She could no longer endure to see him suffer so frantically with the pain, and phoned for me. I applied Dionol and in about 10 minutes the pain stopped, and there has not been any pain since.

This burn was very deep and of course we thought it would leave a big scar, but do you know there will not be a sign of one. It is all healed up and one would never know that he had been burned at all. We obtained all these results in less than 3 weeks. I never saw such results in all my practice. Me for Dionol every time. I am surely grateful that such a remedy is on the market.

Dr.

Another Case.

The Dionol Co.

Philadelphia, Penna.
Feb. 8th, 1921.

Within the past week I have had an opportunity to test Dionol in an aggravated X-ray burn case which was referred to me by a brother physician who had stopped his treatments owing to skin sensibility. I wish to compliment you on your splendid preparation. I have the burns under control and am now continuing treatment without fear of further inconvenience to the patient.

Dr.

DOCTOR: Don't forget that Dionol gives equally positive results in local infections, wounds, leg ulcers and ulceration generally, and wherever local pyrexia is present. Try Dionol also for tampon treatments, piles, hemorrhoids, etc. It is exceptionally effective.

THE DIONOL COMPANY, (Dept. 32), DETROIT, MICH.

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which for fifty years has sup-
plied the world with petroleum
products of the highest qual-
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Five years' experience in our Milk Diet treatment combined with Osteopathy is why we excel in this one thing. It is a marvelous remedy when given properly. Doctors, like merchants, have goods to sell and the splendid results by our Milk Diet method are the merchandise you may be in need of. Every patient treated osteopathically. Terms moderate.

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and Rest Cure
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The Moore Sanitarium

OFFICE: 908 SELLING BUILDING
PORTLAND, OREGON

The Western Osteopath

Vol. 16

JUNE, 1921

No. 1



DR. DAIN L. TASKER

Graduated from Pacific College of Osteopathy, January 5th, 1898; Pres. California Osteopathic Assn., 1901, also 1907; Pres. Board of Osteopathic Examiners, 1901-1902; Member California Board of Medical Examiners, 1907-1921; Pres. California Board of Medical Examiners, 1909-1910; Author of "Principles of Osteopathy," 4 editions; practicing in Los Angeles twenty-three years; ten years of Osteopathic College faculty teaching; specializing in General and X-Ray Diagnosis.

Below are favorite lines oft quoted by Dr. Tasker, and these portray the man:

FROM BRYANT'S THANATOPSIS:

"To him who in the love of nature
holds
Communion with her visible forms, she
speaks
A various language; for his gayer
hours
She has a voice of gladness and a
smile
And eloquence of beauty, and she glides
Into his darker musings, with a mild
And healing sympathy, that steals
away
Their sharpness, ere he is aware.

"If ten think alike and you think alone,
That never proves 'tis ten to one
They are right, you wrong;
For truth, you see,
Is not a thing of majority.
It never can make you false,
Then true,
That there's more of them than there
is of you;
If your touch is on truth's garment's
hem,
There's more of you than a world of
them."

Official Ruling

Sec. 2. Certificates of illness.
Office of Postmaster General
Washington, May 16, 1921.

In connection with the granting of sick leave with pay to employees of the Postal Service, in accordance with the reclassification act of June 5, 1920, postmasters and other officials are directed to accept certificates of illness only from regularly licensed medical practitioners, including licensed dentists. The certificates of osteopaths, chiropractors, mental healers, etc., will not be accepted unless treatment by such is prescribed by a medical officer of the United States or some person licensed under the State laws to practice medicine and surgery, in which cases the certificate of a surgeon or physician prescribing such treatment must accompany the certificate of the osteopath, chiropractor, or mental healer.

WILL H. HAYS,
Postmaster General.

Later Ruling — Received After W. O. Was on Press

Since the foregoing ruling was made and Dr. Atzen's article written, our National Legislative Bureau, of which he is chairman, has been successful in getting it revised as follows:

Office Postmaster General.
Washington, D. C., June 2, 1921.

In connection with the granting of sick leave with pay to the employees of the Postal Service, in accordance with the reclassification act of June 5, 1920, postmasters and other officials are directed to accept certificates of illness only from practitioners regularly licensed or legally practicing in the State or district where such certificate is issued.

The order of May 16, 1921, which was published in the Daily Postal Bulletin of May 18th, is rescinded.

(Signed): **WILL H. HAYS.**

AN APPEAL FOR MEDICAL FREEDOM

The accompanying order on the preceding page, from Postmaster General Will H. Hays, is self-explanatory, and includes the following: Certificates of illness issued by licensed Osteopathic physicians will not be recognized by the Government, unless Osteopathic treatments are prescribed by a medical officer of the United States, or some person licensed under the State law to practice medicine and surgery, and in cases where this treatment is prescribed, a certificate from the surgeon or drug physician must accompany the certificate issued by the Osteopathic physician.

For years the friends of Medical Freedom have sounded the note of warning against Federal legislation which would have the effect of centralizing power in the drug physician.

This order of the Postmaster General is most striking proof that the danger warned against is of the gravest nature. Rank autocracy never attempted a worse crime against the liberty of law-abiding citizens.

While we speak for Osteopathic physicians only, in this appeal, the order of the Postmaster General applies to all non-drug schools, and it needs only another stroke of the pen to outlaw every man and woman in the United States who does not bow to the will of the drug doctor. Our cause, therefore, is a common cause and demands the most serious consideration by the public in general.

If the Postmaster General can, by a sweeping edict, nullify every State law passed for our protection, every other department of the Government can do the same, and freedom of choice in the selection of a physician has become a by-word.

Consider the fact that under the order of the Postmaster General, which governs the army of postal employees, an Osteopathic physician who holds his

title to practice the healing art by as clear a right as any drug physician, cannot issue a certificate of a day's illness to a letter carrier unless he stands cap in hand and asks the gracious pleasure of some duly licensed physician of the medical school.

There is but one redeeming feature to this order and that is that before it is too late the Medical Trust has shown its hand in such a way as to arouse the indignation of every liberty loving American citizen, no matter on what form of healing he pins his faith.

Osteopaths never have asked for special favors, special legislation, special orders or edicts from Legislatures, Postmaster Generals, Kings, or Potentates, but have gone out among the great mass of common people and found favor by the works which they have done. They ask, and have a right to a clear field and the American people evidenced by legislation in nearly every State in the Union, have accorded them that right.

In the face of bitter opposition from a decaying autocracy, Osteopaths have placed their educational requirements equal to any school of medicine, have submitted to equal tests for proficiency, and without a backward movement have met the supreme test in the great arena of public opinion.

This order of the Postmaster General is not only an insult to the thousands of Osteopathic physicians scattered in every city and hamlet of our nation, but is an insult to the millions of our citizens who, through the ordeal of experience, rely upon the Osteopathic physician in time of sickness and pain.

We appeal to you, no matter what school of healing you may favor, if you believe in the constitutional right of freedom of conscience, to help us stamp out not only this iniquitous order, but to make it impossible that such

an order can be issued by any executive head of our Government.

C. B. ATZEN, D. O.,

Chairman Legislative Bureau.

P. S.—If either the Owen Bill (S. 526), to establish a National Department of Health, or the Kenyon-Fess Bill (S. 1607, H. R. 5837) to establish a Department of Welfare, become law in the form in which introduced in Congress, they will perpetuate what this iniquitous order of Postmaster General Hays has initiated.

Both of these bills must, therefore, be either killed or so amended as to preclude the possibility of a member

of any school of healing being eligible for the post of secretary of either the Department of Health or the Department of Welfare.

If the bills are amended, the amendments must further provide that the secretary shall not discriminate between the different practitioners of the healing art, duly licensed to practice, by the various States.

For by no other means can medical freedom be preserved to the people of this land, and all three existing systems of healing—Chemical, Physical and Psychological—evolve and develop in a natural manner.

Write to Senators and Congressmen.

THE COLLEGE OUTLOOK

Two Paragraphs from the Secretary's Letter

You may be interested to know that in spite of heavy expense on account of payments of some of last year's obligations, and in spite of the expenditure for additional equipment and for additions to the administrative and the teaching staff, the receipts for the year have so far equaled the expenditures, with a small balance of a few hundred dollars on the right side of the ledger.

I am sure it must be evident to you that the College is going ahead. If you could see it as I have seen it, coming as a total stranger to it, you would realize that the Board of Trustees and faculty have set a very definite goal, that of making this the best possible Osteopathic college, and are bending every effort to reach that goal. The employed officers are working early and late to bring their respective departments to the highest state of efficiency. The volunteer instructors are unselfishly faithful in the teaching of their classes. The students are beginning to get the vision of the desirability of a higher grade of work on their part. The trustees are spending hours and hours of time planning and working, and altogether an outsider sees evidence of the school's moving definitely toward its goal, and that goal is a high one. It only remains for the alumni and

members of the Osteopathic profession who are interested in this particular institution, to back up their words and pledges with assistance and money. Is it not possible for you to encourage this most desirable undertaking by that spontaneous response to this appeal which will make these hard-working individuals feel that you are back of them to the limit?

Yours for a most determined and immediate boost for the C. O. P. & S.

EDWARD H. LIGHT.

1921 Graduating Class of the College of Osteopathic Physicians and Surgeons.

The following graduated June 10th, from the College of Osteopathic Physicians and Surgeons, Los Angeles, California:

Edith A. Badillo, Everett C. Cunningham, Jack Goodfellow, Elsie Havenman, Lulu Malone, Thos. F. May, Wm. C. Nelson, Roscoe F. Wallace, Katherine Whitten, Lorenzo D. Whiting, Chas. E. Irving, Raymond C. Ireland, Georgia Miller Clark, Chester F. Foster, Mrs. Esther F. Hurt, Otto T. Grua, Maud M. Mason, W. Ostrowsky, Edith Walker, Bion S. Warner, Edith V. Witzel, Geo. F. Starr, Carl W. Lind.

CALIFORNIA STATE CONVENTION

E. G. BASHOR, D. O.

Dear Fellow Osteopath:

It is less than a week until the State convention in Los Angeles. We must each one consider it our special privilege and absolute duty to be there; not only for our own personal gain, but for the sake of the profession.



DR. E. G. BASHOR

Who edited the surgical number of the Western Osteopath and is chairman of the State Program which will be given at Los Angeles June 20-23.

Many things of vital interest to us individually and collectively will be presented at this time. By availing ourselves of these opportunities, we will have much more co-operation and make our influence felt as a distinct profession striving for a betterment of mankind.

The Program Committee has been exerting every effort to make this convention the best we have ever had. The work is arranged so all departments of our practise will be ably represented. Many of the old-timers whose ability is unquestioned will give us the advantage of their experience. Some of the

new blood in our profession will be represented by the later developments in our work.

It is important that you are here the first day and stay until the grand finale. Entertainment features will make you forget every care and worry. Note the program as outlined in the last, and in more detail in the May, WESTERN OSTEOPATH. We could not possibly allot time for all the good speakers, so many will be used in the discussion of the subjects named.

Listen to this! "Infant Feeding in Health and Disease"; something we all should study more carefully and know more about. "The Importance of Posture to the Development of Children"; "Premalignant States"; "Heart Troubles I Have Been Up Against"; and as many more just as important subjects I could mention. Get some of the other fellow's ideas; find out what he would do for that obstinate lesion that has been disturbing you, or how he would formulate diagnoses and plans of treatment for one of those puzzling cases.

You dare not miss it, Doctor; so start now. Plan your work so that we can all be together, June 20, 21, 22, 23. Work, study and play. Let's go. See you soon.

Convention P. G. Friday and Saturday, June 24-25

	EDW. T. ABBOTT, D. O.	
	Director Post-Graduate Work.	
8-10	Surgery at Hospitals.....	
8-9	Bone and Joint Clinics.....	Spencer
9-10	Management of Normal Pregnancy.....	Cayler
10-12	Surgery at Hospitals.....	
10-11	Management of Pulmonary Diseases.....	Bowling
	Danger Signs in Pregnancy.....	Bashor
	Gynaecology.....	Clark
1-5	Eye, Ear, Nose and Throat Clinics.....	
2-3	Bed-side Technic.....	Gaddis
	Management of Thyroid Diseases.....	Young
	Anesthesia.....	Brigham
	Optometry.....	Biddle
3-4	Technic.....	McManis
	Radium Therapy.....	Emery
	Use of Fluoroscopy in Diagnosis.....	Dresser
4-5	Technic, Friday.....	Edmiston
	Technic, Saturday.....	Burton
	Management of Gastrointestinal Cases.....	Farmer
	Physical Diagnosis.....	Bashor

MULTIPLE MALIGNANCY

By LOUISA BURNS, D. O., The A. T. Still Research Institute

Rather an unusual series of specimens has been sent me for tissue examination during the last few months. It has occurred to me that a short description of these, with some account of the diagnostic features involved, and occasionally some general discussion of the points of interest, might be of value.

Two specimens, both from one cervix uteri, were sent for examination. One was somewhat softer and somewhat redder than the other; both were about the size and the shape of a half-pea.

The first, the redder and softer specimen, was sectioned and stained. Characteristic spindle-celled sarcoma structure was displayed. This diagnosis was made upon these facts: The cells were of the typical spindle form; they were arranged irregularly; many of the cells showed aberrant karyokinetic figures; the blood-vessels were thin-walled, with considerable amount of hemorrhage per diapedesis in several areas; in many places a tendency to the formation of intercellular substance could be recognized. All of these facts are characteristic of spindle-celled sarcoma.

The second, the paler and somewhat denser specimen, was also sectioned and stained. This showed typical scirrhous carcinoma. The diagnosis was made upon these facts: The cells were arranged in groups, with frequent tendency to solid-cord formation; aberrant karyokinetic figures were common; walls of blood-vessels were thin and sometimes ragged; the tissues around the solid cords showed the effects of some proteolytic ferment; no tendency to the formation of intercellular substance could be found; the neoplastic tissue could be traced into glandular tissue at one edge; the connective tissue hyperplasia surrounded

densely the carcinomatous masses; this connective tissue was of the adult type, scanty in nuclear masses, composed chiefly of very fine and hard fibrils, resembling hair, whence the name.

The simultaneous appearance of these two distinct neoplasms, both distinctly malignant, though not of the most emphatic malignancy, is of considerable interest. No doubt in many cases the simultaneous occurrence of two or more malignant tumors is overlooked, partly because in extremely malignant neoplasms it is very difficult to distinguish the various types, and partly because, on finding one malignant tumor the examinations are usually stopped. It is, too often, taken for granted that malignancy is invariably of the same type in any one individual, and further study is thus neglected.

If we are ever to solve the problems presented by the malignant neoplasms, we must cease to "take for granted" anything not demonstrated by careful study of actual facts. We must study each specimen as if it contained within itself, as, indeed it does,—the essential features which explain, if only we were able to see clearly, all that we need to know to make ourselves master of the cancer problems.

No doubt it has little influence upon any person's history, whether both tumors are of the same type or not, so far as both are malignant; but it has considerable importance in our understanding of the entire subject, and in our future ability to control the cancer scourge, if we secure all the available facts and scrutinize them with care.

For the opportunity of examining these specimens, I am indebted to Dr. E. T. Abbott, Clinic Department, of the College of Osteopathic Physicians and Surgeons, Los Angeles.

UNUSUAL CASE OF INTESTINAL OBSTRUCTION

DR. HUBERT F. LEONARD, D. O., M. D., Portland, Oregon.

T. J. C., male, age 72, weight 220, shoemaker, well nourished and hard worker.

HISTORY—Constipation, some indigestion and considerable flatulence at times. March, 1919, had intestinal obstruction and nearly died, ten days before clearing up. Was in good condition till Feb. 27th, 1920, when he had an attack of so-called dysentery which

and diagnosed case as intestinal obstruction.

He began to have calm intervals and would intermit with fecal vomiting. On March 1st, I ordered to hospital for observation. One time enema would get results, then in few hours he would develop every symptom of obstruction in illo caecal region. X-Ray showed some trouble there. March 2nd-3rd patient much easier and some gas passing. March 4th, obstruction again, so I advised operation while his strength would permit.

OPERATION—Right rectus incision, exploration of gall-bladder and stomach revealed massive adhesions between gall-bladder, stomach and duodenum. Picking up caecum revealed practically normal appendix, no Lanes' kink. Following ilium I found large irregular shaped mass in ilium about five inches from ilio caecal valve diagnosed as enterolith. Tried to force it into colon but was unable to do so as it would not pass the valve. Incised ilium, removed stone two inches long and ranging from $1\frac{1}{8}$ to $1\frac{1}{2}$ inches in width and three-quarters to one inch in thickness, lower end rounded and would engage in ilio caecal valve on peristaltic movement and cause the obstruction.

Patient made perfect recovery and is well today. No doubt this was primarily a large gall stone and had followed a fistulous tract into intestine.



DR. H. F. LEONARD, D. O., M. D.

checked very suddenly and he began vomiting incessantly, not able to get anything through bowel.

Visited the first time by M. D. diagnosed as colic. On Dec. 29th, 1920, Dr. D. D. Young, my associate, was called

GLENARD'S DISEASE

By DAYTON B. HOLCOMB

Do many of you realize to what extent this condition prevails today, especially so among girls and women and the far-reaching effects? As a profession we must look to its prevention because I am of the opinion after several years' research work upon the gastro-intestinal field where I use ex-

tensively the roentgen ray that here lies one of the most menacing etiological factors of the sterility of women. In a brief way let me point out how it is being encouraged these days.

Can you find in any pictorial book on styles that does not show the figure of the supposed beautifully gowned

girl or woman but what you will see the shoulders dropped forward, the upper thorax is always purposely pictured as depressed, the abdomen always is more or less protruding? Is there anything which will produce a violent enteroptosis more quickly unless it be for these mimics of this slink that when they sit down to have them sit on the very front edge of the chair back about half way between the seat and the top?

Something must give way, for the thoracic cage is so very powerful and composed of so much osseous tissue that it compels the abdominal content to either push outward, weakening the walls, or to push down, even below the iliopectineal line portions of the transverse colon and some of the greater curvature of the stomach. This, with the superior flexure of the sigmoid, bears down upon the uterus and adnexa until at last flexures or versions are produced which in greater or less time become so acute in nature that conception becomes impossible. However, this may progress in its pathology by the leucorrhœas and the inflammatory condition of the tissues of the uterus, also many times we find one or both ovaries prolapsed and will be picked up in bimanual technic lying upon the anterior wall of the rectum with the uterus retroflexed or retroverted pressing upon it.

Here you will find, as I have found, many, many sufferers of not only vicious menstrual disturbances but more complex because of the irritation which will involve the most vital sympathetic plexus, which not only govern reproduction but the ganglia impar is continually stimulated and some of the cardo-vascular symptoms develop and then as the various links of the chain in life which should be of health and happiness break down one after the other until the young woman is

made old in body and a continuous sufferer.

I present this picture to you, knowing that we all meet every day with them and only in this brief way I beg of you all to visualize the progress closely and recall the number in your practice who are made or being made into this life of uselessness. Do not scold them but try and create in their minds the queenly bearing of a healthy, happy woman and ever in a pleasant way, speak but few words to encourage them to change for you will find girls do not like lectures and after a woman has become once discouraged over her condition, especially when she not only has had to suffer several years with the most obstinate form of constipation, complicated with female conditions, including her periodic one to four-day headache, and looking older than her mother. You must then be the real physician and adviser to bring her back.

Get at the upper dorsal, raise the shoulders; establish the normal spinal curves. Make them do as young men are taught in military life—up with the chest and in with the abdomen, and normal breathing.

Fare and One-third to Cleveland

Have just received this morning official notice from the Transcontinental Passenger Association at Chicago of the reduced rates of a fare and a third from the Coast to Eastern points. The date of sale, June 15th to August 15th, final limit of three months from date of sale, but no later than October the 31st. "It is recommended that delegates to your convention confer with their own ticket agents, who will be able to give them more detail information regarding fares, rates, attractions, etc., etc."

W. E. WALDO.

PROFESSIONAL EDUCATION DEPARTMENT

Dr. Arthur T. Seymour, State Chairman

Answers to Questions—Series 1, No. 1

By DR. R. W. BOWLING

continued from May issue

8. Hay fever presents a case similar in its essentials to that of laryngismus stridulus. The pollen of certain plants containing irritant taxalbumins supplying the exciting cause; here the hyper-



DR. ARTHUR T. SEYMOUR
Stockton, Calif.

Chairman of the Professional Education Committee. Graduated from the L. A. C. O. January 27, 1910. Re-entered the C. O. P. S. as interne of Eye, Ear, Nose and Throat Clinic, 1919, and received his diploma.

sensitive state of the vasomotor center innervating the upper respiratory passages gives rise to the coryzal type of hay fever, while a similar condition of the center or centers, parasympathetic in both instances, and distributed through the cranial nerves to the lower respiratory passages establishes the predisposition to the asthmatic type. The cervical lesion; a more or less fixation of a cervical articulation, may impinge intermittently upon some filament of the vertebral plexus regulating and controlling the nutritional state of the nerve cell cluster distributing its axones, in the former instance to the

mucous membrane of the nasal passages, and in the latter to the mucous membranes and musculature of the bronchial tree.

9. Bronchial asthma is a dyspnea due to obstruction of the bronchial lumen from three causes: 1st. Swollen mucosa from vaso-dilatation. 2nd. Hyper-secretion of mucuous glands resulting in molds formed of superimposed layers of mucin. 3rd. Spasm of the circular muscle cells in bronchial wall. Located in the medulla, closely related to the general respiratory center, are cell groups with the three functions, to wit: vaso-dilator, excitoglandular and excitomotor. From these parasympathetic centers axones pass down the vagus trunks to the posterior pulmonary plexuses and through the rami bronchiales to the bronchial walls. A cervical lesion, acting as has been explained in answers to questions 7 and 8, would, through its impairment of blood distribution, to this triple center, diminish the nutritional norm and greatly lower the threshold for unusual, and even at times ordinary stimuli, whether received by the cerebro-spinal axis from without, from pathologic organic states, or from strong psychic states, phobias, etc. The exaggerated response to these stimuli which in normal individuals would be without effect, results in the attack of bronchial asthma in the unfortunate thus predisposed.

10. The upper pier of a lateral dorsal curve is located in the upper thoracic region where the maximum plus irritation occasioned by movement at junction of abnormal with normal spine affects maximally those neuromeres (second, third and fourth thoracic), which send their preganglionic, sym-

pathetic, (vaso-constrictor) axones in to the second, third and fourth thoracic ganglia, thence to the posterior pulmonary plexus and through rami bronchiales to bronchial tubes. The more or less constant plus stimulation of the vaso-constrictor centers controlling and regulating nutrition of the bronchial tubes results in a locally lowered resistance inviting pathogenic bacterial invasion.

11. The affirmation contained in this question is taken from the German statistics gathered from school records or physical examinations in the grades corresponding to our grammar schools. The explanation is contained in answer to question 10. Question 11 was introduced more to impress the statement therein contained than to broaden the scope of study necessary for explaining a fact so palpably vital to the interests not only of the present but of posterity. Wherever one reads in scientific, quasi-scientific, or not scientific at all, literature, one finds reference to the enormous damage occasioned by scolioses and other vertebral abnormalities, not indeed from any harm that may accrue directly from a twisted spine, for this column is so wonderfully, remarkably constructed that it can perform its function of support when as twisted as a corkscrew, but woe to him who has a distorted spine. Functional diseases and organic diseases of every type are the inevitable effects: the great white plague, as tuberculosis has been aptly called, saps the life and energy of the world's people. It is claimed that among the Chinese that at least 50% are victims of pulmonary phthisis. Its frequency among ourselves is too well known to need comment. Therefore let me reiterate the solemn obligation imposed by our Osteopathic thought and training to thoroughly master the philosophy of the human peril existing in these thoracic scoli-

oses and the incalculable benefits resulting from their correction.

12. It is apparent from answer to question 10 that any structural maladjustments of the upper thoracic spine or upper thorax would stimulate maximally through their afferent nerves the upper thoracic neuromeres, and since these upper cordal segments, specifically 2nd, 3rd and 4th thoracic, contain the centers distributing the sympathetic stimuli through the anterior pulmonary plexuses to the lungs it is obvious that the interference with vasomotion and nutrition would prepare an inviting hotbed for the seeds of disease carried by the blood from a primary glandular focus of infection to this excellently prepared seed bed.

13. The bronchial tubes receive their sympathetic innervation from the 2nd, 3rd and 4th thoracic neuromeres. The functions of these sympathetic axones are vaso-constriction, glandular inhibition and inhibition to the circular muscular fibres of the bronchial tubes. We have seen from answer to question 9 the possible lesional causation of bronchial asthma; the stimuli from the hyper-sensitive centers in the modulla produce vaso-dilation, glandular hyperactivity and contraction of the circular muscle of the bronchial tubes. Strong stimulation of the upper thoracic region antagonizes the abnormal stimuli descending through the vagi and overpowers them, resulting in lessening hyperemia of the bronchial mucosa, hyper-secretion of the bronchial mucous glands and spasm of the bronchial musculature.

14. This reflexly induced effect through the cordal segments explained in question 13 is identical in effect with stimulation of the sympathetic terminals at the tubes induced by epinephrin. The advantage of mechani-

cal stimulation over administration of epinephrin lies in the lesser danger to the arterial walls from the former method. However, it must be remembered that both are palliative measures. The curative treatment should be aimed at the cervical lesion causing the malnutrition and hyper-excitability of medullary center.

15. Should explanation of lesional causation of bronchial asthma as set forth in answer 9 be accepted it is plain that stimulation of the vagi carrying to the bronchi the three types of plus stimuli generated by the hyper-sensitive medullary centers would increase the abnormal conditions obstructing the bronchi and occasioning the dyspnea.

16. This answer will be comprehensible when we think of fibrinous bronchitis as a localized and circumscribed asthmatic condition. It is claimed by those who have had the opportunity of studying this rare disease that the molds coughed up during the successive paroxysms are identical in size and shape. Each mold corresponds in size and shape with those expectorated during the other attacks. Post-mortem evidence seems to prove my assumption that the localized plugging is identical with the more widely disseminated distribution in bronchial asthma. Granting this hypothesis tenable, the identical with the more widely disseminated detailed in answer 9, save that cervical lesion acts identically as has the impingement and irritation are confined to fewer axones and the hyper-excitability resulting in the triple medullary center is limited to a portion of this center distributed to a circumscribed area of the bronchial tree.

17. Through corrective work applied to any upper thoracic lesions diagnosed. More immediately important is mechanical stimulation of the vagi as they pass through the neck in front of the

transverse processes. I have demonstrated this effect on the heart through changes in the sphygmographic tracings following application of such stimulation, and by stethoscopic examination of the heart during the experiment. This treatment should be given last; if upon the table, operator should stand at head of patient, using thumbs as applicators intermittently twanging the vagi from cranium to chest against the subjacent tissues. If patient be not orthopnoeic but bedridden, physician may sit in straight chair of ordinary height by bedside, place pillow upon knees and drawing patient diagonally across bed, hold his head on pillow, applying treatment as above. Should patient be orthopnoeic this treatment is difficult of application but possible. Each case will present its own difficulties and the physician's common sense must determine the method of application.

18. It is admittedly impossible to explain why cases of emphysema and bronchiectasis caused by increased pressure from within should not be frequently combined. The discussion to follow is submitted merely as a working hypothesis. It seems tenable and explains from an Osteopathic viewpoint the lesional cause of this observed and unexplained fact. The 2nd, 3rd and 4th thoracic neuromeres contain the sympathetic centers from which, through the corresponding ganglia and pulmonary plexuses, are distributed the axones controlling and regulating vaso-motion and nutrition of the bronchial tubes and lungs. It seems that the posterior pulmonary plexuses are chiefly concerned with innervation of bronchial tubes, and the anterior plexuses mainly distributed to the lungs. The assumption is not unreasonable that these nerve distributions originate from distinctly segregated portions of the cordal segment mentioned above (2nd, 3rd and 4th thoracic). Let us suppose that from

the upper half of this segment are generated the stimuli distributed to the bronchial tubes, while from the lower half tissue those for the lungs. A lesion of the thoracic spine or thorax so situated as to produce its maximal effect upon the upper or bronchial center would so lower the nutritional index of the bronchial tubes as to render them less fit to resist dilatation from unusual pressure. Lesions localized somewhat lower whose maximal irritation would influence the lower or lung sympathetic center would have similar deleterious effect upon the lung tissues, predisposing them to undue stretching force of increased intra-pulmonary pressure and to persistence of such distended state from loss of normal elasticity and tone. It should be understood throughout this discussion that the effect produced at the cordal sympathetic center results from stimuli carried in to such center over afferent axones, rami articulares being preponderant in this plus bombardment of the centers. Observation of children presenting emphysema universalls, a rare congenital form of emphysema, should disclose macroscopic evidence serving to prove, or disprove, this theory. It will of course be noted that this consideration does not include those cases of emphysema and bronchiectasis the result of local causes, yet such local causes and effects occur as a result of vascular changes brought about by pressure effects on the blood and nutrition regulating nerve mechanisms at the periphery. No doubt every Osteopathic physician has had ample opportunity to establish the contention from clinical observation that lesions are present in the upper thoracic spine and thorax in all cases of emphysema and bronchiectasis seen by him. Question 18 and its answer are intended to supply a reasonable connection between the diseases under discussion and the observed lesions.

19. One should keep in mind the fact that a contest is going on within the

lung infected by tubercle bacilli, the bacilli having produced through the processes of reaction pathologic changes which tend to destroy the tissues involved. Around the tubercular area is occurring a protective fibrosis tending to confine the process within the encapsulating wall. Destruction and extension versus constriction and limitation. If this process be visualized it is evident that every effort must be made to reinforce the limiting fibrosis and positively nothing done which could retard this process and favor extension of the infection to surrounding healthy tissue. As in Potts disease and tubercular joints, fixation and rest are indicated and favor recovery; so it would seem the lung tissue should be as little disturbed as may be; therefore I strongly urge that in treating incipient tuberculosis the treatment be confined to a technic doing no violence to the thorax. All movements likely to distort or twist the thorax and possibly the enclosed viscera should be abjured. May I digress to say that in my opinion careful manipulative treatment corrective to muscular, ligamentous and osseous lesions of the upper thoracic spine and thorax is the only aid as yet devised to the energetic and rigid hygienic treatment now universally adopted. In the treatment of incipient tuberculosis as in the treatment of other infections, a double problem presents itself for solution. Upon the one hand an effort to destroy the invading bacteria, upon the other, every attention and endeavor must be concentrated toward raising the local and general resistance of the host. Since internal disinfection is, and will probably always be impossible because bacteria are distinctly more resistant to the destructive effects of antiseptics and germicides than are the animal cells, we have left the other insistent desideratum—that is, raise the patient's resistance. There is no more effective way of accomplishing this after rest, proper feeding, environ-

mental adjustment, and proper elimination have been attended to, than to remove the probably always present structural mal-adjustments which have predisposed the lungs to infection, cordially invited and hospitably entertained the hoards of destruction.

20. From previous answers to questions concerning the effects of lesions upon the bronchial tubes and lungs predisposing them to pathologic states it is clear that pneumonias prove no exception. One wonders why so often bacteria of distinctive pneumonia causation types are found in the sputa of patients with no more serious disease than mild bronchitis. The assumption that such individuals have a high state of local resistance is reasonable. If it can be demonstrated that

such persons present no actively irritating structural lesions the case would be proven. Careful Osteopathic observers have often verified the above premises; therefore I feel justified in concluding that in at least a large percentage of pneumonic cases will be found lesions acting reflexly through the sympathetic respiratory centers upon the lungs predisposing them to pneumonic infection. The philosophy of treatment along corrective lines is self-evident. Correction of existing lesions should normalize the innervation and circulation of the diseased lungs, making possible those protective reactions which Nature has learned through unnumbered generations of experience, how to carry to a favorable issue.

TREATMENT OF BURN

This case, a woman middle-aged and at menopause, set fire to her clothing, when cooking over a gas stove. The

The accident occurred in a town, where treatments were directed to overcome shock, but the wounds became badly infected and she was transported to a hospital in Los Angeles. Treatments here were to overcome infection and skin-grafting was resorted to, but it was not successful. Patient was then moved to Santa Barbara and I first saw her on February 15, 1920. The first and second degree burns were completely healed, but the third degree area had a healthy appearance and only an edge, that looked as if there was intention of healing. It had taken four months for our medical friends to accomplish this.



DR. O. P. OUSDAL

Dr. O. P. Ousdal is a descendant of an old Viking family. He is a graduate nurse and served the best doctors in the United States and his brother-in-law, a Rush medical graduate. The little faith in the pills they gave and the constant demand for his massage and hydrotherapy brought him to Osteopathy.

back was burned from the heels to the shoulderblades to a greater or less degree.

The treatments have been the "open" method. The patient is exposed day and night to the air and sunshine. When healing seems to slow up, a stimulation by application of heat from a nitrogen lamp until the blood would stand like drops over the area would hurry the growth again.

The wound has been cleaned with boracic acid. Scarlet salve has been daily applied at the edge and unguentine over the wound. Care has been taken in not rubbing the surface too hard when cleaning it.

Spinal manipulative treatments were given daily. Manipulation over the healed area to the skin and muscles prevented any adhesions, so she has full freedom of muscular movements. The menstrual flow had ceased, but appeared and has been regular ever since third week of spinal manipulation. The injured area measured: 1st ° (degree), 80 square inches; 2nd ° (degree), 34 square inches; 3d ° (degree), 483

square inches. Total, 597 square inches.

An old lady of 76 years has been trained to dress the wounds and has been giving better satisfaction than a graduated visiting nurse. There are some other details about the treatment which will make this too long, but the fact of a growth of an inch a day on the third ° area, I think, speaks well for Osteopathy.

A. P. OUSDAL.

Of the Woman's Osteopathic Club, L. A.



DR. LOUISE P. CROW
 Pres., Woman's Osteopathic Club, Los Angeles, whose organization will take over the July issue of the W. O.



CLARA JUDSON STILLMAN
 Member of Editing Committee for the July Western Osteopath



DR. LILLA VANCE
 Lilla Vance, D. O., graduate of the College of Osteopathic Physicians and Surgeons, Los Angeles. Corresponding Secretary of the Woman's Osteopathic Club.



DR. EVA KATE COFFEY
 Recording Secretary Woman's Osteopathic Club, Los Angeles



DR. EMILJE VICTORIA SUTTON

President, Bay Association

It might be of interest to tell you how I came to study Osteopathy:

In the summer of 1907 I took some treatments from Dr. Ernest Sisson, while on vacation from my position as a teacher in the Los Angeles city schools.

I was the house guest of a patient of his. While discussing this patient one day, and the serious condition of her heart, he paused momentarily in treating the interscapular region saying: "There's where the nerves to the heart are given off."

I was unconscious of the registering of this remark, but a week later while with her on a motor trip, we had an accident which narrowly escaped being very serious. Seeing her ashen face and staring eyes, I attempted to reassure her, and then Dr. Ernest's words, as above, came

vividly to mind. I fumbled clumsily in the region indicated by him, and watched the color come back and pulse normalize.

"Did you ever think of studying Osteopathy?" said my friend later in the day, "Your fingers are so firm. I believe you'd be wonderful."

Half in joke, I told this incident to Dr. Sisson, and he never rested until I was on my way to Kirksville, and I'm glad to say I've never had a moment of regret.



DR. H. C. EVANS

Vice-President, C. O. A.

Premedical work in Wittenberg College and Chicago University. Was graduated from Los Angeles College of Osteopathy. Practiced in Woodland for ten years.



DR. E. E. DONNELLY, Pasadena

Chairman State Clinic



WALLACE C. CLARK, D. O.

Graduated from College of Osteopathic Physicians and Surgeons, June 6, 1918. Entered military service July 17, 1918, and served as hospital interne at Los Angeles County Hospital from March 18, 1919, to July 1, 1920.



DR. UNA W. CAREY
Pres. Sacramento Osteopathic Society



DR. LEWIS BRUCE
Lindsay, Calif.
President Fresno District Association



DR. CAROLINE PAINE-JACKMAN
Vice-President of the Woman's Osteo-
pathic Club of Los Angeles, Calif.



DR. HARRIET E. HINDS
President Pasadena Association

Some Local Presidents

We regret not being able to secure all official photos for this issue, but hope they will be available for later numbers.

Extra copies of W. O. 20 cents



DR. CHARLES H. SPENCER
Chairman Legislative Committee



DR. HENRY F. MILES,
Graduated P. C. O. '99; State President, '08; member Legislative Committee for 20 years; now dean of C. O. P. S.



DR. W. W. VANDERBURG
Member Legislative Committee. First editor of WESTERN OSTEOPATH.



DR. C. B. ROWLINGSON
Sec.-Treas. C. O. A. and W. O. A.

These heroes were sacrificed in the supreme conflict of all human history. They saw democracy challenged and defended it. They saw America affronted, and resented it. They saw our nation's right imperiled and stamped those rights with a new sanctity and renewed security.—President Harding, from *Memorial Address*.

"LEST WE FORGET"



Sacrifice .

Who knows its meaning? Perhaps the old Doctor touched it at a few points. Mothers must enter somewhat into its depths; unnamed men and women who are quietly paying out their lives in unmeasured service, sometimes maligned and misunderstood, may gather hints of its meaning. Only those who have left everything, given up everything, including self, can know. On the lips of those who come back from contact with the supreme sacrifice, this word finds little place. Yet we find ourselves speaking with

great gusto about the few days or dollars we "sacrifice." These returned men, many of them handicapped, often find little encouragement trying to retrieve the losses that came while we prospered. Look again at this page and we will nevermore be guilty of stopping to measure up or publish *our sacrifices*. These gold-star men were our own comrades. "They saw democracy challenged, and defended it." They *gave to save*. They sensed the spirit of battles that "must not be again." They scaled the parapets of *sacrifice* and achieved *immortality*.

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VICE-PRESIDENT, Dr. H. C. EVANS, Woodland.
SECRETARY-TREASURER, Dr. C. B. ROWLINGSON,
796 Kensington Road, Los Angeles.

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EDITORIALS

First read Dr. Atzen's message. Did ever a more drastic, far-reaching and outrageous ruling ever come from Washington? This may be but the beginning of a series that would override all State regulations we might obtain. But its very severity must prove its undoing.

Should any further stimulation be necessary to assure our presence and response at our State meetings, and at our national gathering at Cleveland? *We think not. The issues of the hour command immediate, concerted action.*

Some Matters to Be Considered at Convention.

Our program at Los Angeles has been arranged so as to give time for careful consideration of the business and association interests of our profession.

We have come to a period in our history when the management of an organization that collects and spends many thousands of dollars each year should have careful managerial scrutiny from the general membership at convention week. Let the general profession know more of the detail working of the business side of our association and they will have a keener interest and take responsibility. And we perforce must accept these responsibilities not simply as narrow, prejudiced professionals, but as broad-gauged men of affairs; otherwise we lose our symmetry and power for efficient functioning.

The Budget.

For years we have heard about a budget system, but as Mark Twain said of the weather, we talk of it and lay in our complaints with great emphasis, but nobody does anything about it. We should know about what sums we need for protective measures, how much for public education and so on through the list. As it is, some shrewd commercial firm comes along and tries to sell us some ready-to-wear, hand-me-downs, guaranteed to be a get-patients-quick method, and we are soon on the dotted line. Why, because we had simply been too busy or indifferent to know that we have our own officials and material ready, awaiting our co-operation. Why not give the improved *Osteopathic Magazine* a trial, or Smith, or Ruddy, or Bunting, or Williams.

We were told that a percentage of our dues would be directed to such items—it has not been, so far—can we correct it this year?

Did you take seriously the thousands of dollars of free publicity that Dr. Ruddy got for us the last two years with every circuit clinician. There is nothing equal to it. And Dr. R. K. Smith has begged us to work on a similar fee-free basis. Let's get in a real convention session on some of these neglected fields.

Close to this and even more vital are our college interests. Let us know all the facts, the difficulties that still exist, the obstacles already mastered and the

promise for the future.

Our local clinics which are budding and growing in several centers, must claim a share in our deliberations. It's a new field and we must come from our convention with vision and enthusiasm plus specifications.

Legislation and its varying phases we may be tired of, or think we know all about. Perhaps a few do, but give the rest, who haven't been specializing in this, time to catch up.

The cry comes through the Illinois *Bulletin* for leaders for our cause—some one with vision, but that's not enough—he must have *far vision*, and be able to divine something of the end from the beginning. He may be some one we never heard of, so whether he be now tending his father's sheep, or Elijah-like, plowing a deep, straight furrow for Osteopathy, the occasion must bring him forth; but in the meantime there is wisdom in the multitude of frank, fearless councillors at our conventions.

John Burroughs.

Through this great man's courtesy to a little child while waiting at a railroad station, a few were privileged to meet for the first time our country's great naturalist. Learning of our work, he remarked: "Osteopathy I believe in and recommend to my friends; drugs I have no use for."

Asked about his poem, "Waiting," he said: "A little over 50 years ago I wrote it while studying medicine in a doctor's office at Poughkeepsie, N. Y. It was published in the *Knickerbocker Magazine*. Whittier saw it, and favorably commented on it." This started it with its message around the world, bringing hope and courage to many a soul who felt as Burroughs did then, dissatisfied with his lot, but sure that "his own" must come to him, and it came—a hundred fold.

Why Not Give a Tenth of Our Income?

Did you ever know a man or institution that did not prosper after placing his giving on this businesslike basis? Try it for a year. Then the \$10.00 a month for a local clinic and \$10.00 for our college, and \$10.00 for legislation, and \$10.00 for publicity, and a few more tens or fives for other interests wouldn't make us worry or wonder. Those little ten-dollar pieces would be right there, eagerly waiting to go on their mission. Those who follow the plan say it's the greatest relief possible. By this method you know how much you should give and the giving becomes a greater pleasure than the getting.

Congratulations!

An Eastern Circuit Clinic Formed.

Diagnosis, Technic, Publicity, Public Education, is their slogan. Could there be a better one? In a letter signed "Dickery Dock," we have the following paragraph:

"Doctor Dear: On the Pacific Coast, where the people are as progressive as synthetic milk, there is an Osteopathic organization which includes several States. In this association has been established a Circuit Clinic which works this way: About once each month a technician or a clinician of repute and worth goes to every district in each State and spends one day, examining cases, outlining and demonstrating treatment, and lecturing to the public in the evening. Diagnosis, technic, publicity, and public education, the *sine qua non* of Osteopathy, are thus brought into every district at small expense. A post-graduate course is provided and baffling cases are cared for without recourse to the allopathic ranks. Such a scheme is all to the mustard, isn't it? Why not have one right here where we live? We shall! and this is the first step.

Colorado Conference

The Colorado Osteopathic Association invites all Osteopaths who wish to "cool off and brush up," to attend their Twenty-second Annual Meeting and Fifth Rocky Mountain Osteopathic Conference at Colorado Springs, July 11th to 16th, 1921.

We are inviting especially the profession of the States immediately east and south of us, but will welcome all.

A fine program is prepared, and we expect a meeting that will be fully up to the ones provided in the past, and even better.

MARTHA A. MORRISON, *Secretary.*

The Younger D. O.

The season of conventions is on, as is also the call of the wild, but can we be fair to ourselves and our profession by non-attendance? We must have the old-timers there; they must not forsake us now. They have a heritage that must be shared, and even more the younger group, for their interests are paramount. This group must take a new responsibility. They must profit from our mistakes. We have years-old prejudices and former line-ups that are too easy to fall back into. Some of us haven't outgrown them. And there is no place like a convention for conference and consolidation. You younger men get in and clear the atmosphere.

Remember, nothing is settled till it's settled right. Let's hear the minority fellow through. It's 50-50 that we will all be on his side a year from now. Let's contend with spirit for the thing as we see it, and give every man and issue a square deal. Speak and act in the open, be as ready to *yield* as to *wield* for cause, on occasion, remembering that our college is chiefest of all, and that our splendid body of organized D. O.s can, if united and oiled with a bit of human kindness, build here in this great West land an institution that will make all future decades our debtor.

Thank You!

This is the close of our fourth year as editor and we wish right now to thank a lot of folks for making the WESTERN OSTEOPATH possible, when many like publications have had to succumb before the excessive paper and print rates which still prevail. First, our office help, our generous contributors, our subscribers, our indulgent readers, our critics, our officials, our patient printers, all have helped, and not among the least, our loyal "ad" friends whose co-operation has furnished us the sinews of war. They are a list any magazine may be proud of. You will find many of them at our Los Angeles convention. These are all helping in the fight we are making against medical domination; and, while it's not our fight alone, but also that of the people, yet the responsibility is with us.

For your faith, your support, your loyalty, your criticisms, and your generous words, *we thank you.*

W. O. A. Convention

Remember, the Western States Osteopathic Association will convene at Portland, Oregon, this year, with Dr. C. C. Reid and other notables on a fine program that Dr. Carrie Freeman of Boise is working out.

We are all indebted to Dr. Freeman for her work as program chairman of the Circuit Clinic.

From reports received, Dr. Whiting seems to be one of the biggest hits yet. In some centers return engagements have been arranged.

"Another good thing about telling the truth is—you don't have to remember what you say."

A good way to show your appreciation of the sacrifice made in our behalf is to stop at the Hotel Rosslyn, Los Angeles; Senator Dwight Hart, Proprietor.

MEMBERS OF THE LOS ANGELES OSTEOPATHIC SURGICAL SOCIETY



Standing (left to right): Drs. Laeltes T. White, Robert D. Emery, W. Curtis Brigham, Norman C. Stewart, Ernest G. Bashor.

Sitting (left to right): Drs. T. J. Ruddy, Edward B. Jones, Wm. Bartosh, O. A. Dieterich, Edward T. Abbott, T. C. Young, W. V. Goodfellow.

Osteopathy at an Outpost

By ROBERTA WIMER FORD, D. O.

She was fair-haired and slight, this little Methodist Osteopathic physician from Kansas, who went as superintendent to an Esquimo orphanage, thirty miles from Nome, Alaska.

Because of scarcity of helpers, she served as matron, too, teaching cooking, sewing, laundering and general housekeeping, besides supervising the native apprentices who had charge of the reindeer herd and providing for the health of her community.

One would not anticipate much excitement or many thrills in a village of 78 native Esquimos, besides 39 orphan children in "The Home," four of them being bottle-fed, from eight to eighteen months old—two other teachers and a Government agent.

However, life in the Far North is never dull, and things are always happening there.

In one October week she witnessed the greatest storm that has torn that coast since the history of the white man in Alaska. It washed away most of the native huts, part of the mission house and practically all of a season's efforts of buried walrus meat, dried

fish, berries, and other provisions and food.

In a later year on a September's Friday night, the mission burned—two little ones perishing in the flames.

In a country where mails are sometimes six months late, one's nearest white neighbors thirty miles away, conveniences few and far between, one develops initiative and self-reliance.

In November, 1918, flu came to this peaceful village. This little doctor and two other women were the total white population here. Her first care was for the children, of course, but despite her best efforts 39 adults and five children succumbed.

A few days following, three white men were sent out from Nome, to give assistance to all the villages along the coast.

The Fates had ordained for this brave woman, six years of meeting, fighting and overcoming flood, fire, famine and pestilence, all of which she did valiantly, and in the doing of it gained strength, weight and youth again, so great is the joy of achievement.

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.



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Vulcan X-Ray and Vulcan Treatment Apparatus is practically the Standard of the Osteopathic Profession of California. Adopted by the College of Osteopathic Physicians & Surgeons and by leaders of the Profession. References everywhere.

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Convention June 20-23, 1921

KENISTON & ROOT. Established 1888. Two California stores: Los Angeles, 418 West Sixth St.; Sacramento, 1010 Tenth Street. Oldest and largest surgical instrument house in the West. Leaders in the distribution of physicians' and hospital supplies of all kinds. Pioneers in various lines of sick-room equipment. Hospital and medical office furnishings a specialty. Our department of silk elastic goods for the correction of varicose ailments unsurpassed. Prices given and estimates submitted upon request. Thirty-three years square dealing our guarantee. We solicit your valued patronage.

McMANIS TABLE. Here is a strictly Osteopathic product created by an Osteopath, to lessen the amount of the Osteopath's labor and to make him more efficient. The Profession is sure to crowd this booth.

THE NUJOL Exhibit at the forthcoming Convention in Los Angeles in June next will be a unique affair, and all who are interested in the safe and sane method of aiding our treatment of constipation will have an opportunity of receiving a sample of this unsurpassed product, together with instructive literature.

THE SPENCER REJUVENO CORSETS AND ABDOMINAL BELTS will be demonstrated in Booth No. 2 at the Osteopath Convention. Our corsets and supports are specially designed to correct improper posture, care of enteroptosis, floating kidney, hernia, sacro-illiac strain, etc., etc. Doctor, we know you get results, and we KNOW the Spencer Rejuveno Corset and Belt, properly adjusted, will be a manifold help in retaining the results you desire.

PHILLIPS' MILK OF MAGNESIA. This firm and compound do not need any lengthy introduction to the Osteopathic Profession. Our old friend Dr. Rich will be in charge of the exhibit as usual.

DOX MOX. The manufacturers of this attractive line of physicians' gowns have a product that should be of interest to every Osteopath. **Dox Mox** is a new-comer to Osteopathic exhibits, but will not long be a stranger to the Profession.

GLYCO-THYMOLINE. No California Osteopathic Convention would be complete without an exhibit of Glyco-Thymoline, and the presence of its distributor, Dr. Wallace Spofford. Welcome to our midst, Doctor.

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THE ELECTRO-THERAPEUTIC APPLIANCE COMPANY, John A. Wilferth, Mgr., one of the oldest established electrical concerns, specializing in therapeutic appliances, will have an interesting exhibit at the Convention. The very latest products will be shown, both in treatment outfits and X-Ray apparatus. Ample facilities will be offered all visitors to demonstrate these outfits and it is hoped every one will take advantage of the opportunity.

THE MILLS SHOE CO. opened a new store September 15th at 828 So. Broadway. They have the exclusive agency for the Socket-Fit Arch and Heel Surgical Shoe. Osteopaths should investigate.

THE VITALAIT LABORATORY of Pasadena and San Francisco has requested the privilege of providing the ribbons to be worn by the delegates and visitors to the Convention on June 21st, 22nd and 23rd at the Gamut Club House in Los Angeles. The Laboratory is doing this to express its appreciation for the co-operation it has met from the Osteopaths of California.

These active dispensers of fresh cultures of the bacillus *Bulgaricus* sent direct-to-your-patient will occupy Booth No. 1 at the right of the entrance to the exhibit hall. Call there for your ribbon.

For X-Ray apparatus and all accessories patronize a surgical house with an efficient service staff. This will

save you dollars. Yours for service,
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The Los Angeles houses welcome the opportunity of meeting the Profession again—particularly the **PACIFIC SURGICAL MFG. COMPANY**.

Several articles have been ordered especially for the Convention. A new therapeutic lamp, more compact and lighter in weight—also in price—will be shown.

Also a line of throat instruments—tonsil, nasal and similar instruments will be among those present. The Pacific Surgical Mfg. Company will be very glad indeed to have you "linger" on your way to the registration booth—and afterward, to show you "the line."

Oh, yes! just inside the door—in the center of the room—either way you face.

You will find one of the most interesting exhibits to be the New Burdick Mercury Quartz Lamp, shown by Mr. **FRANK H. HOOSE**, No. 228 Bradbury Bldg., Los Angeles.

The well-known Thompson-Plaster Electrical Cabinet and the latest Fischer X-Ray Transformer will be shown.

Mr. Hoose is also agent for The Wm. Meyer Co. of Chicago, manufacturers of the finest grade of Radiographic and Fluoroscopic Tables.

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LOS ANGELES, CALIF.

Personal.

Dr. Charles E. Robinson wishes to announce his return to practice after two years post-graduate and hospital work. Suite 309-310-311 First Savings Bank Building, Oakland, Calif. Telephone Oakland 2430.

Dr. D. E. Pearl Has Distinguished Himself in His Profession

(From The Reedley Ledger.)

Dr. D. E. Pearl, a former Reedley boy, has distinguished himself in his chosen profession, Osteopathy. For some years past he has been Osteopathic Technician for the McManis Table Company of Kirksville, Missouri. So assiduously has he devoted his time to his work that now he is able to render services to the McManis Table Company that are indispensable.

So thoroughly has Dr. Pearl perfected himself in the methods used by Osteopathic physicians and so highly skilled has he become in the technic of manual manipulations that the Still College of Osteopathy of Des Moines, Iowa, have placed him on their faculty, where he will devote a certain amount of time each year teaching advanced methods in manipulative therapeutics.

Dr. Pearl is the son of Mr. and Mrs. J. H. Pearl, and about six years ago left Reedley for the East. Since then he has served in the army and has been here a few times visiting his folks.

Dr. Albert J. and Dr. Cora Belle Molyneux of Jersey City, N. J., have recently purchased a summer home at Lake Hopatcong, N. J.

It will be known as "Camp Osteopathy," and the doctors will maintain a branch office there during the season, in connection with city offices.

Dr. Fanny E. Shutts, Osteopathic physician, announces the opening of her office on June the 1st, at Ogonquit Village, near York Harbor, Maine.

Dr. Joseph Swart and Dr. Lillian B. Lauver were married on Thursday, May the 26th, 1921, at their residence, 625 Ann avenue, Kansas City, Kansas.

Dr. D. L. Clark of Denver is another one of our early doctors who has raised his office fee to \$5.00 a treatment.

One of the most notable dinners held during June at Los Angeles was the Alumni dinner gathering of the husbands and wives of all graduates P. C. O., L. A. C. O., C. O. P. & S., together with the trustees, members of faculty and clinical staff of the college.

The guests of the evening were the members of the graduating class of June, '21. It was an informal dinner held at the Union League Club. Full report later.

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Drs. J. V. and Lulu F. McManis will demonstrate a mechanical treatment table in the Bay section from June 2nd to the 14th. His technic is worth all the time you can give him, and his tables will soon be in nearly every office.

Dr. W. E. Waldo, president of the American Osteopathic Association, addressed the Associated Industries of Seattle, Washington, Monday, May the 9th; subject, "Optism." He also addressed the Everett Rotary Club, May the 14th, on "Osteopathy—What It Is

Notice

Atlas and Calumet field men coming to convention, look forward to a real get-together and stag banquet to be held some evening during the convention. Plans are now under way and the date will be given out upon your arrival.

**A. O. A. CONVENTION JULY 25-29.
LET'S GO.**

There are good locations in Oregon. Detailed information may be had by writing to the Secretary, Luther H. Howland, 915 Selling Building, Portland, Oregon.

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(See Journal of A. O. A.)

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Nonne test	2.00
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Bacteria, through smear	1.00
Bacteria, through culture	2.00
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Complete examination, including physical, albumen, sugar, Noguchi butyric acid test, Nonne test, Wassermann and Noguchi tests, cytology and bacteria by smear	10.00

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Microscopic examination for T. B., etc.	\$1.00
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Macroscopic and microscopic examination for amoeba, protozoa, etc.	\$2.00
Occult blood	1.00
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YOU, doctor, by your strict physical examinations must discover the appalling prevalence of spinal troubles and diseases. In your practice, adapted to giving efficient aid in all such cases, doubtless you have discovered the need of some practical appliance designed on scientific principles, as a substitute for the old, cumbersome and painful Plaster, Leather and Steel and Celluloid Jackets, as an adjunct to your treatment of spinal deformities.

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Diseases of the Ear, Nose, Throat and Eye

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These men all say it is a very fine and very serviceable production which has the charm of being *equally* usable by and useful for the specialists in our ranks, and the rank and file of our general practitioners who stand behind our specialists. It will build up confidence for the whole profession by enhancing the respect due Osteopathy and will work to retain within our profession multitudes of our patients who now pass over to the medics when they require specialism.

Advance orders are now being booked for this great campaign number. It will appear as the July issue of "Osteopathic Health," both dated and undated. We make this announcement thirty days in advance so as to give you time to place a special order with us. Already more than 50,000 copies have been ordered in excess of regular edition. They are ordering it in lots of 1,000. Will you use a thousand also?

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DR. HALL IN ZURICH, SWITZERLAND

Dr. Merrill has just received a letter from Dr. Horace A. Hall from Zurich, Switzerland, under date of March 3, 1921. Dr. Hall was formerly connected with the laboratory at the College of Osteopathic Physicians and Surgeons here in Los Angeles and is now abroad taking up special work after which he intends to return to Los Angeles and open up a laboratory.

"Dear Doctor Merrill: Just a line to let you know that I have arrived here at last and am getting some excellent work along blood chemistry and blood counting lines. I am the only one in the laboratory which is under the world-famous Professor Naeguli, who has written several books on blood and is considered the best blood specialist in Europe. At present his latest work is being translated into English at Johns Hopkins. He is a very nice fellow and evidently likes Americans as he treats me just fine and is giving me some excellent work. His laboratory is certainly the best equipped one that I have ever seen and one has everything to work with as is true in all these great universities

over here. Never have I seen such clean and majestic looking buildings as these are. It certainly would pay some of our American universities to copy after some of these places.

"This course I expect will last about two months and will then go to Berne to get some Wasserman work and bacteriology. It is true that the language is some handicap but I am making out fine with this course here and am even bringing home a German text written by Professor Naeguli. He has several unique instruments which are fine for use in the laboratory and will bring some of those also.

"I can't get any pathology this year but will try and get it in it some American University next year and then will be equipped to handle everything. I love this work and certainly am going to follow it up strong all through my life. From the start I have made here it looks as though I would have a splendid set of blood slides to bring home as well as some unique and highly efficient stains that they use here."

Hie Away

What is more alluring than the call of the piney woods to a busy doctor who is "tired of four walls and a ceiling, and has need of the sky, who has business with the grass"? What though he miss a few stipends or lose to a needy neighbor some promising patients. One sniff of sweet azalia from the canyon, a glimpse of one sequestered lake, and the soulful taste of wild strawberries gathered on a winding trail, and he is ready to "leave the cities a blur behind."

For, after all, there's something more than pains and "pathies," something more than dollar marks, or even the fame of a great success.

Your own will find you when you return and with a four-fold measure will you minister unto them.

Then hie to the woods, my hearties, hie to the hills. "Out where ill thoughts die and good are born; out in the fields with God."

Dr. Whiting at Sacramento

The Sacramento Valley Osteopathic Society convened May 20th in the office of Drs. Daniels and Buchman in Sacramento. Dr. Lillian Whiting of Los Angeles gave talks on obstetrics that were most instructive.

Plans were made for immediate establishment of an Osteopathic clinic in Sacramento.

Officers for the year were elected as follows: Dr. J. Coleman Browne, Stockton, President; Dr. C. E. Fenner, Sacramento, Vice-President; Dr. Roy F. Buchman, Sacramento, Secretary-Treasurer. Dr. Una W. Cary was the outgoing President.



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Don't let our Clinic languish. From a casual investigation it has been ascertained that our clinic is doing much for us in the way of publicity. It shows that Osteopaths are doing their share of charity health work. It will help us in either getting into the Health Center or letting the people know the narrowness of these centers. Several doctors have spoken of the fact that it has helped them in their own practice, maintaining their regular rates and at the same time seeing that everyone that applies for a treatment can have it regardless of their financial condition. There will

doubtless be more calls for treatments this year than before from the fact that so many are out of employment.

Raised on Dennos, Perhaps.

Murphy and Moran, who had not met for years, were exchanging confidences at an Irish fair.

"Shure, it's married Oi am," said Murphy, "and Oi've got a foine hiltly boy which the neighbors do say is the very picture av me."

Moran gazed at his friend's far from beautiful face, then said:

"Och well; what's the harrum so long as the choild is hiltly?"

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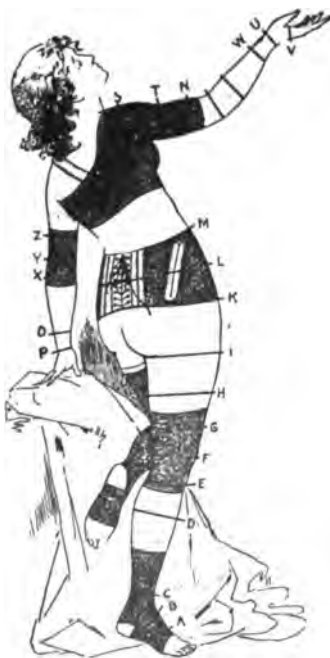
Long Beach is an ideal health resort. Referred cases appreciated; reports made, and upon returning home, referred to D. O. sending case.

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A. O. A. Program.

Monday — Invocation, Rev. J. H. Golder. Address of Welcome, Hon. W. S. Fitzgerald, Mayor of Cleveland. Response, Hugh W. Conklin, D. O. President's Address—William E. Waldo, D. O. Inspection of exhibits. Sections. Technic: (A) Adjustive technic and Osteopathic principles, Carl J. Johnson. Reception and ball.

Tuesday — Technic, Dr. Johnson, chairman. Demonstrators, H. H. Fryette, Chester H. Morris. (B) Exercise technic and muscle training—Evelyn R. Bush. The ductless glands—Arthur M. Flack. Goitre—Allan Z. Prescott. Experiences and observations in practice—John M. Ogle. Newer knowledge of the relation of oral infections to disturbances in the nervous system. (Motion pictures presenting dental research)—Weston A. Price, M. S., D. D. S. Sections. Technic: Demonstrator, H. W. Forbes. Reunions. Recreation.

Wednesday—Technic: Demonstrator, H. R. Holmes. Psychoanalysis—Geo.

Davis Bivin, M. A., Ph.D., Chicago, Ill. Memorial to A. T. Still—A. L. Evans, D. O. A. T. Still—the Man and Humanitarian—M. F. Hulett. A. T. Still—Physician and Philanthropist—Ellen B. Ligon, D. O. A. T. Still—Scientist and Discoverer—Percy H. Woodall. A. T. Still—Prophet and Reformer—A. L. Evans. Sections. Technic: Demonstrator, Cyrus J. Gaddis, D. O., Oakland, Cal. Boat trip on Lake Erie.

Thursday — Technic: Demonstrator, Franklin Fiske, D. O., New York City. (B) Exercise technic and muscle training—Dr. Bush. Reactions to treatment—Chas. C. Teall. The feel of the tissues—Geo. V. Webster. Some important points in the diagnosis of tuberculosis — supplemented in the laboratory diagnosis section—Francis A. Finerty. The relation of the future of Osteopathy to the office organization—T. J. Ruddy. Diagnosis—George A. Still. Petering out at forty—Rowland Haynes, Director Cleveland Recreational Council, Cleveland, O. Open Forum. Banquet.

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Friday — Address — Mr. Phillip Gray, Chairman Board of Directors, Detroit Osteopathic Hospital, Detroit, Mich. The natural laws safeguarding health — C. B. Atzen. The relation of the profession to its institutions — W. Curtis Brigham. Resumé of House of Delegates proceedings. Installation of Officers, and seven other sections which you may see in next issue.

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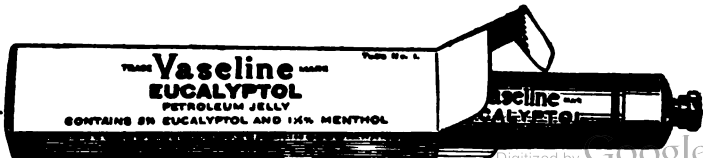
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THE WESTERN OSTEOPATH

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EFFECTS OF LUMBAR LESIONS ON PREGNANCY

LILLIAN M. WHITING, CLARA J. STILLMAN, AND LOUISA BURNS.

The clinical histories given in this article have, no doubt, been duplicated in the experience of almost every doctor of Osteopathy whose practice has included gynecological and obstetrical cases. Space prevents our giving more than the briefest resume, and only such points as are interesting in connection with the bony lesion in etiology.

1. Mrs. A. Married ten years; no children. No recognizable cause for sterility in either husband or wife, except lesion of the second lumbar vertebrae; no other lesions. Correction was made with some difficulty. Pregnancy occurred within one month after correction was made; pregnancy and labor were uneventful, and the baby was healthy and good.

2. Mrs. B. History of two pregnancies; the first terminated at about six weeks; the second at full term, baby very poorly nourished; died after faint or no attempts at respiration. No cause for the condition could be found except second lumbar lesion. This was corrected; a third pregnancy occurred within a few weeks; was normal throughout, with normal labor and healthy child.

3. Mrs. C. History of three-months' abortion. Second lumbar and other lesions. These being corrected, pregnancy occurred, followed normal course, terminated in normal labor, and

the child was healthy and normal in every way.

4. Mrs. D. History of one pregnancy with three-months abortion. Second lumbar lesion was corrected; second pregnancy followed normal course, labor was normal; child was perfect.

5. Mrs. E. Married six years; no children. Lumbar lesions from childhood; had received many Osteopathic treatments occasionally, but lesions had not been corrected permanently at any time. Devoted several months to regular treatment and care of herself, avoiding over-work and lifting. Pregnancy occurred soon after lumbar lesion was corrected. Normal child born. Some months later, lesion recurred and was not corrected. No further pregnancies occurred for five years, though this condition was greatly desired. Lesion corrected and second pregnancy occurred, with birth of normal child, after normal labor and pregnancy.

Mrs. F. History of one child, born at end of first year of married life. After this birth, heavy work and neglect caused prolonged weakness. Pregnancy occurred before menstruation was re-established; this terminated at second month. For the next twelve years, a series of pregnancies with abortions at various stages occurred. Examination showed second lumbar lesion and retroversion. No adhesions were present and uterus was freely movable. No evidence of syphilis could be found in the husband.

Patient was in early stage of pregnancy when examined. Lesion was corrected and advice given as to heavy work, lifting and other factors of hygiene. Pregnancy went on normally, and a healthy, well-nourished boy was born. No further pregnancies occurred and patient passed through uneventful menopause a few years later.

Mrs. G. Lumbar lesions and innominate lesion from childhood. These had never been corrected in satisfactory manner, and has recurred during each of her three pregnancies. Pregnancy did not terminate normally; labor had been induced in each case.

In 25 cases of uterine inertia, lumbar and other lesions were found. In no case of uterine inertia was there lacking some lesion of the upper lumbar spinal column.

In 20 cases of eclampsia with nephritis, lesions of the upper lumbar and the lower thoracic spinal column were found. In no case of eclampsia were these lesions absent.

Two recent cases of eclampsia were not seen until time of delivery. In both marked lumbar lesions were present.

In patients with nephritic toxemia there is marked tendency to premature births. All cases of this type have upper lumbar lesions.

In a recent case, a patient with very well marked lumbar lesions and other associated lesions gave history of four premature births with the children all dying at time of birth.

In 300 cases of pregnancy in which lumbar lesions were found, but in which no other pathological condition was present, not one passed through normal pregnancy and labor. In 300 cases in which neither lumbar lesions nor other pathological conditions were present, normal pregnancy and labor were invariable.

Animal experimentation verifies the interpretation of these clinical reports. Dogs, cats, cavies, rabbits, white mice,

with lesions of the upper lumbar vertebrae, fail to become pregnant in a considerable proportion of tests. In those which do become pregnant, obstetrical complications are inevitable. Abortions, extra-uterine gestation, missed pregnancies, deformities of young and of placenta, death of fetus or early death of the young, feeble young with lowered resistance—some of these conditions are inevitable in lesioned animals.

These experiments were usually performed upon animals which had previously borne normal young after normal pregnancies.

In several cases the lesions were corrected, accidentally or by treatment, and normal pregnancy again occurred, with birth of normal young.

Further records of patients in whom single lesions produce distinct effects, and especially those in whom correction of the lesions either does or does not result in relief of the symptoms, are needed. So far, there seems to be no doubt that lesions of the upper lumbar vertebrae must be considered important etiological factors in obstetrical complications.

Further than this, it appears that the young of lesioned mothers differ from the young of normal mothers physiologically, in being stunted in growth, slow in development and erratic in behavior; they differ anatomically in being subject to deformities.

The nature of the effects produced varies, though all young produced at a single birth show certain similarities.

Applications of these findings to human development must be governed by a study of clinic histories, in connection with the histories of a greater number of lesioned animals. Even so far, however, the tremendous importance of correcting lumbar lesions in women must be recognized, especially in those for whom motherhood is desirable.

LABORATORY DIAGNOSIS

By ANN PERRY, M. D., D. O.

Points About Sputa

GENERAL CONDITIONS: Consistency and color of sputa varies with different diseases. In edema the sputum is liquid; in acute bronchitis, it is very tenacious, even leathery. Sputum made up largely of mucous is tenacious and colorless. Sputum made of, or containing considerable amount of pus, is thick, and the color varies from white through yellow and green. A mixture of bile pigments also gives a green color.

Most sputa are odorless. When, however, there is present a fetid odor, there is sure to be putrefaction going on in the lungs; such as gangrene, bronchiectasis, perforating empyema or some ulcerative process.

MACROSCOPIC EXAMINATION.—Paint one side of several slides black. Place sputum on the clean sides and press it down with other clean slides. Examine with the naked eye and with a low power glass. Particles seen that need closer examination, are picked off with a platinum wire and placed upon slides for the microscope. The particles thus seen are casts, elastic tissue, cheesy material, spirals, parasites and bacteria.

Leucocytes are always present. They are not diagnostic. When, however, a large number of eosinophiles are present, the case is one of asthma or eosinophilic bronchitis.

Red blood cells, when observed in large quantity, denote a diagnosis of serious character, such as abscess, pneumonia, edema of the lungs, gangrene or tuberculosis.

Epithelial cells are not as a rule diagnostic. They are usually pavement cells and may come from the mouth, pharynx or upper larynx. If cylindrical cells are observed they are very distorted and the diagnosis is that they

come from an area of inflammation some place. That place may be the nose, lower larynx, trachea or bronchi.

Ciliated cells in the active state are seen only in the fresh specimen immediately after being expectorated.

There is one cell that is diagnostic, and that is found in chronic bronchitis complicated with heart lesion. These cells contain hematoidin granules and are known as heart disease cells. Elastic tissue when present is important. Especially is it important when in the alveolar form, for then it shows exactly its origin in breaking down alveoli. This tissue is hard to find unless picked out by the macroscopic examination. It may be overlooked entirely when in very small quantities, if the macroscopic examination is not made.

PARASITES THAT MAY OCCUR IN SPUTA.—A liver abscess of any kind, perforating and discharging into the lung, will throw the corresponding organism into the sputum. Protozoa, cestodes and hydatid material may be found at rare intervals.

Trematodes: The lung fluke, *Paragonimus* of Westman, clinically resembles tuberculosis. It is a disease common in Japan, and is becoming more common here on the Pacific Coast. The color of the fluke is red, the ova are brown with a lid.

BACTERIA IN SPUTA.—Usually when sputum is sent to a laboratory it is marked thus, "Examine for Tuberculosis." Without doubt this is an important member of the pathogenic group, but it heads the list of a number no less important: *B. Tuberculosis*, pneumococcus, *B. influenza*, *B. pertussis*, *B. smegma*, *B. typhosis*, plague *B.*, micrococcus catarrhalis, *M. tetragenus*, staphylococcus and streptococcus. These make up the list.

Catarrhalis, tetragenus, streptococcus and staphylococcus may all be recognized by their form. Influenza, pertussis, typhoid and plague must be cultured.

In diagnosing a case of tuberculosis the following table is of service, when a series of examinations are to be made:

1. Only one to four in the whole preparation.
2. Only one B. in an average of many fields.
3. Only one B. on an average of each field.
4. Two or three B. on an average of each field.
5. Four to six B. on an average of each field.
6. Seven to twelve B. on an average of each field.
7. Thirteen to twenty-five B. on an average of each field.
8. About fifty B. to each field.
9. About one hundred B. to each field.
10. Enormous numbers to each field.

If in a series of examinations, the number grows larger, the disease has probably reached the cavity stage. If the number lessens, it may indicate progress of healing. The clinical symptoms are better for this.

STREPTOTHRIXES.—Under this head are now grouped the different species

of actinomycoses. The organism found in cattle is called streptothrix bovis communis.

A species called streptothrix pseudotuberculosis has been described by Flexner as follows:

Grayish yellow granules, made up of a mycellium of branching organisms which, in the unstained specimen appear as fine glistening threads, from two to four times as wide as the B. tuberculosis. These threads are acid-fast but are decolorized by alcohol. Many threads break up into short rods that are beaded.

YEAST INFECTIONS.—Yeast infections are probably more common than is generally supposed. Some forms infect the lungs directly, and some get into the sputum from an infection of the alimentary tract. There is one form very prevalent in China and Japan.

When this form infects the alimentary tract, it is called Sprue. It is contracted through the food, especially poorly prepared vegetables. The yeast blows about freely in the air and becomes pathogenic wherever it finds a fertile area, whether in the air passages or in the alimentary canal.

We will meet with yeast infections more commonly here in Southern California, as in time the Japanese become more thickly populated.

EXAMINATION OF STOOLS

By LOUISA BURNS, D. O.

In order to secure the most useful information from any laboratory test it is best to plan to some certain ends. While much useful information may often be secured from the examination of a specimen selected at random from fecal material, yet the results are more accurate and the reports more satisfactory if the problems are approached carefully.

As full a history of the patient should be given as is practicable. This

should include the findings of other methods of examination. Especially structural relations, including bony lesions, are of interest for our records.

The time necessary for the passage of foodstuffs through the gastro-intestinal tract can be determined by the administration of charcoal tablets, non-medicated. Two of these are given before breakfast, the time noted, and then the time of the first appearance of black color in the stools noted; the

black color then disappears from the stools, and this time noted. The black color should appear within 48 hours, but not earlier than 24 hours after taking the charcoal, and two or three evacuations should be colored. Any marked variation from these figures should lead to further investigations.

The color, odor, consistency, frequency, and reaction of the stools give general information which may be of considerable significance. Unchanged bile is abnormal; the bile derivatives give the usual brownish color to normal stools. A moderate amount of desquamated epithelium and a few leucocytes may be found normally; small amounts of mucin are normal. Recognizable pus, blood or tumor fragments are derived from the lower bowel, unless peristalsis is abnormally rapid. Parasites may occasionally be found in ordinary stools.

The laboratory worker should be consulted as to the special methods best adapted to each case. Patients who have lived in tropical countries, or those who live in parts of the country afflicted by Asiatic invasions, may suffer from any one of the tropical parasites. Some of the more useful methods of collecting fecal material may be given.

Collection of Material for Special Purposes

Material for examination should always be sent to the laboratory in a glass container, tightly closed, as quickly as possible after evacuation.

1. For micro-organisms: Select mucous-like material free from fecal contamination. If possible, this should be evacuated immediately before the examination, which must be done upon a warm stage. The patient should visit the laboratory. If this is impracticable, the material should be placed in a warm glass container, and wrapped in a package with a warm water bottle. The temperature should

be kept as nearly as possible at 100 degrees F.

2. For macroscopic parasites: Materials suspected of containing segments of worms or entire worms should be placed in glass containers and sent quickly to the laboratory. If nothing resembling segments is found, the following method should be employed: Administer two charcoal tablets, non-medicated, before breakfast. Note the time. After this, the food should be liquid or practically so until the test is completed. Milk, eggs, white bread, broth, jellies and gelatines, well-strained fruit juices, are about all the food permissible. Note first appearance of black color is feces, then note the time of disappearance. After the black color has disappeared, select bits from areas of the fecal mass, making about two ounces altogether. Send to laboratory in glass container. The eggs of parasites should be found in this material.

3. For determining functions of digestive glands: Give charcoal tablets as before. Note time of first black feces, and time when black color has disappeared. After charcoal has been given, each meal must include at least a small amount of green vegetable, of raw and cooked starch, of fat or butter, and of meat fibres. After the fecal mass becomes black, and the color disappears, select small bits from several areas, making about two ounces in all, place in glass container, and send quickly to the laboratory for examination. This specimen should be kept as cool as is practicable.

4. For accurate recognition of occult blood. Give charcoal tablets as before. After this until test is completed the food must be colorless. Hemoglobin and chlorophyll are especially forbidden. Fish, meats, green or colored vegetables, artificial colorings of all kinds, are to be omitted from the diet. After the black color disappears from the feces, specimens are to be selected

as before and sent to the laboratory at once; the material should be kept as cool as possible.

5. For suspected gall-stones: The material need not be sent to the laboratory for this examination. The entire fecal mass should be placed in a rather fine wire sieve under running water. The stones remain in the sieve, and these may, if desired, be sent to the laboratory for analysis.

The Osteopathic Laboratory

Since osteopathic treatments are planned for the good of each patient, rather than according to some set rule for the treatment of each disease, laboratory work done for Osteopathic physicians must necessarily be more exhaustive and more thoughtfully planned than is laboratory work for ordinary doctors.

For ordinary doctors care to know, usually, only the name of the disease from which their patients suffer, and they simply administer the medicine recommended for that disease, according to the dosage—often printed on the bottle which he buys, already packed into his little professional black bag.

But the doctor of Osteopathy wishes to know whether the circulation through the red bone marrow is imperfect, for then he must raise the ribs; he wants to know about the functional activity of the liver, for he can give certain treatments which correct that abnormality; he wishes to know all that can be known of the condition of the entire physical activities of the patient, for he can then apply in each case the treatments best adapted to help that patient to health. It is not our chief intention to treat diseases, but to help sick people to good health. And only the most exhaustive and accurate diagnosis can make such treatments useful.

Verification

Some years ago, Dr. A. T. Still stated that the nerves carry a fluid to the tissues, necessary for their nutrition. Dr. Still's friends interpreted this statement by inferring that the "fluid" mentioned applies to nerve energy, as we sometimes use the same term applying to electricity. His enemies naturally seized upon the expression as a proof of his inadequate knowledge. The following quotation thus becomes of interest:

"Growth of the body is controlled, in part, by the action of the nervous system. This influence appears to be due to the cholesterol of the brain. Brain substance, from which the cholesterol has been removed, does not affect growth, while entire brain does very considerably increase growth. The growth stimulating substance is probably carried, in part, through nerve trunks to the tissues, normally."—Robertson and Ray. *Jour. Bio., Chem.* 1920.

When there is an excess of HCL in the gastric juice, with the symptoms usually associated with this condition, half an egg-white, mixed with a glass of water, will usually give relief. The egg-white unites with the HCL, making a bland and harmless compound. This is not at all proper in cases of gastric discomfort due to excess of organic acids in the stomach. Meat usually gives relief in hyperchlorhydria, but meat tends to increase the secretion of HCL, whereas the egg-white is flavorless, and has little or no effect upon the character of the gastric juice about to be secreted.

Mary had a swarm of bees
Who, just to save their lives,
Went everywhere that Mary went
Because she had the hives.

DEPARTMENT OF PEDIATRICS

By DAISY D. HAYDEN, D. O.

Histoplasma Capsulata

S. D. Age 12 years. Moved with parents at age of three years to Mexico—resided there one and one-half years. Moved to Chicago. At age of seven years developed measles, soon followed by acute rheumatism. Was ill about six weeks, but gradually recovered a fair state of health. Tonsils were diseased, and were removed when she was ten years old. Improvement in general health followed for a few months, when another attack of rheumatism occurred during her tenth year, leaving her with a marked valvular lesion of heart. She was eleven years old in March, 1920. Had regained quite a degree of general health during that winter. Arrived in Los Angeles Feb. 16th and was entered in school and seemed in good condition until April.

First saw the patient May 2, 1920. She was running a constant temperature from 99° to 102°. Pulse, 102 to 120. Spleen and liver both markedly enlarged. Great tenderness from mid-dorsal to lower lumbar area of spine. Blood count and urinary test made immediately with the following findings:

BLOOD EXAMINATION—Hemoglobin, 70 grams per liter—54% of normal for age; erythrocytes, 3,870,000 per cu. mm.—77% of normal for age; color index, .7; poikilocytes, microcytes and normoblasts present; leucocytes, 12,000 per cu. mm.; large hyaline, 24.2%, 2904 per cu. mm.; small hyaline, 38.2%, 4584 per cu. mm.; mononuclear neutrophils, 2.4%, 88 per cu. mm.; polymorphonuclears, 32.8%, 3936 per cu. mm.; eosinophiles, 1.2%, 144 per cu. mm.; basophiles, .2%, 24 per cu. mm.; myelocytes, 1%, 120 per cu. mm.; neutrophile nuclear average, 2.12; malarial parasites, none found.

Other parasites. A parasite, which most nearly resembles the *Histoplasma*

Capsulata of Darling, is present within the splenocytes and the large hyaline cells of endothelial origin. Further study of this unusual parasite is indicated.

URINALYSIS, May 4, 1920.—Chemical: Total amount in 24 hours, 800 cubic centimeters; Sp. Gr. 1016; total solids, 31.3 grams; acidity equals 576 c.c. N/10 NaOH; urea, 14.4 grams; phosphates, 2.5 grams; chlorides, 12 grams; sulphates, .7 gram; indican, slight excess; albumin, trace; sugar, none; bile, trace; other tests, negative.

MICROSCOPICAL—Kidney cells, few; casts, hyaline and granular; pus corpuscles, few; leucocytes, few; erythrocytes, few; calcium oxalate crystals, present.

Few parasitic organisms present within kidney cells and the few large hyaline cells, probably derived from blood.

INOCULATION TESTS—Urinary sediment was injected into vein of ear and also into peritoneal cavity of normal adult cavy. Injection made in late afternoon, May 4. No effects were noted until morning of May 9, when cavy appeared inactive. Late afternoon, May 9, was found dead. Autopsy same day. All viscera congested and hemorrhagic. Large hyaline cells from blood and in smears made from tissues contain the parasites abundantly. (Detailed report sent on request; it is too long to be published here.)

BLOOD INOCULATION—May 17, blood was taken in tubes, and inoculated into vein of ear and into peritoneal cavity of normal adult cavy. May 19.

No effects were noted until May 22, when cavy appeared ill, feverish, with very rapid pulse and hasty, labored respiration.

Blood smears were taken from normal skin of ear. Parasites were found in 1.4% of all hyaline cells. No para-

sites were found w'thin granular cells.

June 7, cavy remained ill, and was chloroformed. Viscera less inflamed than in cavy inoculated with urinary sediment. Spleen enlarged.

Tricuspid and aortic valves showed recent inflammation.

Smears showed parasites in large hyaline cells, including those of the blood and those of the endothelial surfaces.

TREATMENT was devoted to relief of symptoms. Rest in bed, liquid diet, and other measures for relief of pain and rest to the heart were employed.

Child improved in strength with a general feeling of well-being until May 30th. Complained of pain over heart—pulse 110—felt ill. About 1:00 A. M. May 31st had a short attack simulating a sinking spell. Left a slight left hemiplegia, especially marked in the left arm. Rallied throughout the day, but about 2:00 A. M. June 1st, another attack lasting about five minutes resulted in death.

These attacks were caused, no doubt, by an embolus, probably from the heart, due to septic endocarditis.

No autopsy was permitted.

CEREBRO-SPINAL MENINGITIS

By GRACE W. SHILLING, D. O.

Child 15 months old, breast-fed; weighed at birth $7\frac{1}{2}$ lbs., normal in every way. When taken sick at 15 months old weighed 24 lbs. Had been correctly fed since weaning. Never taken out at night or amongst people. Had been in perfect health until the day of the attack.

The attack came on with fever and spasms and lasting seven hours, followed by stupor and stertorous breathing. Nothing controlled the spasms until chloral hydrate was given per rectum in six-grain doses. The spasms were entirely on the right side, the left side being paralyzed. The coma lasted six days. Lumbar puncture was performed on the fourth day, consciousness returned gradually, child sat up in four weeks, walked in nine weeks. The left hand being helpless, the child pushed itself into standing position by putting its head on the floor. The child had Osteopathic treatment continuously, and strength and use of the left hand and arm gradually returned. There appeared a weakness of co-ordination of the head. It would fall forward on its chest, sometimes so suddenly and violently that the whole body would fall forward. To prevent injury, a heavy felt band was worn

around the head constantly. Whenever the child was the least excited, bright red spots appeared on its face, mostly on the temples. These attacks grew worse; became continuous with an occasional slight spasm. After nine months we began giving pituitary compound. Improvement seemed quite marked from the beginning of the treatment; and in two months, these symptoms entirely disappeared but returned slightly three months later. After another three weeks of this treatment the symptoms all disappeared again. The child is now three and one-half years old, weighs forty-three pounds and is strong and healthy. It uses its left hand but it is still somewhat awkward and the sight of the right eye is considerably impaired.

Mrs. Murphy: "Good mornin', Mrs. Flannigan, an' what hev ye named the baby?"

Mrs. Flannigan: "We've named her Hazel."

Mrs. Murphy: "With all the saints there are in Heaven, then to name her after a nut."

So lonely are the city streets

With all their crowds about,

I want the country where one meets

The sunshine walking out.

Our Clover Leaf of Babies



BARBARA MARIE FITCH

These lines from *Songs for Fragoletta* describe our little Barbara Marie:

"Blue eyes looking up at me,
I wonder what you really see,
Lying in your cradle there,
Fragrant as a bunch of Myrrh.
Helpless little hands and feet,
O so helpless! O so sweet!
Tiny tongue that cannot talk,
Tiny feet that cannot walk,
Nothing of you that can do
Aught, except those eyes of blue.
How they open, how they close!
Eyelids of the baby rose,
Open and shut, so blue, so wise,
Baby eyelids, baby eyes."

Barbara Marie has not been here long enough to make me know the joys of Motherhood but she has brought me the deep joy of being a Mother and has filled me with a feeling of great responsibility such as I had never known and which is best expressed by the following quotation:

"A partnership with God is Motherhood.
What strength, what purity, what self control;
What love, what wisdom should belong to her
Who helps God fashion an immortal soul."



ADA MAY AMES

"Of course, no lens could portray the perfection registered by a fond parent's eyes. We feel that

"The hour that told our wee one's birth
Sent us a bit of heaven on earth."



DORIS JANEY BASHOR

"God could not be everywhere, so he made mothers." An angel cook made some crystallized smiles, and that made babies.

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

LILLIAN M. WHITING, D. O.

Lumbar Lesions and Tissue Strength

The examination of the heavy, pasty, edematous uterus in women with lumbar and other vertebral lesions and in experimental animals, suggests the question whether the congestion of blood is, in itself, sufficient to account for the symptoms and the general appearance of the uterus under such conditions. The question becomes more pertinent when the microscopical examination of sections of such a uterus, whether taken from animals or from the human subject, shows a comparatively small amount of actual congestion and this of the passive type, with a frequent hemorrhage per diapedesin, and some slight evidences of edema.

An experiment was performed in order to determine, if possible, whether a local acidosis might be in part responsible for the uterine condition. Two does which had been subjected to upper lumbar lesion were selected, and two normal does, of about the same age and the same history, except for the lesions, were chosen as controls.

By the use of the acid-fuchsin test, the tissues of the pelvis, the kidneys, and small areas of the mesentery were found to be slightly edematous and of low alkalinity in the two lesioned does.

By the same test, the non-lesioned, normal does were found to show no evidences of edema or of diminished alkalinity anywhere in the body.

The broad ligaments were freed from their lower attachments, and weights hung upon them, until they broke. In the normal rabbit, the broad ligament stretched slightly, and upon the removal of the weight, returned to almost its normal shape. It finally broke with two pounds weight. The ligament from the lesioned does was subjected to the same test. The ligament stretched nearly to double its normal length, and when the weight was removed it did

not return to anything like its original shape. It finally broke with one and one-quarter pounds weight.—From the reports of The A. T. Still Research Institute.

Endocrines and Pelvic Disorders

With Special Reference to Primary or Spasmodic Dysmenorrhoea and Functional Uterine Hemorrhage.

EVANGELINE N. PERCIVAL, D. O.

It has been said that "the gynecologist whose mind is in the pelvis becomes narrow." The truth of this statement is obvious, especially now that clinical experience and numerous experiments have proved that there is a strong relation between the physiology and pathology of the female pelvic organs and the kidney, liver, stomach, heart, brain and the different endocrines, particularly those of the thyroid, pituitary and adrenal glands, and, to a greater or less degree, the ovary.

Menstruation is a function which may be classed as vegetative, and, therefore, under the control of the autonomic nervous system. The vegetative functions are under the regulation of a mechanism essentially of the endocrine type, with greater or less degree of contributing influence of the sympathetic nervous system. The mechanism, therefore, of menstruation may be sought in the study of the function of some of the endocrine glands, and disorders of menstruation are frequently caused by disorders of these structures.

Aside from the direct disturbances of the menstrual function, "nervousness" is one of the most prominent symptoms for which the patient seeks relief. Graves has said, "functional nervousness is a constant state of emotional excitement, sensory in character, induced by the reciprocal action, under

stimulation, of the autonomic nervous system and certain glands of internal secretion."

In comparison with men, women are said to be particularly nervous. Graves asks if it would not be more nearly accurate to say that on account of the undoubted instability of their glandular equipment, women are particularly endocrinous?

From the foregoing discussion we see that it is of the utmost importance to the gynecologist to classify nervous patients with reference to causation, and thus make no mistake in treatment. This is especially true in cases where surgery might be recommended.

Distinction must be made between:

1. Constitutional neuroses, which come from "unconscious thoughts," or fixed during childhood.
2. Acquired neuroses, which come after the complete formation of character or from pelvic lesions, as lacerations at childbirth, etc.

The psychoanalyst would lead us to believe that constitutional neuroses come from "unconscious thoughts," "childhood fixations or repressions," or a sense of inferiority induced by congenitally deficient organs.

The acquired neuroses are of much more interest to the physician, as they come, most probably, from disturbances of internal secretions; and distinction must be made as to whether the disturbances are due to hypo- or to hyperactivity of the internal secretion.

From the above it is apparent that the gynecologist must use psychology and philosophy as well as physiology in dealing with nervous patients.

For nearly a hundred years the ovary has been looked upon as essential to menstruation. The endometrium is acted upon by the internal secretion of the ovary, with resulting periodic menstruation, correlated with temporary enlargement and activation of the hypophysis and thyroid. Through the

hormone action of the hypophysis we have the increased tonicity and intermittent contractions of the uterus.

Early investigators believed that the ovary as a gland of internal secretion owed its effect solely to the corpus luteal cells. But further study showed that before the age of puberty the internal secretory function is performed by the interstitial cells. The idea then became prevalent that there are two internal secretions, one from the corpus luteum and the other from the interstitial cells, and that the two possess selective functioning powers. These theories were proved to be untrue, as all cells of the ovary are interstitial, from the germinal epithelium. All of the cells have the same internal secretion, though some believe that there is a minor selective function as to degrees. The whole extract controls hot flushes, while the corpus luteum effects the nausea and vomiting of pregnancy. The result of all the investigations shows that:

1. Normal secretion of the ovary is essential to complete somatic growth and sexual development.
2. During menstrual life and especially during adolescence, proper functioning of the ovary has an important bearing on the physical and mental character of the individual.
3. Dysfunctions of the ovary are usually attended by various neuroses.
4. In adult life the ovarian secretion plays a somewhat minor role in human economy, as is indicated by the comparatively slight physical changes that take place after ablation or the normal menopause. These physical changes offer a definite proof, however, of an internal secretion, namely, by the hot flashes and genital atrophy which follows the menopause.

From the evidence at hand we see that when the internal secretions are in excess or deficiency there are disor-

ders of menstruation. The two most common are:

1. Primary or spasmodic dysmenorrhoea.

2. Uterine hemorrhage, idiopathic or functional.

1. Primary dysmenorrhoea. This is a "form of menstrual pain, occurring in entire absence of discoverable disease in the pelvis." It is found, most often, in young nulliparous women, either single or married. Causes (commonly given): 1. Mechanical obstruction to the uterine canal, limiting the exit of the menstrual blood. This was assumed to be due to acute ante-flexion of the uterus and the colicky pain due to the contraction of the uterine muscles. This idea, though prevalent, has been untrue, inasmuch as the condition is often found in the absence of ante-flexion or other obstructive lesions. On the other hand, often women who do have a sharp ante-flexion suffer no dysmenorrhoea.

2. Neurotic factor. An increase in the susceptibility to pain causes a magnification of the ordinary discomfort experienced by many women, at menstruation, into actual pain.

3. Hypoplasia of the uterus. This is the most important factor in the etiology of spasmodic dysmenorrhoea. Three types are known:

(a) Fetal type: arrested development occurring at early age: uterus resembling that of fetus; the cervix predominates.

(b) Infantile type: found in infants and children; cervix still predominates, though fundus is not so rudimentary as in fetal type.

(c) Subpubescent type: the hypoplasia, while present, is relatively slight.

The pertinence of questions of hypoplasia of the uterus rests on two factors: First, the frequent symptoms of spasmodic dysmenorrhoea; and, second, that the underlying cause of uterine

hypoplasia is undoubtedly of endocrine nature.

2. Functional uterine hemorrhage. This condition is most commonly found at puberty or the menopause, though it may occur at any age. The pelvic organs may be normal, yet persistent bleeding may occur. Menorrhagia is the form usually found rather than metrorrhagia.

From cases that have gone to curettage the endothelium is found to be exceedingly hyperplastic. This change in the endometrium would seem to take this condition out of the functional type, but the condition of the endometrium seems to be secondary to the abnormal functioning of the ovary. Many cases curetted have failed to overcome the condition.

The hyperplasia may be due to true ovarian or tubal disease, but often seems due only to abnormal secretions of the gland. The hyper-secretion probably is the one responsible for primary uterine bleeding.

CONCLUSIONS.

1. Endocrine glands have direct bearing on functional pelvic disease through, (a) direct hormone action; (b) effect on autonomic nervous system.

2. The glands which are interrelated in the etiology are four: hypophysis, thyroid, adrenal and ovary.

3. Many cases of pelvic disturbance, when treated from any other viewpoint, fail to make improvement.

4. Cases of primary dysmenorrhoea or uterine functional hemorrhage, treated by general Osteopathic manipulation, show marked improvement or complete recovery, due, no doubt, to an equalizing endocrine substance.

5. Organotherapy. Ovarian secretion should have a beneficent effect in many pelvic disturbances, such as dysmenorrhoea and uterine hemorrhage.

But the disappointing fact is, that the effects are not always constant.

Cannot the secretions of these three related glands, the pituitary, thyroid and ovary, be harmonized or stimulated in a more normal manner than by in-

ternal medication, through general Osteopathic manipulation or by some bi-manual technique?

OSTEOPATHIC CLINICS

E. E. DONNELLY, State Chairman of Osteopathic Clinic.

A national awakening to the need of Osteopathic Clinics throughout the country has led to the establishing of them in many localities, and caused us to realize more fully that there is strength in numbers and co-operation, and that we will stand a much better chance of carrying legislative matters if in every city of any considerable size there is an active center of Osteopathic philanthropic work.

The establishment of a clinic of Osteopathy in a city offers many advantages to the profession and to the citizens. It affords a location for treatment of self-respecting people of limited means or those subject to restricted finances during time of unemployment. It may also become a center for local Osteopathic activities, such as circuit clinic. Local Osteopathic Association meetings, lectures to the public or profession, milk-depot, Better baby contests, etc., etc.

All that is necessary to start this beneficent work is INITIATIVE ENERGY and SMALL CONTRIBUTIONS. We are sure of the inspiration that comes from the hearty good will of the community and the knowledge that we are doing our bit for humanity. The unselfish spirit of work in the clinic, and the more frequent meeting of doctors, who might seldom see one another, bring their reward in better acquaintance, fuller confidence and the removal of those petty differences which fre-

quently interrupt the smooth running of our "OSTEOPATHIC MACHINE."

The circuit clinic, too, amply justifies the existence of the local clinic, and awakens enthusiasm for the whole movement. It provides contact with prominent Osteopathic physicians, gives opportunity to discuss the latest developments along professional lines and promotes that fellowship which is the best basis for co-operation.

Judging by the experiences of Oakland and Pasadena, there is no reason why other cities should not do the same and do it at once. It is not the number of Osteopathic physicians in any city, but the WILL TO DO that makes a clinic possible.

Oakland Osteopaths consider their clinic a splendid investment of time and money. It has its own stereopticon and an 18 x 18 canvas screen for educational purposes. The number of patients is gradually increasing, and the laboratory has been found to be a necessary equipment as well as a profitable investment. Patients have their particular physician in the clinic, the same as elsewhere, and those giving the treatments see their patients regularly and are responsible for accumulating laboratory data.

Reports of the various California Clinics follow:

OAKLAND.

Oakland opened its clinic November 20, 1919, and the Osteopaths in that city consider their clinic a splendid investment of time and money. The opportunity the clinic offers to interns is of great value; it pays them a living wage the first year, at the same



OAKLAND CLINIC—LABORATORY



OAKLAND CLINIC—OFFICE AND THREE TREATING ROOMS



PASADENA CLINIC STAFF



PASADENA OSTEOPATHIC CLINIC OFFICE AND RECEPTION ROOM

time giving them a large and varied list of cases examined and treated in conjunction with the local physicians.

The number of patients is gradually increasing, and the laboratory has been found to be a necessary equipment as well as a profitable investment. It has its own stereopticon machine and an 18-18 canvas screen for educational purposes.

	Nov. 20, 1919-1921	Jan. 1, 1921- June 1, 1921
Patients treated	733	472
Treatm'ts given	3658	2321
Res. treatments	59	35
New patients....	317	170
Urinalysis	111	300
Operations .....	.....	.....

PASADENA.

	7 Mos. 1919-20	9 Mos. 1920-21
Patients treated	81	131
Treatments given	1082	1647
Res. treatments	5	12
Free patients	20	52
Patients paying fee.....	61	79
Drs. giving service.....	25	28
Operations	2	8
Urinalysis	6	11
X-Rays	2	7
Eye	4	5

Obstetrical cases.....	.....	1
Cash received.....	\$591.00	\$844.15
Clinic maintenance	465.00	450.00
Balance in Treasury, June 1st	316.62	340.23

RIVERSIDE.

Riverside opened a clinic on February 1, 1921, and from the very beginning it has been almost self-supporting. Seven physicians have assisted in the clinic, and several have conducted physical educational classes.

Two patients have taken care of the clinic rooms in return for treatments. Following have assisted in general clinic: Dr. T. L. Lorbeer, Dr. Howard Atwood, Dr. H. S. Peters, Dr. H. King, Dr. Errol King, Dr. W. H. Thompson, Dr. Elizabeth Blake.

SAN DIEGO.

San Diego has no clinic. The following is a report of the combined work of seven Osteopaths: They have given 972 free treatments in their offices to 62 patients, 11 of whom were disabled soldiers.

LONG BEACH.

Long Beach has made no report, though we understand they are "on the map."

E. E. DONNELLY,

State Chairman of Osteopathic Clinic.

CLINIC WORK DONE BY STUDENTS IN UNDERGRADUATE DEPARTMENT OF C. O. P. S., NOV., 1920-JUNE, 1921

Month—	Osteopathic Treatments.	No. Students Treating.	Obstetrical Cases Delivered by Students, City Service.	No. Students Working, City Service
November	1388	45	30	2
December	1730	40	32	2
January	2090	40	30	2
February	2285	40	34	2
March	2309	40	34	2
April	2026	36	36	2
May	1743	30	75	4

Month—	Cases Attended in Hospital During Hours Our Students Were in Attendance.	No. Students on Duty at Hospital During Month.	No. New Patients at College Clinic. Not kept Not kept
November	400	4	175
December	470	4	198
January	321	4	186
February	300	4	149
March	300	4	159
April	610	4	
May	700	4	

Month—	No. Examinations Observed by Students at College.	No. Obstetrical Cases Examined by Students at City Clinics.	Ante Partem and Post Partem Examina- tions, Out Clinic on City Service.
November	155	152	340
December	184	150	360
January	443	159	350
February	347	170	360
March	350	165	360
April	233	175	360
May	237	176	370

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EDITORIALS

EDITORIALS

This issue is edited by the Women's Osteopathic Club, of Los Angeles. President, Dr. Daisy D. Hayden; Vice-President, Dr. Emma E. Donnelly; Recording Secretary, Dr. Clara B. Hardy; Corresponding Secretary, Dr. Helen C. Cunningham; Federation Secretary, Dr. Georgia Smith; Treasurer, Dr. Clara J. Stillman. The Editing Committee is composed of Dr. Louisa Burns, Dr. Lillian M. Whitting, Dr. Clara J. Stillman.

The Need of the Day

The people of this day and age want legislation that will permit the physician of whatever cult, to render the very best service that his patient's condition demands, without being hampered by any despotic dogma that has been incorporated into State laws by a medical steam roller.

Has It Paid?

Some 11 years ago when the number of graduated women in the Osteopathic field was much smaller than now, one of our number conceived the idea of organizing the women physicians into a "club for the purpose of scientific advancement and helpfulness to the Osteopathic College."

The idea was accepted by these few women, who organized what is now in Osteopathic circles known throughout the United States as the "Women's Osteopathic Club of Los Angeles."

Several years have passed since our organization was formed and today it is pertinent that we ask the question: Has it paid? Has it been worth while?

Ten meetings each year during all the years have regularly been held. Our club today numbers more than 60 members—representatives from the principal cities and towns of Southern California; has risen to the importance of membership in the Federated Clubs of Southern California, also the County and State Federation of Business and Professional Women's Clubs. The value of membership in these Federations is obvious, the importance of the work our club is doing is being recognized—it extends our acquaintanceships, cements our friendships, broadens our mental horizon, gives us a grasp on outside affairs and adds to our political strength, which is of much value to the entire profession. The club is of

inestimable value to its members — uniting the women in a close tie of personal friendship, all working for the betterment of our own mental growth, the upbuilding of Osteopathy and loyalty to the high ideals and standards of our profession.

Again we ask: "Has it paid?" We answer: "Yes—a thousand fold."

Knockers

"Speak well of a brother, or speak not about him at all."

Would it not be nice if some of our knockers would get in the habit of following this old adage? How does it help anyone to always be knocking someone else? Yet that is the spirit and attitude of some of our so-called "best" members of the profession.

The ones who are being knocked the hardest are usually the ones who are doing the most work and the most good.

A lady I know went to a doctor for advice and then decided to place herself under his care. A day or two afterwards she received a cordial invitation to go to another physician and be examined without charge. She did so to compare the diagnosis of the two men. Doctor No. 2 spent most of his time in knocking Doctor No. 1. The patient went away, she said, "wondering, as any sane person would, why should Doctor No. 2 knock Doctor No. 1?" "Jealousy, of course," she concluded, and went back to Doctor No. 1.

The same holds true with the different classes of medicine. How can we expect to convert people to our method of treatment by continually knocking other methods? It has the effect of making people think there must be something good in whoever or whatever is being knocked, and that they are afraid it will be found out. Everyone soon finds out who the knockers are and all confidence in their integrity is lost. If you cannot boost, silence is golden.

Women in Social Service

Now that woman has come into her own, it is well for her to consider wisely her possibilities of achievement. The concession which a just civilization has so recently granted her bespeaks an expectancy she is bound to deliver, and she is not shirking that responsibility.

She is eagerly looking into the future, conscious of the fact that the open field lies straight ahead and is filled with opportunities awaiting her grasp. The work nearest the hand and heart is public health service. The field is boundless.

We, as professional women, can no longer confine our activities to our individual interests, nor can we find justification in so doing if we are to increase our usefulness to society.

We must hold the larger vision that we may discern the real bigness of life and interpret its meaning and our individual responsibility thereto. Then, and only then, will we greet opportunity as a privilege to invest our best endeavors to the highest ends, instead of regarding it as an intruder in a narrow path.

We have all given time *in thought* to idealizing an avocation for "after a while." That period having arrived, we may all give time *in action* to realizing our ideals.

We must cultivate a little aggressiveness and volunteer our services, instead of hiding our light under a bushel, as we are wont to do. Our qualifications for public service are not as well understood as they might be, and there is no one so largely to blame for it as ourselves. If we are to go forward in our chosen work, we must enter every door that particular movement opens to us.

The organization of the women Osteopathic physicians in both State and nation had to come. It followed recognized need for special work among

women and children and to this undertaking we bring our enthusiasm, our steadfastness of purpose and our talents.

"Where there is no vision, the people perish."

OUR COLLEGE

Those who were present at the recent C. O. P. & S. Alumni dinner at the Union League Club, Los Angeles, heard a stirring talk from the secretary-treasurer of the college, which set many of those present to thinking about some vital matters which concern the college and the profession.

It often happens that a stranger coming into the midst of an organization is able better to evaluate the work of that organization than those who have grown up with it. It is sometimes hard "to see the trees for the woods." In pointing out from his large experience in Alumni work the service which the members of the alumni association of a college could render to the college, Mr. Light spoke of a matter which vitally affects the entire Osteopathic profession in California just as much as it concerns the life of the college.

He said in part:

"I have known intimately the work of a large number of alumni associations throughout the United States. I have known of the remarkable work of the alumni of Yale, Dartmouth, Oberlin, Amherst, and my own college, Beloit. I am aware of the service which these graduates and those of many other schools have rendered to their Alma Mater through organized effort, but I have never yet known of an alumni association which had the opportunity of rendering the remarkable service to its college which the C. O. P. & S. Alumni Association has. It will be your privilege to help provide a much needed endowment for your college by gifts of your own and by the securing of such gifts on the part of the public; it will be the opportunity

of some of you to render a conspicuous service by voluntary teaching in the college; it will be the privilege of all of you through the coming years to send students to the college, and you must keep in mind that every college depends largely upon its new students; but far more than these services, and far greater than any of them, in my judgment, is the supreme service which you as individuals and an association can render in binding together into a compact, unified force the alumni of the L. A. C. O., P. C. O., and C. O. P. & S. colleges. It is within your power to place this powerful force behind this institution at a time when it needs the backing of every member of the western Osteopathic profession. I do not need to point out to you that in recent years the graduates of these respective colleges have not worked together for the support of the C. O. P. & S. I only need to point out what things will be possible for the college when once this unity is secured. In my judgment the common front on the part of a united profession is absolutely necessary in support of the State Osteopathic Association and in support of the college. With this backing on the part of the members of the profession and its alumni, the college will go forward. Without it, it will stand still, and if it stands still it will go back."

May it not be that Mr. Light's analysis of the Osteopathic situation in California is fundamental, and that if the college is to become the kind of an institution which we want it to be, and if Osteopathy is to take the place which it should hold in the minds of the public, there must be a getting together on common grounds for the big tasks ahead of us? There must be an abandoning of factional strife, which is today making impossible an efficient organization on the part of our association, which is preventing the securing of adequate legislation, and which stands squarely across the path of the college.

Judging by the absence of Osteopathic ideas in much of the later literature in our magazines and journals, it would seem that many of our prominent people were getting away from early Osteopathic ideals and principles. That this is not so is evidenced by what these same people are doing along strictly Osteopathic lines. Surgeons are following up their operations with post-operative treatments, given either by themselves, or by the physicians who referred the case to them.

Specialists in eye, ear, nose and throat—as well as in other lines—are relying more and more on Osteopathic manipulation to bring about desired results.

Endocrine enthusiasts do not pin all their faith to internal secretions. They employ and advise the employment of Osteopathic care as a necessity for the ultimate recovery.

So, though their words belie them, our physicians are adhering to original ideas and principles, and it behooves those of us who are prone to criticise, to understand it is rather that the new ideas call for an expression, than that the old ones are being supplanted. However, let us urge these same physicians in preparing their talks and articles for publication in the future, to give to us all the Osteopathic inspiration it is possible to give, bearing in mind there are many of us who have Osteopathic fingers only, and who are jealous of that side of our therapy.

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DR. F. C. CLARK, PRESIDENT

*Osteopathic women work too hard
because—*

1. It is the nature of all women who are conscientious to do so.

2. Many do not employ office help to answer phones, make appointments, keep books, etc.

3. Home duties make so strong an appeal to the average woman that she continues to cook, sew, wash and iron, even though her professional duties fill her day.

4. Many do outside club work, child welfare, public health, etc.

5. Many are faithful in association work at the expense of health.

*If Osteopathic women would become
better business women, they must—*

1. Employ office help to answer phones, make appointments, keep books, to relieve them of annoying routine.

2. Employ more help at home to relieve them of the petty anxieties of dress and the worries of the household.

*Then, Osteopathic women would
have—*

1. More money, earned and collected, because of better office management.

2. More time for club and association work with less tax on health.

3. More time for recreation and relaxation, which is essential to health and efficiency.

4. More time for study to advance them in their profession.

5. More happiness and a longer life.

Beyond Him.

"Well, Pat," said Dr. Stillman, "I hope your master's temperature is lower this morning than it was last night."

"Well, sur, that's hard to till, sur," replied Pat.

"Why?" said the doctor, smiling.

"He died this mornin', sur."

CHRONIC INTESTINAL STASIS FROM THE RADIOGRAPHIC STANDPOINT

By DR. FRANCES LEIX

Dr. W. Arbuthnot Lane has defined stasis as "such a delay of the contents of the intestines in some portion of the gastro-intestinal tract, but more particularly in the large bowel, as allows the absorption into the circulation of a large quantity of toxic material." This delay results from a mechanical alteration in the normal arrangement of the drainage apparatus.

In dealing with any case of chronic intestinal stasis, it is necessary, besides obtaining a clear history of all symptoms, to get a complete report from a radiologist, who is thoroughly familiar with this class of work, on the mode of passage of a bismuth meal along the entire length of the gastro-intestinal canal, and to this should be added the bismuth enema.

The screen work affords far more information than the radiograms taken at intervals alone. The main points are: 1st. The length of time that the meal remains in the stomach, action of stomach and mode of emptying. 2nd. Size, shape and form of duodeno-jejunal junction. 3rd. Length of time meal remains in ileum, mode of evacuation, the relation of appendix to the end of the ileum, and the evidence of the presence of an ileal kink. 4th. The size and position of cecum. Adhesions. Thickening of appendix.

If tenderness is present. 5th. Mode of passage of the meal through the large intestine. The points at which bands are especially liable to occur on account of the dragging strain of the ligaments are: The terminal coil of ileum, outer aspect of cecum and ascending colon, hepatic flexure, splenic flexure and sigmoid loop.

The caliber and form of the bowel must be examined to determine the presence of inflammation in its wall or of diverticulitis. The size and shape of the pelvic colon must be carefully observed, also the presence or absence of gallstones. Besides this, the chest should be investigated to show the condition of the lungs, glands, heart and large vessels.

It is difficult to exaggerate the importance of a thorough examination, as it not only furnishes complete evidence as to the mode of functioning of the canal, but calls our attention to defects in the tract that would, otherwise, be overlooked. Dr. Lane claims further that, as a result of enlargement and abrasion at the point of stress, local ulcers and cancers occur and numerous remote lesions are set up by the systemic toxemia and irritation. This conclusive feature of Dr. Lane's idea of stasis makes the subject of vast importance.

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Elevation of a group of buildings the Board of Trustees has just recently accepted plans for the location of buildings on the new college site. Left to right: Clinic Building, Administration Building, Educational Building, and Clinic Hospital.

The New Home for the College

The Building Committee of the Board of Trustees has just recently accepted plans for the location of buildings on the new college site. These plans call for the erection of a clinic treatment and administration building, the moving and remodeling of a building now owned by the college, formerly the Pacific College of Osteopathy, and of the making this building into a very attractive, well-lighted, well-arranged educational building. Later the bed department of the Clinic or Clinic Hospital will be built.

The clinic treatment and administration unit will occupy the property on the northwest corner of Mission Road and Griffin Avenue, with a frontage of approximately 80 feet on Mission Road and extending back to a depth of 130 feet. To the north of it will be the Clinic Hospital unit fronting on Griffin Avenue, with a total frontage of about 110 feet, and to the north of this will be located the educational unit, facing also on Griffin Avenue.

COLLEGE

The Clinic

The Clinic building will be a two-story structure on characteristic Spanish architectural lines, finished in stucco. Only part of the second story will be built at this time, the remainder being added later as the need for expansion is evident. On the first floor there will be a large central waiting hall, with the different departments of the clinic grouped about this central space. This hall will be controlled by a clerk who will operate the central switchboard connecting all parts of the college plant. On the first floor will be the Department of Administration, with rooms for the chief clerk and superintendent of the Clinic, a Gynecological Department with adjoining dressing rooms, a Genito-Urinary Department, an X-Ray Department, Department of Minor Surgery with an adjoining rest room for recuperation after minor sur-



*are planning to erect for our future College home.
Hospital, Educational Building*

NEWS

gical operations, and a large Osteopathic Treatment Department. In the latter department each treatment room has adjoining it two dressing rooms, so that one patient may be preparing for treatment while another is being treated, and each may exit through the outer corridor without passing through the treatment room. Each two treatment rooms are to be so built that the folding partition between them may be pushed back, throwing the two rooms together and thus providing a large examining room.

On this floor also are provided a work room for the nurse serving the Gynecology, Genito-Urinary, Minor Surgery, a locker and wash-up room for doctors. All departments, with the exception of the general Osteopathic treatment department are so located as to be immediately accessible to the large demonstration room which is provided with an amphitheater accommodating about forty persons. This lecture room has

its accompanying dressing rooms, so that it may be used for lecture and demonstration purposes for all departments.

On the second floor will be located additional Osteopathic treatment rooms, toilets, clinical laboratory, etc. The plan as adopted provides not only an exceedingly attractive clinic building from the standpoint of the comfort of the patients receiving clinical care, but it is so arranged as to enable persons serving the clinic to do their work with the greatest amount of ease and minimum loss of time. A parking space for automobiles is provided near the building for the use of busy doctors who will be serving on the clinical staff.

The detailed plan of the Clinic Hospital has not as yet been worked out. When funds are available for the construction of this unit a complete equipment for hospital needs will be provided.

Blue Laws of Pomona

HARRIET M. DOOLITTLE, D. O.

Last April a small majority of Pomona citizens voted to close picture shows on Sunday. An injunction was served which called for 30 days' delay. Now I understand that the Picture Show Corporation will try to have the laws repealed as unconstitutional.

This law which closes picture shows on Sunday if a fee is charged, but permits them to run any atrocious show any other day in the week, or even on Sunday if no admission fee is charged, is like trying to cure a malignant cancer by manipulative measures only.

A patient who lives in Pomona came to me a short time ago. She had been going to "the best osteopath known" (?) He charged her five dollars for each treatment; her carfare cost her two dollars for each trip into the city. She lost ground continually. Did he take temperature, pulse, blood pressure, or have uranalyses or blood examinations made? No. He told her she was "run down; the treatment would build her up; she would soon be a new woman."

So she would have been, but not in this world. I found a malignant cancer, and lost no time in having it removed.

I call to mind certain discussions as to the treatment of cancer; one side wishing to manipulate; the other wishing to operate. The question arises, "How can we know how to treat unless we apply the proper tests and make the diagnosis certain?"

So in civil affairs; only correct diagnosis can lead to correct treatment. Many of the picture shows could not be improved. For those which need improving, let the good citizens of Pomona unite in a movement to debar all pictures of a doubtful nature. Then let them run every day in the week.

The law closes picture shows that are run at the theatres for pay. That, however, does not interfere in any way with picture shows for which no charge is made, or with entertainments in churches.

Be sure of your right diagnosis and leave no stone unturned to arrive at the desired end.

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DEPARTMENT OF CASE REPORTS

By DR. MARGARET C. BRIGHAM

Pityriasis Rosea

Definition—"A self-limited inflammatory disease of the skin, characterized by rose-colored erythema to squamous, ring-shaped patches, occupying chiefly the trunk, and frequently accompanied by mild constitutional disturbance."

Etiology — Obscure, neither sex nor age appears to influence it. The self-limitation of the disease and the rarity of recurrences suggest that some anti-toxic principle is produced in the body.

I have had two typical cases during the last year and both were the sequel to a streptococcal infection.

Case I.—Woman 46 years of age had been suffering from chronic nephritis for several years and had an acute attack with all the characteristic symptoms. For about 12 hours there was complete suppression of urine.

When the bladder was found to contain urine she was catheterized and about four ounces of thick, foul-smelling urine was drawn. As the amount of urine increased, and her condition improved, she complained of pain in the right side in region of the kidney, extending down to the iliac fossa. This continued for several days, but improved as the amount of urine increased. On examination the urine was found to contain much pus and the microscope revealed many streptococci and staphylococci.

Within a few days after the acute attack of nephritis, the whole trunk became covered with the pityriasis eruption.

The usual local treatment was used with no improvement.

The elimination improved steadily, but had no effect on the eruption.

She was passing through the menopause and complained of hot flashes, so she was given the thyro-ovarian compound.

Almost immediately the eruption began to fade. Shamburg says it lasts

from three to six weeks, but in this case it had lasted eight weeks and while some patches would fade, new ones made their appearance.

I decided to add some thyroid to the dose already taken and gave her an additional grain each day. The eruption disappeared within 48 hours.

Case II.—Pityriasis Rosea followed a streptococcal sore throat. As the patient did not present any symptoms suggesting the use of thyro-ovarian compound, but was very anemic, she was given food and treatment to build up the blood.

The eruption was quite as little influenced by treatment as in the first case.

I decided to try the thyroid again and gave two grains of thyroid (Armour's) daily. After 48 hours the patches were much paler, so an additional grain was added the next day. By the end of 24 hours the eruption was gone.

The question arises, was the infection due to lack of thyroid in the beginning, or was the infection the cause of diminished activity of the thyroid gland?

OLIVE CLARK, M. D., D. O.

Case Report

L. B., male, 16 months old. Brought for examination in January, 1921. History of dry, premature birth; eight months. Mother had previously borne three children, all living and normal. Family history good.

Appearance—The boy is anemic, thin, listless. Hands and feet and spinal column are spastic. Face slightly asymmetrical.

Eyes—Strabismus convergens present. Choked disc in left eye; power of ciliary muscle subnormal.

Ears—Hearing normal.

Teeth and Mouth—Normal. First set of teeth complete at 18 months.

Heart and lungs—Normal.

Stomach and intestines—Alternating

diarrhoea and constipation; tympanites present but not marked. Occasionally mucous is recognizable in stools. Anorexia usually present. An attack of spasms had occurred about one year before date of examination. Measurements of head normal.

Lesions—Entire cervical and upper thoracic region very rigid; condition probably due to birth injury.

Treatment—Treatments were given once each week, securing increased flexibility of neck and upper thoracic spinal column.

Results—After four months' treatment, the spasticity has almost completely disappeared in hands and arms, neck and back. Child moves head freely. Head and neck normal in appearance. Strabismus diminishing. Anorexia has disappeared; weight normal for age. Color better, eyes and expression vivacious. Active, walking, beginning to learn to talk. Ideas are connected and normal mental power is evident, for age of child.

MARY E. WRIGHT, D. O.

Santa Ana.

Child, 12 years old; appeared well-nourished; always moody; never had talked well, with much difficulty could say few words; seemed to have mentality of about eight years; docile except when hurt.

Rebelle against examination. Five relaxing treatments necessary to complete examination. Lesions, third and fourth cervical vertebrae decidedly to the right, sixth cervical to left; second and third thoracic to the right. Marked tendency to stooping at about eighth thoracic. Very marked hypersensitiveness, especially in cervical region.

Thoracic lesions corrected first; sixth cervical lesion corrected next, and second and third cervical corrected after about 30 treatments, during 14 weeks.

Child began to learn to talk about one week after correction of cervical

lesions; with marked improvement in mentality. Improvement has been constant, with increased cheerfulness, rapidity of mental processes, and ability to speak almost as well as any child of her age. It is now six months since treatments have been begun.

CLARA JUDSON STILLMAN.

Dr. Isabel Morelock, of Honolulu, is spending a few weeks with the Drs. Bondies, in South Pasadena. Dr. Morelock tells of the remarkable success which they have had in passing what is practically the A. O. A. Model Bill in the Hawaiian Legislature, by unanimous vote. We wish we could learn a few things from the Hawaiians.

About three years ago, Dr. Barbara Mackinnon, one of the six original members of this club, and always earnest and beloved, was called to her old home in North Shore, Nova Scotia, on account of the serious illness of her mother. Mrs. Mackinnon died in May, 1921, at the age of 93. Dr. Mackinnon expects to return to Los Angeles in September. She will receive a most hearty welcome from many associates and friends.

Those who live in or near Los Angeles should be interested in the card announcing the Academy of Sciences. Since our own Dr. F. C. Clark is president, it is even more emphatically a privilege to become identified with the academy. Perhaps there are few things that keep our minds steady and our emotions calm and our lives wholesome more efficiently than is the custom of keeping up with recent scientific developments along other lines than those intimately associated with our own professional activities.

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Lack of Tact.

Dr. Lora Emery has a patient with edema. A friend called upon this patient, and said: "Too bad you are all swelled up. I do hope you will die before you burst."

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Miss Gladys Slosson and Dr. Horace A. Bashor were married, June 11, at the home of the bride's parents in Monrovia. Miss Slosson is a sister of Dr. Jane Slosson Bashor, one of the most honored members of the Women's Osteopathic Club of Los Angeles.

Practical Paragraphs

A good exercise to increase flexibility of the lumbar and thoracic spinal column, and to stimulate peristalsis and relieve constipation, is the following:

Have the patient on hands and knees; take a deep breath, and raise the trunk as high as possible, then allow the trunk to drop suddenly, during exhalation. Repeat two or three times the first day, increasing daily to 20 repetitions.—L. M. WHITING.

In case of chronic gastritis, you will find the following exercise of great benefit to your patient. Have him lie upon his back, and with his hands use a strong, slow, gripping movement through stomach area, release slowly, and repeat. By laying your own hand upon the patient you can be sure that they have the correct idea. Begin with four or five contractions three times a day—and always with an empty stomach. I have used this exercise for two years and it has never failed in good results.—ELLEN HOAGLAND, D. O.

It must not be forgotten that we have an occupational neurosis—brachial neuritis. Those of us who employ the same muscle-groups constantly are in great danger. Those who vary their methods, using now one and now another group of muscles, and those who secure the help of the patient during the treatments, are in much less danger. Mechanical aids, such as the McManis table, are safeguards, also; if they are used intelligently and constantly.

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Educational Building

The educational building will consist of large, airy, well-lighted rooms for lecture and laboratory purposes. Provision is also being made for adequate administration facilities and for a number of rooms for students' use, including library, assembly rooms where social gatherings will be held, a college book-store with lunch counter facilities, locker rooms, etc. It is planned to so locate the building that other wings may be added as need is discovered for additional rooms.

It is hoped to build in the immediate future on the ground adjoining the educational unit some courts for tennis, basketball, handball, etc. The exact time for the commencing of construction of these buildings is as yet uncertain, depending upon completion of a number of matters which are now before the Board of Trustees. It is hoped that the college will be located in its new quarters next fall.

The Carlson Loan Fund

Recently a call came to the College from the County Hospital asking if any of the students would volunteer to give blood to save a patient's life. Four responded to the call. Miss Carlson was selected as being most suitable and gave about a pint of her blood. For this service she received \$25.00.

Not caring to use this money for the ordinary necessities of life, she donated it to the College. At a meeting of the Board of Trustees, June 17th, this money was made the basis of The Carlson Loan Fund. Money in this fund is to be loaned to students who may need such assistance during their college course. If such loyalty can be shown by one of the students to the College, it surely ought to influence many of our physicians in the field to add to this fund. The same evening members of the Board contributed \$125 to the fund.

Further contributions to this fund may be sent to Mr. E. L. Light, Secretary-Treasurer of the College.

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Merries

Two travelers were comparing ailments. Said one: "I've had those symptoms for a long time and can get no relief." Said the other: "Have you ever tried Osteopathy?" "Oh, yes," answered the first; "I took five bottles full, but it never did me any good."

DR. GWLADYS M. MORGAN

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Shades of Anatomy!

Bad hearing is often caused by the wax in the ear plugging up the canal from the ear to the throat. Keep the ears clean and the canal open by letting some water flow through the ear into the throat every time the face is washed.—Bulletin, St. Louis Health Department.

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The Old Ones Are the Best.

The story that made millions laugh—that one which includes: "Thunder! Thar haint no sich animal!"—has, we think, a pretty good running mate in the following more recent one:

A countryman was standing on a fish pier where the day's catch was being landed. Presently a swordfish of monstrous size was hoisted up and the old fellow stared at it in wonder and amazement. He positively could not believe his senses, and when at last he recovered himself sufficiently to speak it was only to exclaim: "The man that caught that fish is a darned liar!"—Boston Transcript.

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WESTERN CIRCUIT TRIP

By L. M. WHITING.

The Western Osteopathic Association, in initiating this clinic circuit, have given great good to the visiting physicians as well as to the members of the local associations. It is a wonderful and enjoyable trip.

During my recent trip I learned many things that have already been of much help to me in my practice. Perhaps I have been able to leave a few new thoughts or emphasize some good old ones with the many physicians of the local associations.

Fresno was the first stop, where two of the local physicians met me at the station. During the forenoon I had a most delightful auto trip through the grape ranches around Fresno. Unless one has been through this wonderful grape region, one has little conception of the vast area devoted to the culture of this fruit. It looked as if they raised enough grapes to supply the world with raisins. The rest of the forenoon was devoted to examining patients. I also had the pleasure of meeting many old friends and patients, who knew that I was in Fresno because of the good work done by the Publicity Committee.

We had long afternoon and evening sessions with the San Joaquin Valley Association. Some of the physicians had come over a hundred miles to attend the meeting.

The next morning, when I arrived in Oakland, it was raining; nevertheless, I was met at the depot and taken to the home of another physician, where a delicious breakfast awaited me. After breakfast, we went at once to the Oakland Clinic. This was my first visit to this clinic, and I was very much surprised and pleased to find such a well-equipped clinic. It is a great credit to the Oakland physicians and should be an inspiration to other cities to establish like clinics.

Nine very interesting and different

cases were examined during the forenoon. Very complete case histories, measurements, radiographs and laboratory reports accompanied each patient. These records make it possible for a visiting physician to make fairly accurate diagnoses and to outline treatment rationally.

The afternoon was spent in examining patients in San Francisco and in addressing a public meeting for mothers in the Emporium Auditorium. This was followed by a delightful banquet at the Palace Hotel and the meeting of the Bay Osteopathic Society, until 11:30.

At Sacramento, next day, I was met at the train and taken to the home of a physician, where a delicious lunch was served. An Osteopathic treatment was offered and accepted with gratitude. A drive around the city filled the time between lunch and the afternoon meeting. We had two meetings, one in the afternoon from 2:30 until 6:00, a banquet, and an evening meeting which lasted until the 12:20 train for Ashland, Ore. It was a great pleasure to go through the wonderful Shasta country by daylight.

The Southern Oregon Society is small, but makes up in enthusiasm what it lacks in numbers. We began work at 8:00 in the morning, with clinics and discussions which lasted until 1:00 o'clock.

At 2:00 in the afternoon we had a public meeting for mothers. This was intended to be an hour in length, but it was two hours and a half before all the questions had been answered. This was followed by another session with the Osteopathic physicians. The day was ended by a delightful auto ride through the mountains and to Medford, where I took the train.

The next stop was Albany. The morning was devoted to clinics and a short talk at 12:00 o'clock to a Chamber of Commerce luncheon. In the afternoon we drove to Corvallis, where the Wil-

lamette Valley Association held an afternoon meeting.

After the banquet I talked to the girls of the Agricultural College. The attendance at this college is about 4000, about one-fifth of them being girls. I was surprised and pleased to find the President, Dr. Kerr, had been one of my old teachers in the University of Utah—shall I say how many years ago?

(To be continued.)

CONVENTION ECHOES

The convention is over. Dr. Ernest G. Bashor, the chairman of the Program Committee, had prepared for us an unusually fine program. He had most ably carried out the plan of the advance announcement. It was true that "the work was so arranged that all departments of practice were ably represented."

Frivolities

The social features of the convention, due to the efficient work of Dr. W. V. Goodfellow and Dr. Eva K. Coffey, were a decided success.

The automobile ride to San Pedro, the boat ride on the harbor, and the barbecue at Long Beach were so carefully arranged and so correctly managed that not a single untoward circumstance marred the progress or the end of a perfect day.

The banquet, which was held in the beautiful Mission Court of the Hotel del Vista Arroyo, in Pasadena, was a glorious climax. More than 200 guests sat around long tables. The witty conundrums composed by Dr. Lora Emery and Dr. J. W. Scott added much to the enjoyment of the evening, especially to the winner of the large and happy Kewpie.

Dr. Stewart Fitch, toastmaster, presided with grace, neatness and dispatch. The speeches were all that speeches ought to be. The delightful singing of Mrs. W. V. Goodfellow seemed like some rare jewel in a beautiful setting.

Blest Be the Tie That Binds

Perhaps never before did the dove of peace hover so softly or sing so sweetly as on June 23, in the California Osteopathic Association.

While everyone regretted that the fine program could not be carried out, the unanimity and the fellowship that resulted from the informal discussions were considered well worth the loss.

The State Association is now solidly united in support of our college and of the initiative bill which will give us freedom from medical domination. Every speaker placed himself on record in hearty approval of the plans and the ideals of the college. The sentiment in favor of the initiative was unanimous.

The speeches were mostly very free from the gallery-play and flag-waving so often associated with appeals to the emotions of any organization. For the most part there was in the audience an air of deliberation, of weighing evidence, of judging the significance of factors presented, that should serve both as an inspiration to earnest workers and a rod for evil-doers—if, indeed, we have any such amongst us.

The Initiative Bill

The initiative bill as now proposed by the Legislative Committee and approved by the California Osteopathic Association, makes no change in the present law. It simply asks that the laws, so far as they concern Osteopathic physicians, be administered by an Osteopathic board. The present and future legal educational standards will in nowise be lowered. On the other hand, the administration of the laws by an Osteopathic board will prove Osteopathic educational standards as far superior to ordinary medical educational standard as Osteopathic practice is superior to ordinary medical practice.

The petitions must be in by October 1st of this year; 55,000 signatures are necessary, but we should secure twice that number.

Our Plea

We go before the people in November, 1922, with a bill which gives us the right to obey the laws as they really are written, and not as allopathic physicians choose to interpret them to our disadvantage.

We do not ask to interpret the laws for any other school of practice. Certainly no other school can justly ask to interpret them for us.

Why Fight?

We know that it takes four years or more to educate an Osteopathic physician. We know what standards are necessary for the Osteopathic profession. We know what Osteopathic methods can do in treating the sick.

Let us grant to other schools of practice equivalent knowledge of their professional matters.

Allopathic, homoeopathic, eclectic, chiropractic—each system should know the requirements, the abilities, the standards of his own practice. No system should be subservient to any other system. Each system should have its own examining board.

The section of the present law which deals with the drugless practitioner is not fair to anybody. The public is in no way protected thereby. The requirements are not satisfactory to chiropractors, naturopaths, or anybody else.

If allopaths or chiropractors ask for new laws, raising their standards, by all means let us support them.

Graduate Work

The graduate work given on Friday and Saturday after the convention proper was well attended. The work covered the following subjects:

Obstetrics, Technic, Laboratory Interpretations, Management of Pulmonary Diseases, Thyroid Conditions, and Gastro-intestinal Conditions; Clinics in Ear, Eye, Nose and Throat, and in Radium Therapy.

The attendance indicated that it

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in

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An incomparable brochure, designed for the use of both the specialist and general practitioner of Osteopathy.

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Dr. C. C. Reid,

Dr. T. J. Ruddy,

Dr. Glen S. Moore

Dr. J. D. Edwards,

Dr. John W. Bailey,

and HSB.

These men all say it is a very fine and very serviceable production which has the charm of being *equally* usable by and useful for the specialists in our ranks, and the rank and file of our general practitioners who stand behind our specialists. It will build up confidence for the whole profession by enhancing the respect due Osteopathy and will work to retain within our profession multitudes of our patients who now pass over to the medics when they require specialism.

Advance orders are now being booked for this great campaign number. It will appear as the July issue of "Osteopathic Health," both dated and undated. We make this announcement thirty days in advance so as to give you time to place a special order with us. Already more than 50,000 copies have been ordered in excess of regular edition. They are ordering it in lots of 1,000. Will you use a thousand also?

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might be well to make this work a permanent feature of the State Conventions.

Exhibitors

The exhibit hall was well filled with interesting displays. These are coming to be an important educational factor in our conventions. Any physician who fails to visit the exhibit fails to keep in touch with the latest scientific developments along diagnostic lines. From the constant stream of visitors passing through the exhibit hall one might infer that these displays were of unusual interest.

Newly Weds

Tied in bonds rather more temporary but scarcely less irksome than those of matrimony are our newly elected officers.

Dr. Lester R. Daniels of Sacramento, is our new President. His good deeds and his self-sacrificing devotion to Osteopathy deserve the honor of this election, while his past history of hard work entitles him to the arduous duties which go with that honor.

Dr. Emilie V. Sutton, of San Francisco, is Vice-President. All who know

Dr. Sutton's ability must realize that if the President should at any time be absent, the convention will not lack a successful presiding officer.

Dr. C. V. Rowlingson was re-elected Secretary-Treasurer. He has been so prompt, so methodical; he has filled the office so successfully, that no one even thought of making any other nomination.

It gives us all great pleasure to learn that Dr. C. J. Gaddis was unanimously re-elected editor of the WESTERN OSTEOPATH. Probably no one D. O. in California has ever received such showers of commendatory letters and resolutions as have fallen upon the devoted head of our editor.

Just in Time

At the last minute before going to press we learn that Doris Jane Bashor has a sister, born July 5th. Thus, the clover-leaf of page 15 becomes a four-leaf clover. Certainly this should bring good luck to all of us.

"Ye are better than all the ballads
That were ever sung or said;
For ye are the living poems,
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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.

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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.

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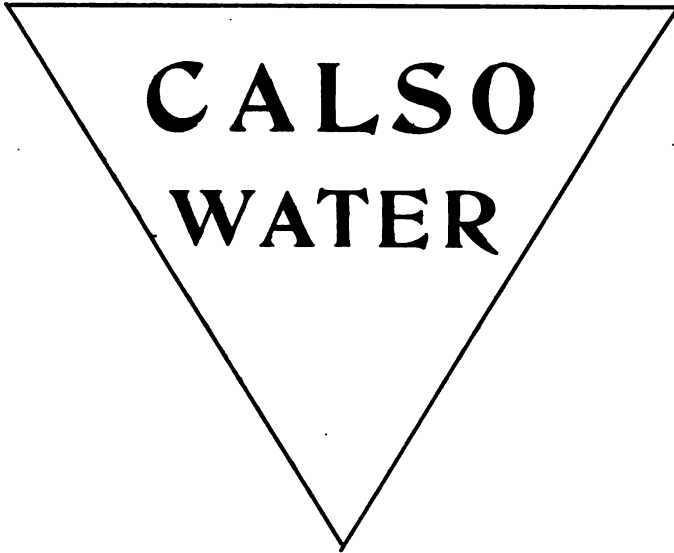
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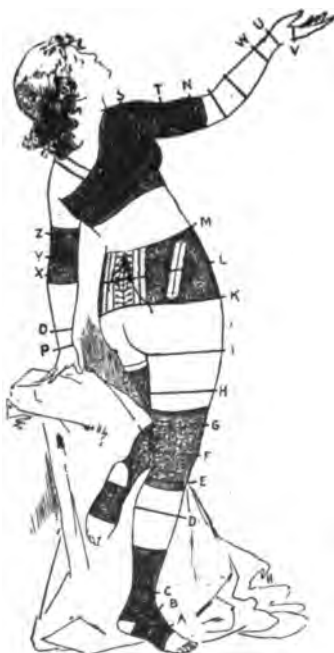
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LOS ANGELES, CAL

Eastern Idaho Osteopathic Society

By VERN M. BODMER, D. O.

Eastern Idaho Osteopathic Society met May 30th, at Dr. Grace J. Parker's office in Pocatello, Idaho.

Dr. Lillian M. Whiting, professor of obstetrics at the C. O. P. & S., of Los Angeles, Cal., was the guest of honor, and appeared as the third speaker on the "Circuit Clinic" this year. The morning was spent in taking Dr. Whiting about the town and surrounding country by Dr. Parker and Mrs. V. M. Bodmer.

1:30 to 4:00 P. M.—Technique, by Drs. Whiting, Parker, Johnson, Davidson and Bodmer.

4:00 P. M.—Lecture by Dr. Whiting on Obstetrics.

7:00 P. M.—Banquet at Savoy Cafe.

8:00 P. M. — Business meeting. The following were elected: Dr. A. H. McFarland of Blackfoot, president; Dr. Geo. A. Aupperle of Idaho Falls, vice-president; Dr. Glen I. Noe of Idaho Falls, secretary-treasurer.

9:00 P. M.—Lecture by Dr. Whiting

on "The Care of the Expectant Mother." Adjourned at 11:30 P. M.

The first examination under the New Administrative and Reciprocity Law will be July 26. The examiners are Drs. W. T. Thomas, Tamoca; W. E. Waldo, Seattle, and E. B. Neffeler, Everett.

Mrs. Molly C. Glenn, mother of Dr. Glenn, passed away in June.

Mrs. Cora Graham announces the marriage of her daughter, Grace Mildred, to Dr. Glyde Wade Bumpus, on Wednesday, the 8th of June, 1921, at Denver, Colo. At home after August 1st, 1515 Cook street, Denver, Colo.

Dr. E. A. Leatherwood of Eureka has removed his office to 1320 Haight street, San Francisco, where he will be glad to meet his friends.

The W. O. A. Convention, Portland, August 3rd, 4th and 5th.

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THE WESTERN OSTEOPATH

Published by the California Osteopathic Association

VOL. 16

SEPTEMBER, 1921

No. 4

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ALL CASES REFERRED BACK, WITH REPORT, TO OSTEOPATH REFERRING CASE.

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Dr. C. _____

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The Western Osteopath

Vol. 16

SEPTEMBER, 1921

No. 4

WATER ON THE BRAIN

By DR. HARRY W. FORBES,

(As written for the press)

Every person has water on his brain—about seven tablespoonfuls. When this normal amount of brain water (cerebro-spinal fluid) is increased the volume of blood which can flow through the head is decreased. This lack of blood circulation gravely impairs all brain functions.

The skull will not expand. Hence, increase of brain-water compresses the brain blood-vessels. The amount of this water increases when it does not flow out of the head as fast as it forms. About four ounces form and leave the head every two hours. Increase of brain-water is caused in two ways: It may be formed too rapidly for the normal outflow to carry it away; or, the normal outflow may be blocked. In all acute inflammations of the brain and its coverings the water forms too rapidly to be carried away. The mental and physical inertness which develops in meningitis are due to this dropsical condition of the brain. These symptoms are not due to compression of the brain. The brain is not compressible. They are due to compression of the brain blood-vessels and the resulting anemia of the brain. Treatment which removes this excess water is followed by immediate recovery of all brain functions.

The outflow may be blocked by injuries to the base of the skull and to the upper joints of the neck. The most common cause of such injuries is a prolonged, hard childbirth. The upper bone of the spine is almost driven through the base of the skull in such labors. This produces inflammation which leaves scars in the membranes on the under surface of the brain and

it often injures and stiffens the upper joints in the neck. The use of forceps occasionally injures a babe, but long labors injure ninety-nine where forceps injure one. Many defective, feeble or no-minded children result from such birth injuries. Too often forceps are not used until after hours of long labor. The damage is already done, but the forceps are blamed.

These birth-injured children often have convulsions during the first week of life. Many have grave digestive troubles and often vomit throughout the first year or two of life. They do not learn to walk or talk as early as normal children and many of them never do. Their symptoms are worse when the head is not higher than the heart, so that the fluid tends to return by gravity. Hence, they are usually worse at night. They often roll the head when they are lying flat. Convulsions may return, especially at night when the head is low.

In many of these children the brain is not injured. Enough blood is forced through by an increased blood-pressure to keep the brain alive, but not enough to permit it to work. Such children may become entirely normal when the excess water is removed and kept out, and the blood is permitted to flow through the head in normal amount. It is a tragic thought to think, but it is literally true that the difference between a complete idiot and a normal child may be just four tablespoonfuls of water on the brain.

In many cases of less severe injury, nature enlarges the head to compensate for the excess water. This may restore normal mental and physical function.

Large heads do not mean large brains as often as they mean more than the normal seven tablespoonfuls of water on the brain.

Many of the mental and physical breakdowns that occur in young people about the time they are finishing high school are due to the fact that the head has ceased to grow and nature's compensation for a blocked outflow of brain-water is not longer effective. Many such cases can be cured by treatment which restores normal outflow of brain-water.

High blood-pressure tends to restore and maintain brain circulation in all such cases. A large percentage of high blood-pressure cases in adults and the aged are compensations for a blocked outflow of brain-water. Such cases live and retain their mental functions because of this high blood-pressure. Nature knows more than all doctors combined. When she raises the blood-pressure of a person we have no justification for attempting to lower it, unless we lower it by removing the cause or condition which makes it necessary and beneficial.

PREMALIGNANT STATES

By LOUISA BURNS.

California Osteopathic Association, July, 1921.

With the possible exception of tuberculosis probably no disease has received such exhaustive and universal study as have the malignant neoplasms. Yet still we stand only barely within the gates of that wide field where lies understanding and efficient treatment for this scourge of the middle-aged. The middle-aged in whose hands are borne full mental and bodily strength of the race; for whose usefulness childhood and youth and early adult life have been devoted. These who have only just learned the lessons of the academical part of life; these who have gained freedom, in part, from the storms of puzzles, who have gained maturity and a certain degree of wisdom, whose experience enables them to begin to give to humanity really efficient service, these are the ones for whom the malignant tumors lie in wait. To learn to recognize, and thus to guard against, the malignant neoplasms, is indeed one of the most splendid services which we can render to the race.

The problems concerned in giving this service divide themselves into two great groups. We have, first, the facts concerned in immunity to malignancies; and second, the facts

concerned in the local invasions. There is no question as to this, that certain families appear to be immune to malignant tumors, in the human race; and that, among animals, certain individuals are immune to grafts of carcinoma or sarcoma cells.

Immunity to malignancy has been studied chiefly in three different ways; we can study the histories of human families; of spontaneous animal tumors, and of tumors grafted into animals or grown in culture media.

Immunity is probably usually relative, though absolute immunity appears to be occasionally among animals and among human subjects. In animal immunity some very strange facts have been reported; for example, "Cancer of the breast, common in the human, mouse and dog, is practically unknown in the cow; which, however, suffers quite frequently from primary growths in the liver and the adrenal. Even in the same species we meet with similar idiosyncrasies, for example, the greater liability of grey than of other horses to melanotic sarcoma." (Bashford; Heredity and Disease; Proc. Roy. Soc. of Med., London, 1908.)

Dogs very rarely have cancer either of the stomach or of the uterus. In

horses, the antrum and adjacent cavities are most commonly affected by malignant tumors. In swine, the kidney, liver and skin are most frequently affected. Chickens and geese have sarcomas. Fish are especially subject to thyroid carcinoma especially during artificial feeding. Wild animals and wild birds have been found with benign and malignant tumors, but the numbers are too small for any statements of relationship. Since wild birds and wild animals rarely live beyond the reproductive stage the rarity of malignancy in those examined is easily explicable. There seems to be no relationship between herbivorous, grammivorous and carnivorous animals in their susceptibility to either benign or malignant tumors.

Personal human immunity and personal animal immunity are recognized. Perhaps it is personal immunity which saves most of us who have suffered various local irritations, from malignant invasions. Occasionally in the human race individuals are found in whom a tumor, undoubtedly malignant, recedes and finally disappears, leaving only scar tissue to mark the invaded area. Three such cases were recently reported by W. Boyd, (Winnipeg; *Jour. Surg. Gyn. and Obs.*, Chicago, 1921.)

In the study of animals, grafting of malignant tissue from one animal to another has been done in hundreds of cases. Immunity to these grafts has been found in certain animals, and these animals have been found immune to repeated attempts at grafting. The serum from immune animals has not been found to confer immunity upon other animals nor to aid in the resistance to the grafts whether administered before or with, or after the graft has been implanted.

Immunity can be conferred upon specific areas in an animal by means of X-rays. For example small areas in the groin of several mice were sub-

mitted to the action of erythematous doses of X-ray the rest of the body being protected against the rays. Grafts of cancer tissue implanted upon the skin of both sides of the mouse, usually fails to grow, upon the side of the X-ray, but usually grows well upon the side not acted upon by the rays. Grafts deeply implanted do take, even in the area acted upon by the rays. The X-rays cause marked lymphocytic invasion in the skin and tissues immediately subjacent, and the immunity appears to be limited to the area affected by this infiltration.

Rats are not usually susceptible to mouse cancer yet there have been a few successful transplantsations. If mice are sensitized with rat's blood, and then tumor grafts mixed with rat's blood are grafted in the mice, the grafts fail to grow. But in these cases, roentgen rays break the immunity. (Murphy, Hussey, Nakahara, Sturm, *Jour. Exp. Med.* 1921).

All of these results of recent investigations, and many others of equal perplexity, show the great difficulty of the problems associated with any phase of the study of malignancy. A study of distribution in the human race is equally perplexing. There is a marked tendency to suppose the aborigines, and people very poorly nourished, to be immune to malignancy. This is not well-based, and the error arises from two factors,—that such people are not given careful diagnoses and that they who suffer hardships more rarely live to the cancer-bearing age. Internal malignancy would scarcely be recognized at all, and even superficial malignancies might easily escape recognition.

For example, in New Guinea the aborigines are scarcely above the Stone Age type in their customs of living. They live the "Simple Life" most emphatically, in every respect. They have no venereal diseases, and practically none of the ordinary con-

tagious diseases. They are almost absolute vegetarians. Yet upon careful acquaintance and examination, practically every type of malignant tumor has been found among them. Their lives are comparatively short so that relatively few reach cancer-bearing age. In Australia there are other aborigines, living similar lives, except that they live chiefly upon meat. They, also, suffer from practically every malignant tumor which we find among civilized peoples.

Many theories have been offered and many inaccurate statements have been made concerning the prevalence of

malignancy and its increasing prevalence. As a matter of fact, the increase in deaths from cancer is more apparent than real, for the most part. Since the average length of life increases yearly, more people reach cancer-bearing age. The diagnosis of internal cancer is more frequently made now than ever before. Tissue examinations add to accuracy of diagnosis now as never before. Cancer of the lips and tongue really does seem to be increasing. Possibly the increasing prevalence of pipe and cigarette may account for this, partly.

Continued in October issue

DEPARTMENT OF PEDIATRICS

Enuresis

By LESTER R. DANIELS, D. O.

The subject of bedwetting in children has long been a discouraging one to the physician as well as an extremely distressing one to the hapless little patient.

Failure to secure satisfactory results in these cases is due in large measure to the lack of a thorough study of the various etiological factors in the condition.

Medical literature of the past illustrates how many and varied have been the misconceptions of the causes of this malady, and of course misconception of causes led to misdirected and often harmful treatment.

Witness the recommendations of certain medical writers of the nineteenth century advising stern parental measures, corporal punishment and the like, two writers even going so far as to recommend burning the skin with hot irons. Another advised forcible striking of the child's buttocks with the palm of the hand on the theory that the local ischemia produced favored a cure.

Later the idea of local disturbances was advanced as a causative factor. Circumcision became a routine practice in such cases, but without marked results, as is evidenced by the fact

that enuresis is as prevalent in Jewish children who are circumcised at birth as it is among other races.

Acidity of the urine has been advanced as a cause by some, but since rendering the urine either neutral or alkaline does not often abate the practice this cause cannot be termed more than a contributing factor.

Another idea that has been advanced is that bedwetting is the result of a run down systemic condition. This resulted in attempts to "build up the system" through the administration of tonics, chiefly iron and arsenic, of tentimes to the decided detriment of the unfortunate patient. This idea of causation is refuted by the fact that strong robust children are as frequently affected as weaker ones.

Study of the physiology of the act of urination shows us that in infancy the act being entirely involuntary it is induced only by the activity of the lower centers in the spinal cord. As the child grows older and the nervous connection becomes established with the cerebral centers we see a gradual increase in the operation of the inhibitory action of the brain. This constitutes control of the act.

The most logical explanation of the mechanism of enuresis falls under one of two heads or a combination of both. First, an excessive irritability of the micturition center in spinal cord, or the peripheral nerves connecting with the cord; and second, the delayed or interrupted development of the association fibres that link up the spinal center with the brain, thus leaving the act of urination entirely or in part under control of the spinal center.

Here Osteopathy enters with a very plausible explanation of one of the important causative factors that underlie both of these conditions. Lesions in the lower dorsal or lumbar, region acting to produce congestion of the cord in the area of the center may so alter the function of this center as to render it hypersensitive to peripheral impulses, and therefore produce abnormal activity in the evacuation of the bladder. Also if a lesion at any place in the cord especially the lumbar segments interferes with the normal circulation in the cord through the production of a relative anaemia we may have a consequent retarded development of the association fibres and therefore a delay in the establishment of the brain's inhibitory function.

We would not of course ignore such contributory causes as local irritations around the genitalia or the correction of such abnormal states as markedly diseased tonsils, or any general or local debilitating condition, but we do desire to emphasize the importance of normalization of the spine as fundamental in the treatment of enuresis. Other measures of importance will be discussed later.

As an illustration of the possibilities of Osteopathic adjustment in the treatment of some of these cases I will cite one case that has come to my attention. Some two years ago a mother who was under treatment brought with her one day her five year old boy who

had never gained any measure of control of his urinary function either night or day.

She wanted me to examine him after she had had her treatment, but I explained that I would like to make a thorough examination and study of the child that I might determine the various possible causes, and that I did not have time to do this on that occasion. However, I put the child on the table and feeling of his back noted marked tension about the 5th lumbosacral articulation. I gave him a mild corrective treatment of not more than one or two minutes and told the mother to make an appointment for future examination. On her next visit the mother informed me the child apparently had developed complete control of his bladder as he had neither wet the bed or his clothes since the treatment. More than a year afterwards there had been no return of the trouble.

This case is of course exceptional and such results are not to be expected in many cases because usually different factors enter into the cause, but it serves to illustrate the importance of the Osteopathic lesion as a causative factor.

We must study the case from every angle, and apply our treatment accordingly, the effort being to thoroughly normalize the child both as to structure and function.

This brings us to the psychic phase of these cases which is indeed an important one. Development of proper inhibitory control can undoubtedly be influenced by psychic stimuli if properly directed.

An interesting article by Wm. E. Carter, M. D., in the May, 1921, issue of the *Archives of Pediatrics* suggests a practical method of applying suggestive therapeutics in these cases, which I will quote in part.

First very definite written instructions must be given the parents with emphasis placed on the carrying out

of instructions to the letter. They are as follows:

1. Allow no fluid after p. m. (usually 4 o'clock but varies with age of child and character of case).

2. Take child up at about ten o'clock and every 5 or 6 hours during the night and take him to the toilet. Turn on the lights and be sure he is thoroughly awake. (Wash his face with cold water to waken him if necessary). This step is very important. After he knows where he is and what he is about allow him to urinate. (Try to ascertain if possible how often the child wets the bed and anticipate the act by a few minutes in taking him up).

3. If the child can write have him write each day on a piece of paper several times. "I wet the bed last night" or "I did not wet the bed last night" as the case may be.

4. Once in the forenoon and once in the afternoon take the child to the toilet and as he urinates command him to "Stop"—"Start"—"Stop"—"Start"—"Stop"—"Start." This teaches him voluntary control through education of the nerve centers.

Success in the case depends upon *how well the mother carries out these instructions.*

If the urine shows undue acidity or is too highly concentrated give child increased amount of water during the early hours of the day. Provide rational diet with plenty of green vegetables and fruits, depending of course on the age of the child.

To sum up, first examine the child thoroughly, then eliminate all physical abnormalities which will influence either directly or indirectly the condition or the general health of the patient. Give child thorough corrective spinal treatment usually twice weekly, neglecting no section where trouble is present. Then give the mother very definite written instructions as to diet and care of the child and impress upon her the absolute necessity of strict compliance.

With such a régime I feel sure we will achieve success in many cases in which we might otherwise record failures, and I am convinced that the Oestopathic physician is far better equipped to handle these cases than the physician of any other school, provided he uses intelligently the means at his command.

IMPRESSIONS OF THE CLEVELAND CONVENTION

DR. S. V. ROBUCK, Chicago.

There is no question but that the Cleveland Convention was a success, even though many of those who usually do attend conventions and those who do not usually attend were not there. Many of the faces usually seen were conspicuous for their absence. Some said it was the hot weather. But the hot weather was everywhere and could not be escaped. So why not do the thing that should be done, since there is but one opportunity each year to do that? The other things could be done almost any time. No, it wasn't the heat that kept them away. Neither was it because the Convention was not sufficiently advertised. Neither was it because the

program was not promising enough. Cleveland isn't a specially difficult place to get to, so that wasn't the cause. The hotels were easily capable of giving all good service. The question still remains: Why was the attendance about half of last year's attendance? The East, exclusive of the West, the Middle West, or South, should have turned out as many Osteopaths as were present at Cleveland.

Nevertheless it was a grand success. More practical work was given than we have seen on programs for some time. The addresses by Mr. Gray of Detroit were worth a great deal to anyone interested in Osteopathy a Profession, Osteopathy a Busi-

ness, or Osteopathy a Vocation. It is regrettable that all of the Osteopaths cannot benefit by hearing Mr. Gray give his most inspirational talks. A lot of our stay-at-home Osteopaths would feel sick at heart because of their seeming lack of appreciation of the profession that is making them, because of their meager desire to see others benefit by Osteopathy (unless it be to their advantage by securing them as patients), if they but heard this layman warm up on the subject so close to his heart. It should be vital to every Osteopath.

The exhibits were educative and I am sure the exhibitors found their presence profitable. McManis says that if the A. O. A. doesn't do something to get the drones out, he will have to start something himself or go out of business. He says that the progressive Osteopaths are the ones who attend the conventions and they are the ones who have McManis tables. So he is in as much need of new material as is the A. O. A.—or it may be stated the other way round.

It is interesting to see how much clearer one can make the *Saturday Evening Post* proposition when face to face with the Osteopath. Dr. Walker noticed that also. Some of our people should give this subject more serious thought instead of being satisfied to say, "I am agin it." Some do not seem to realize that the world is doing its business by publicity—or call it advertising if you like. Let's "Tell the World" about Osteopathy and see who censures us for doing it. I can tell you it will not be the public.

The Cleveland Osteopaths "did themselves proud." Everything was well prepared and managed. They were on the job instead of looking after their practices. I have attended every convention except two since my graduation in 1913 and never before have we had such a well-balanced program at the banquet. The substance of the program was unusually good. If in the future the Osteopaths were assured of as entertaining and

edifying programs with the banquet, I am sure the attendance would be much greater.

What constitutes a successful convention? I have mentioned program, exhibits, banquet, hot weather, and *Saturday Evening Post*. To these must be added the other social activities, such as fraternity and sorority gatherings, and then the wonderful opportunity of again clasping the hand of a fellow classmate almost forgotten (because he or she has been hibernating), and to clasp hands with Osteopaths whom we should meet and understand better. Oh, what value there is in meeting comrades-in-arms and fraternizing a bit! All in all, the convention gives one a great opportunity to stand off and take an inventory of one's self and "see ourselves as others see us."

Dr. Waldo's speech was an inspiration that was worth money to any one who heard it. Those who chance to read it lose half its value, for it does not carry the same punch that Waldo puts into it when he delivers the message. You realize he is delivering "some message."

The new officers were presented to the members in assembly and our new President looks good to us. If the members of the profession will but get behind the President and help push instead of balking and sitting down in the breeching—figuratively speaking—he will get us along in our journey to—. Where are we going? When do we expect to arrive? Dr. Drinkall, the new head of the Public Education Department, attempts to point out a part of our course in his slogan—"Educate the Educator." Think it over and see if it will not get us a long way. Dr. Walker, heading the *Saturday Evening Post* campaign, says: "Let's Tell the World About Osteopathy." Think these two points over and see if they aren't about what the Osteopaths have been wanting done for a long time but haven't wanted the responsibility of doing. Let's Do It Now.

MONTANA OSTEOPATHS "NEWSY"

1921

OSTEOPATHS LISTEN TO HALLADAY EXPLAIN THE PLIABILITY OF MUSCLES



OSTEOPATH CAVE SPEAKER VISITS



STILES' MEDICAL OPINIONS ON DISEASES OF BODY TAKEN UP AT MEET

CHAUTAQUA DRAWS CROWD

OSTEOPATHS CLOSE MOST SUCCESSFUL CONVENTION

KIWANIS CLUB GIVES PROGRAM TO OSTEOPATHS



OSTEOPATHS TO MEET AT FALLS

STATE MEETING OF OSTEOPATHS PICKS OFFICERS

OSTEOPATHS TREAT NUMBER OF CASES

LUNCHEON CLUBS GREAT BOOSTERS

OSTEOPATHS HEAR JOHNSON TELL OF HEALTH WORK IN GREAT FALLS

STATE OSTEOPATHS MEET AT GREAT FALLS

SLAM IS TAKEN AT ALL OSTEOPATHS BY OSTEOPATHS

BROADER VIEW ASKED TOWARD OSTEOPATHY

TOM SKEYWILL WILL SPEAK HERE

OSTEOPATHS MEET HERE AUGUST 15

Osteopathic Convention to be Held at Great Falls in August

BETTER TO AVOID THAN PERFORM OPERATIONS STILL TELLS DOCTORS

MONTANA OSTEOPATHS HEAR CALIFORNIA MAN

OSTEOPATHIC CONVENTION HAS NOTED PRACTICES IN MONTANA PROGRAM

WESTERN OSTEOPATHIC ASSOCIATION PUBLICITY DEPARTMENT

T. J. Ruddy, Chairman, Los Angeles.

Montana to the front. On the opposite page is a sample of the publicity secured by the Publicity Department of the Montana State Association on the occasion of the State Convention in Great Falls August 15 to 20. In the absence of the State Chairman, Dr. Stroud, the "old war horse" of Missoula, Dr. Asa Willard, rose to the emergency and was in the height of his glory wielding the pen and releasing to the different papers the "Story of Osteopathy."

The "news" of the five-day "event" went to 225 papers in the 53 counties, represented by 51 Osteopathic physicians as the Osteopathic Associated Press and into the homes of more than a half million people. At the regular rates charged by those papers for "readers" the amount that would have been necessary to purchase the space secured would have exceeded \$1650.00. This, however, was "news" that the papers owed their subscribers and were only too glad to handle for the interest to the public, but as well for the benefit to the science of Osteopathy and the Osteopathic Physicians whom the editors "personally knew."

Now, "STATE PUBLICITY CHAIRMEN" and "LOCAL SOCIETY PUBLICITY CHAIRMEN" this is a message to you. I hope your organization president has followed the recommendation to appoint you for three years that you may grow in service value. Officers, especially publicity men, are not made in a year and long tenure is even more necessary in our organization than in any other. Lack of organization means stasis, but the absence of an experienced personnel will kill the best organization.

As Chairman of the Publicity Organization of the A. O. A. and of our Western Association, it is the plan to

have "every editor personally known by an Osteopath." This is the idea of the "Osteopathic Associated Press." Next it is necessary that you organize your department in such a way that those departments upon whom you depend for "news" will create the "events" and furnish "copy" for you or for those within your jurisdiction and place it in the hands of the "editors personally known."

This year is to be a banner year. The Eastern and Central Osteopathic Associations are organized, making now THE BIG THREE. For efficiency in Publicity we have divided the Eastern Association into three "Circuits," viz., North Atlantic Circuit, Central Atlantic Circuit and South Atlantic Circuit. The Central Association is also divided into three "Circuits," North Central, Central and South Central. With Washington and Montana in the Western Association territory and eager to profit through the benefits of the "Circuit Clinic" it will be necessary to divide the West into three "Circuits," viz., North Pacific, Rocky Mountain and South Pacific Circuits. With these smaller "Circuits" it will be easier to secure speakers and clinicians and, by eliminating "long runs" each "Circuit" will be self-supporting as all of the deficits in the past have been the result of covering "dead territory."

The success of these Circuits in your jurisdiction depends upon YOU. It is up to you to convince and persuade the profession for your organization. It falls to you to bring the public to Osteopathic Clinics by carrying the "Story of Osteopathy" to the homes. See to it that the "story" goes regularly. Send it ONCE A MONTH or more often. The "Now and then" system never wins. The

editor is saving space for you. Don't disappoint him. Your friends—Osteopathy's friends—rejoice when they read of the accomplishments of both Osteopathy and YOU.

Finally: our plan is to conduct a "National Circuit" to and from Los Angeles next summer. The A. O. A. will be here in Convention. Each State in the south half of the United States will have an opportunity to hold a great convention and have leading speakers and clinicians stop over one or two days on their way West. Every State in the north half of the country will have a similar opportunity to have these clinicians at their conventions on the "Return Trip." What a wonderful opportunity for a "News Drive." Thirty thousand newspapers carrying the "Story of Osteopathy" to 105,000,000 people. But You and I must organize and work. We must begin NOW.

There were in attendance about 700 at the Cleveland Convention. With the hotel accommodations we could hardly have accommodated very many more. We need larger general assembly halls and more committee rooms. The House of Delegates and the Board of Trustees were shifted from pillar to post. This was done to make room for sections. The scientific part of the program was good. Technic was very much in evidence. It seemed to be greatly appreciated.

The following officers were elected: President, Samuel Louis Scothorn, Dallas, Tex., for two years past Chairman of the Department of Education of the A. O. A.; First Vice-President, O. S. Miller, St. Louis, Mo.; Trustees, George A. Still, Kirksville, Mo., R. B. Gilmour, Sioux City, Iowa, Earl J. Drinkal, Chicago, W. Curtis Brigham, Los Angeles, and Dr. H. M. Walker, Ft. Worth, Texas. All are to serve three years. The Chairmen of the four Departments of the A. O. A. will be: Dr. Asa Willard, Department of

Public Affairs; Dr. W. R. Link, Department of Publication; Dr. R. B. Gilmour, (succeeding Dr. Scothorn), Department of Education; Dr. H. F. Morse, Department of Finance and Development. These four with the immediate past-President, the President and the Secretary-Treasurer will constitute the Executive Committee for the ensuing year. Dr. C. D. Swope of Washington, D. C., a former member of the Board of Trustees for six years, Chairman of the Department of Public Affairs for one year, was elected Program Chairman for the Los Angeles Convention. Dr. James Fraser of Evanston, Ill., was appointed General Transportation Chairman.

The amendment to the Constitution which had its first reading last year at Chicago and was voted upon this year providing for the election of a President one year in advance of office was defeated. The By-Laws pertaining to election were amended so that hereafter the nomination of officers shall be on the second day and the election on the following day. A further amendment to the By-Laws provides that the present section on page 167 of the Directory relative to amendments be done away with entirely and substituted in its place the original section which provides that the By-Laws couldn't be amended except when such amendments were in the hands of the Secretary to have publication in the *Journal* at least sixty days in advance of the annual Convention. The matter of establishing central headquarters with a Secretary-Treasurer in charge to devote all his time to the job was left to the Executive Committee for final disposal. The idea at present seems to be that a lay Secretary should be employed, and a dummy elected Secretary. The present Secretary, Dr. Gravett, refused to leave Dayton, and for this reason alone was eliminated as a candidate.

FACTS AND COMMENTS

By HARRY W. FORBES, D. O.

Osteopathic Freedom

The State Association unanimously endorsed the initiative bill which was proposed by the legislative committee. This bill had been previously submitted to every local society and adopted. We now have a definite policy and program which will give our system complete freedom from medical domination in California. The profession is united in support of this measure and victory is certain.

We go to the people with one plain proposition. There is no opportunity for the opposition to confuse the issue. We ask no change in educational requirements, examinations, or any other matter relating to standards. We take the stand before the voters that Osteopathy is a complete system and that we are willing to meet the standards *now set* for other complete systems and that *we will meet the standards* that any future Legislature may decide to establish.

The one proposition upon which we ask the people to vote is whether we, as American citizens, shall have restored to us the right to teach and practice Osteopathy as Osteopaths want to teach and practice it, or whether another school of healing shall continue to have the powers to dominate and dictate our education and our practice.

Our bill will be named the "Osteopathic Act." It provides that the Governor shall appoint a self-sustaining board of Osteopaths to administer the present law for Osteopaths. All graduates of Osteopathic colleges must apply to the Osteopathic board for examination and licenses. The power of the medical board is not changed in any other particular except that from and after the passage of our act, the medi-

cal board has no further power or jurisdiction over Osteopaths and the Osteopathic board assumes this function for Osteopaths, but has no power over any other system.

Our proposition is easy to explain. We ask for no change in the law, except that the administration of the law shall be placed in the hands of Osteopaths. This will guarantee a higher class of Osteopathic practitioners, and thereby afford better protection to the public.

Inasmuch as our bill does not in any particular affect the practitioners of other systems, they should not oppose it. If one medical man or organization opposes us, this opposition will prove bias, prejudice and self-interest. We desire to conduct our educational campaign free of any assault on any other system. We await with interest the issue. If the old school doctors try to convince the people that the Governor cannot find five honest and competent Osteopaths to administer the law, and no other argument can be urged against our bill, we will trust to the common sense of the voters to resist this argument and to properly rebuke the prejudice which inspires it.

Our friends, the chiropractors, will be in the field with their petitions at the same time ours are being circulated. They have a good bill this year. It asks for a law with a higher standard than that in the present law for "drugless practitioners."

The "drugless practitioner" section of the present law fits no system. The allopaths are fond of saying that it is a "low standard requirement designed for Osteopaths and chiropractors." As a matter of fact it is designed for neither of us and is wholly unsatisfactory to both of us. The public mind,

however, has been influenced by this persistent propaganda by the allopaths that this section of the law applies to us.

The fact that both the Osteopaths and the chiropractors are out for an initiative, and that our fight is for unlimited rights to practice a complete system, and their fight is for limited rights to practice a specialty, will clear up for all time in the public mind the difference between Osteopathy and chiropractic. We endorse their bill, because it is what they want and because it will protect the public from incompetent chiropractors. They endorse our bill. They should receive every vote we can influence for our bill, and we should receive every vote they gain for themselves. The principle is identical—"live and let live." Protect the public from incompetent practitioners of every system, but permit the competent ones to practice. We can make no invidious comparisons between our system and that of the chiropractors. The two bills show the distinction in the scope of practice of the two systems, and it will be apparent to every citizen that they can be as well educated for limited practice in two years as we are for unlimited practice in four or more years. Their bill specifically prohibits the practice of Osteopathy by a chiropractor licentiate.

Our petitions must be in before October 1st. We must have 55,000 names, and we should obtain 100,000. Our profession is united, our allies are efficient—and the California voters are American.

Our M. D. friends believe that every person should be free to choose any Allopath he may want to treat him.

During 1920 the Medical Board granted licenses without any examination whatever to 384 medical doctors. Osteopaths do not object to this. They

do, however, most strenuously object when this same board refuses to examine Osteopaths for licenses.

Doctor Brem, President of the Allopathic Los Angeles Medical Society, says: "The regular medical profession claims therefore the right to the trusteeship of the health of the community; * * * it claims a just remuneration for its services; * * * and it claims legal protection." The legal protection is needed to protect the "regular" (?) from competition with Osteopaths, who, having a better system and being more highly educated, are more efficient. If the "regulars" will raise their educational standards they may not be in such dire need of legal protection. They may then be able to collect the "just remuneration," even though Osteopaths are permitted to practice.

The "regulars" are not regular fellows at all. Regular fellows welcome competition in an open field. Ask any American or any twelve-year-old Boy Scout. Regular fellows ask for no special privileges and no immunities. They are willing to let merit decide the contest. The doctors who peddle their wares under the trademark "regular" complain and whine that unless the police will jail their competitors they cannot make a living.

The people's initiative to break the autocratic power of the Medical Board was defeated at the last general election by only 12,170 votes—392,000 citizens voted for their liberty. The 402,000 who voted against permitting the 392,000 to have the right to choose the system of treatment they prefer did so under a misunderstanding of the issue. We must educate at least 7000 of the 12,170 before November, 1922.

The Strategic Initiative

By HARRY W. FORBES, D. O.

The charge was made on the convention floor that our women were obstructing the cause of harmony in our ranks because they could not forgive and forget personal differences as readily as our men could. To the everlasting glory and honor of our women it should be widely known that notwithstanding this charge was repeated, not one woman arose to deny it. This proves that the women were so fully conscious that this charge was baseless that they considered a denial quite unnecessary; and it also proves that they are such good strategists that no charge by a mere man can stir them to

a point where they will fight on the defensive. They know that the words "strategic initiative" express a great truth and they refuse to let the initiative pass to the men by replying to this charge.

The foregoing leads to the observation that our profession was fortunate in losing our Bill 1055 in the Legislature. Had we won, the "medics" would have carried it to the people on the referendum ballot and we would have been compelled to fight a defensive fight. Now we are going for the initiative and the advantage of the attack is ours.

Important Notice to the Osteopathic Profession

The Legislative Bureau is in receipt of a communication from Federal Prohibition Commissioner R. A. Haynes, under date of July 20th, 1921, in reply to an enquiry sent from this office under date of June 30th, 1921, which reads as follows:

Sir:—In reply to your letter of June 30th, 1921, there is transmitted herewith a copy of Regulations No. 60, issued by this Bureau pursuant to the National Prohibition Act, and you will find in Article I, Section I (f), the definition of the word "physician" as construed by this Bureau.

Respectfully,
R. A. HAYNES,
Prohibition Commissioner.

REGULATION NO. 60

Is issued by the Internal Revenue Bureau and deals with the question of Intoxicating Liquors. The Bulletin is dated February 1st, 1920, and has therefore been in effect since that date.

Paragraph (f) of Article I, Section I, referred to by Mr. Haynes in his letter to this Bureau reads as follows:

"The word 'Physician' shall mean any person duly licensed to practice medicine

and actively engaged in the practice of such profession in the State, Territory, or in the District of Columbia in which licensed. This definition does not include Osteopaths or Chiropractors."

Here again we have a Department Head at Washington setting aside State Laws as though they did not exist. In a number of States, Osteopaths have identical legal rights with those of the drug practitioner, and in these States at least, this order of the Prohibition Commissioner, is interfering with legal rights granted by State authority.

The right to prescribe Alcohol may be of little practical value to the Osteopathic practitioner, but the principle involved is one that cannot well be ignored, for if one department head is able to issue such orders, others may do likewise. It is therefore your duty to protest against this order of the prohibition Commissioner. Make your protest to Senators and Congressmen from your own home State, and do this at once.

Fraternally yours,

C. B. ATZEN.

Chairman Legislative Bureau.

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REVIEW AND COMMENT

Department edited by C. B. ROWLINGSON, D. O.

MAKING NEW BLOOD

A remarkable discovery with regard to the blood, just made by Dr. W. J. Penfold, Director of the Australian Commonwealth Serum Institute, is thus described by a writer in *The Scientific American*:

"In making of diphtheria and other serums considerable quantities of the plasma or fluid portion of horses' blood is used at the Institute. The practice has been to allow the blood, after it has been drawn from the horses, to stand for some time to allow the red corpuscles to settle to the bottom. The fluid is then drawn off and used, while in the past the red corpuscles have been thrown away. This struck Dr. Penfold as an economic waste, so he began experiments in the way of injecting the corpuscles into the horses again. The results have opened up a new chapter in the study of the blood. It appears that the horse can easily and quickly form new fluid if the red corpuscles are put back into the blood. While the normal average amount of

blood in a horse is 36 liters, it has been found possible to take 48 liters in a week from a horse to which the red corpuscles are returned and that without its vitality being any more, or as much, affected as was the case with ordinary limited bleeding. The practice of returning the corpuscles has been extended to all the horses, between 30 and 40 in number, which are bled at the Institute, and wider experience is confirming the results of the earlier experiments. The composition of the blood remains practically normal. It will take some time to realize anything like the full possibilities of so new and startling a discovery, but it is bound to have an important bearing on the practice, as well as on the theory, of medicine. For instance, there are diseases in which good results might be expected by an injection of the blood of those recovering from the disease, but under present conditions the convalescents cannot spare the blood."

BRITTLE BONES AND BLUISH SCLERAS

What have brittle bones to do with a bluish tint in the whites of one's eyes? It is impossible to say; but it appears to be certain that there is some connection between the two, and also that liability to sprain and to deafness is correlated with both. A connection between blue eyes and deafness in white cats was established long ago and is given in most text-books on logic as an illustration of proof by induction of facts that appear inexplicable. Dr. W. A. Evans, who conducts medical departments in several of the daily papers, confesses in *The Globe-Democrat* (St. Louis) that until the day before his article was prepared he had never heard of the connection between bluish whites of eyes and easily broken

bones, although it was announced by Ammon in 1841. He goes on to say:

"I have noticed that teeth with a bluish cast, a kind of bluish porcelain white, are very brittle, and chip off very easily; on the other hand, that nuts could be cracked safely by the jaws of persons having yellowish teeth.

"But how many blue sclerotic people I have overlooked I will never know. In the language of Amelie Rives, who had Herod exclaim relative to Marianne, 'I have missed one kiss for all eternity.'

"After Ammon wrote about this in 1841 not much about it was added to the sum total of information until 1900, when Eddowes wrote about a girl

with blue eye-whites who had ten bony fractures in two years. Her father had the same kind of eyes, and likewise had brittle bones.

"Here were three links: inheritance, blue eye-whites, and brittle bones. Soon Rostock and Hartman reported a family in which they traced the combination for five generations. They examined fifty-five members of this family, and found that thirty-one of them had the combination. They say that in a family where this combination is running it affects 82 per cent of the females and 44 per cent of the males.

"Somewhere along in that period somebody added a fourth characteristic: shortness of stature. Then came

Bronson, and added a fifth: otosclerosis, causing deafness, which develops at about thirty years of age.

"Bronson studied the condition in several families, one of which was his own. In one family he studied thirty-four persons belonging to four generations. Twenty-one had gray-blue scleras, twenty suffered from brittle bones, seven had otosclerosis and deafness. The deafness does not come on until thirty years of age and after.

"In a study made by two Hollanders they found one family of blue sclerotic people of whom eleven were deaf and ten had brittle bones. In a second family they found three deaf members."

THE NEXT ANNUAL MEETING

By W. A. GRAVETT.

The A. O. A. is certainly to be congratulated on having two metropolises such as Los Angeles and New York bid for the next annual meeting. The presentation of the advantages of both cities was splendid. It was never done better nor was it ever harder to decide as between competitive cities. To decide between the Ambassador Hotel, one of the largest on the west coast, and the Waldorf-Astoria, one of the largest on the east coast, was no easy task. Both offered unusual facilities for the entertainment of our assembly. Perhaps the thing which caused favorable decision for Los Angeles was the statement by Drs. Brigham and Forbes that a referendum relative to the recognition of Osteopathy by giving it a separate board would be voted upon in the Fall of 1922 and that this meeting on the western coast would greatly stimulate and encourage the movement; furthermore that the Convention would be the means of bringing two hundred new members into the A. O. A. The House evidently believed in killing two birds with one stone. It wanted to do everything possible to help California in se-

curing desirable legislation and it also recognized the value to the A. O. A. of having the co-operation of the large number of Osteopathic physicians on the western coast who are not members.

To keep faith with each other it becomes necessary for the eastern host of Osteopaths to take Los Angeles by storm next summer and for Los Angeles and the coast to in turn secure for the A. O. A. the support of the many who remain outside the major organization. Both cities must immediately begin to execute plans looking towards fulfillment of these obligations. President Scothorn isn't overlooking anything towards carrying out his part of the program. He immediately appointed Dr. James M. Fraser, Evanston, Ill., as General Transportation Chairman with instructions to immediately proceed towards organization. It is hoped and planned to have several special trains make the trip from the East and Middle West to Los Angeles. The date of the meeting will be arranged conducive to low rates. The Secretary has been instructed to co-operate in every way

A. O. A. GAVE US THE CONVENTION Let the National Secretary Have Your Name

Seven dollars is all it will cost the non-member to get his name listed in the A. O. A. directory, give him the national magazine for seven months and access to the great national meeting in Los Angeles in June, 1922. Read Dr. Granett's article in this issue and send in name at once for directory.

No president of the A. O. A. ever had a greater ovation either at Cleveland or Montana or the Western Circuit than has been given Dr. Wm. E. Waldo. We heard that somewhere in Western States they started demonstrations that were almost equal to a Democratic ovation to Bryan. We are quite sure, however, that these little things won't spoil him and we trust his good wife to keep him humble and unspooled to do like service for many years to come.

Did you notice in the report of the February examination of the Board of Medical Examiners that of thirteen Osteopaths who took the P. & S. examination 77% passed, while of fifty-nine medical applicants only 46% passed? This excellent record we may be proud of, in spite of the fact that all of the boys from our school who took the examination had secured some practical experience in the government service which helped them out somewhat. The Supreme Court had denied the petition of the Board of Medical Examiners for an appeal in the case of the College against the Board. This practically brings the case to a final end with the College's position completely sustained.

Dr. Wm. Orin Watson of Seattle writes, "The Women's Number of the W. O. just came to hand and it is so good that I am sure that it is going to be a big two dollars worth this year so am enclosing herewith my check for another year's subscription."

Drs. Chiles and Gravett have been swinging along in a most fortunate way for the profession. If we shall have a central office and a lay Secretary in charge is now up to the committee. We do not wonder that the above men refuse to give up their homes and professional opportunities to move to Chicago on what might prove only an uncertain term of years.

Jobs of this sort always mean financial sacrifice to men of their standing and at a period of life when their earning powers are greatest.

These men take care of and solve more of our problems than most of us busy practicing D. O.'s have any conception of. Problems that only broad experienced men could cope with. There may be more notable men for the task but no one has yet pointed them out. It will be a distinct loss if either or both of these men shall feel compelled to sever this happy relation to our profession.

Dr. Hugh Conklin, past A. O. A. president, is a true researcher. He has chosen a most difficult and needy class of cases—the epileptic. Many of us can help him if we will by sending in our case reports. His study and results have been most encouraging. No more notable work could be done in the name of Osteopathy and for humanity. Let us co-operate with him.

Every session of the Medical Board brings up a few cases with charge of illegal operation and most of them are proven guilty. One of our Board surgeons was heard to remark after hearing a case, "It makes one feel that he doesn't want a speculum in his office."

Temptations are many but the crime of it plus the dangers to both parties are too terrible to allow any sane doctor to listen.



DELAWARE SPRINGS SANITARIUM, DELAWARE, OHIO

One of the values of attending a National Convention is what you see on the way of folks and things. Just to behold again this marvelous country of ours from your observation car is alone worth the price. But when you can take an extra day and stop over at a little city of 10,000 and learn what one of your own school mates has accomplished in way of building, equipping and maintaining a large modern sanitarium and hospital you begin to believe that dreams sometimes come true. Rockefeller is said to have been a dreamer in his early years. Dr. L. A. Bumstead and his co-workers must also have dreamed—dreamed and then got up and worked it out for here as you see is a suggestion and only a faint suggestion of the splendid structure that graces the more than 30 acres that go to make the *Delaware Springs Sanitarium* a thing of beauty and joy to every patron.

Springs, mineral and plain, greenwards, wooded, undulating paths that wind through orchards into play

grounds, together with two new buildings with every sanitarium feature for the great variety of cases handled, make an institution that Osteopathy is proud to hold up to the world.



DR. L. A. BUMSTEAD

The Ohio inspector of hospitals says in a recent report: "The obstetrical department of this hospital has an equipment unequalled by any other hospital in the State" and all other features in like class with surgeons, physicians and nurses to match.

The secret of it all as Dr. Daniels and I studied it over must be largely in the manager and chief of staff, Dr. L. A. Bumstead who without any large gifts but with the loyal support and co-operation of numbers of D. O.'s and a few friends has made the dream come true.

If you have been with Dr. L. A. Bumstead you will know he is a happy combination of business man, physician and manager and withal Osteopathic throughout.

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SECRETARY-TREASURER, DR. C. B. ROWLINGSON, 796 Kensington Road, Los Angeles

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EDITORIALS

Effective Publicity

Endorsed unanimously by the House of Delegates and the general assembly at Cleveland, by men in our own State like Drs. Emery, Forbes and Daniels, with ninety-three new one hundred dollar subscribers secured at one session in Cleveland and forty-three more one hundred dollar subscriptions received the last two weeks, should be enough evidence to convince any thinking D. O. that the goal of Drs. Woodall and Walker in their appeals for the advancement of Osteopathy was in sight.

The plan is to run half page ads in the *Saturday Evening Post* for a year informing its millions of readers of Osteopathy's *origin, philosophy, laboratory proof of principles, universality of application in acute and chronic diseases, educational requirements, schools, etc., etc.*

Let us tell the world—the world wants to know.

Will it pay? We heard one doctor say he had three new patients from that single issue ad Dr. Williams placed in *Physical Culture*, while in the *Post* we put it before millions for a year. It will take many more one hundred dollar subscribers. California and the West must share in this.

PHYSIOTHERAPY

Six Months Course Under Medical Control

This appears as a bit of back firing in hopes of protecting against further encroachment of medical preserves. Failing to reduce by legislation and ridicule the various "cults," the medical profession has been forced to organize one of their own. These short termers are supposed to do what Osteopaths are doing but to work specifically and only under their direction, a thing they had hoped Osteopaths might some day do.

Just how long these six-month-graduate Physiotherapists with their organization will continue to work under M. D. direction remains to be seen. In the first place the medical fraternity are not fully prepared to direct any such measures. This new cult will soon learn that it must depend on itself for results. And when it discovers that any six months course with a supposed six months in some institution gives but the barest freshman preparation for the skilled work that needs be done, and that a thorough scientific training alone avails, how long will any self respecting body of men continue to work under the mechanically unskilled medi-

cal men when with a regular course they can be independent?

The end result will be that instead of protecting their diminishing preserves they have created another poacher on their sacred precincts—another "cult" with the poorest short term training of any.

The following from California State *Medical Journal* makes interesting reading:

"Under the terms of this organization physiotherapy is defined as a group of physical therapeutic procedures to be prescribed by doctors of medicine and administered under the physician's direction by specially educated and trained technical assistants.' * * * The physiotherapist must be the technical assistant to the educated physician, acting always under his instructions, or she will become an independent specialist responsible through wrong organization to policies and people not properly prepared to practice the healing art. * * * The requirements of modern medicine surgery during the war demonstrated again the importance of this form of therapeutics and gave an impetus to this work which must be continued effectively as part of our program of better medicine and better public health."

Cleveland Program

If you were at Cleveland you know that the program was doubtless the best ever worked out.

It was not something that a good office secretary could gather up and throw together. It stood out from beginning to end in all its details and ramifications as a distinct related entity, having balance, interest and movement. It was a creation, and Dr. Jennie Ryle was the creator. First, the doctor dreamed out its general scheme and then let each part come into place as naturally as the notes in a great symphony. Dr. Ryle has done many fine pieces of work for our

profession but none better than this.

Most every one makes a hit somewhere, some time, but the Babe Ruth homers are rare.

We all have hopes that somehow, some day, there will be a little star after our names, as the artist put it when he said, "Sometimes I paint a picture and I know it is rotten and I sign my name, Wm. Barton, and sometimes I paint a picture that is better than my brush tricks, better than my technic, better than just I, and then I put a little star after my name which means—this picture was painted by Wm. Barton and God. This is my religion."

Portland

Portland is Portland and you might just as well admit it. We never saw any finer piece of weather staged for any program in any city. At the Business Men's luncheon, which many were privileged to attend through the courtesy of Dr. Howland, one of the first speakers was a noted road builder. Happening not to catch his first sentences, but being attracted by his unwonted enthusiasm about something it was supposed he must be some gentleman from Los Angeles, but as he went on we were very sure he was depicting the glories of Oakland, but before he had finished we learned it was Jim Hill's big brother, who was just telling us about some of the ordinary features of interest in and about Portland.

We want to say, however, that this road builder's speech was simply introductory to two able scientific ones by Drs. Holcomb and Forbes. Mrs. Forbes had never heard her notable husband speak at luncheon clubs before but she need never fear. Dr. Forbes can look right up to the ceiling and bring down a luncheon speech or anything else. And Dr. Howland said the whole program pleased him.

continued from page 21

but particularly towards securing new members. With that in view the suggestion is offered that *now is the time* to send in applications. An application blank, endorsed by two members of the A. O. A., accompanied by a check for seven dollars, secures membership in the A. O. A. from November 1 to June 1, 1922. This will insure admission to all sessions of the annual meeting, listing in the 1921-1922 Directory, subscription to the A. O. A. Journal and the Osteopathic Magazine. This reduced membership fee is contingent upon the dollar a month provision in the By-Laws. An applicant's name must be published in one issue of the Journal. This gives ample time to send application to Dayton, Ohio, for publication in the October issue, membership privileges to begin with the first of November. Listing in the Directory cannot be assured later than November 1. That is, the application would have to be in before October 1. Application blanks may be secured from any State Secretary or from Dr. Dayton Turney, President of the Los Angeles Osteopathic Society. Please don't wait to be further solicited but send for an application blank immediately.

Dr. Sophronia T. Rosebrook, Vice-President, and Dr. C. B. Atzen and Dr. R. K. Smith as Press Director.

Graduates of all Osteopathic colleges are eligible for the Drugless Examination before the State Medical Board, which meets the 17th of October at Sacramento. All those of our Western College who have been denied the P. & S. license will now, since the court decision in our favor, be admitted to the P. & S. examination.

"Of c'ose she's got ammonia. Ah done heah huh moanin' all night."

Twenty Years With the X-Ray

F. A. LACEY, D. O.,

Electro-therapeutics and Radiology.

Several weeks ago we had occasion to describe to a friend the brilliant success experienced by expert workers with the X-ray in the treatment of eczema and other skin diseases. It happened that our friend knew a gentleman who had been afflicted for many years with a most intractable form of eczema, which had defied every remedy which could be suggested by the profession. This gentleman had suffered untold torture from the itching, as well as great mental anguish from the appearance of his skin. The disease had continued to spread, until great patches of it covered the greater part of the body. He had never heard of the X-ray as a remedy for disease and was reluctant to try it. Nothing could exceed his joy when he made the discovery that he was really getting well.

ACNE.

One of the many forms of this disease is well shown in the cut. The patient had been suspected of having smallpox. He had taken quantities of medicines of various kinds without relief. The pustules amounted to little boils, and were frequently opened and drained. This case received an X-ray treatment every other day for three weeks, then twice a week for three weeks, then once a week for several weeks after which he was well. The skin is left in perfect condition, except where the pustules may have left scars.



Fig. 1. Acne.

Dr. Burdick, the noted X-ray specialist of Chicago, says: "In this disease the X-ray may be considered as a specific. In over eighty cases I have no failures to record."

Our State President, Dr. Daniels, is developing into a scientific writer of real merit. Note his article this issue. He is a close student and observer and knows how to present his subject matter. There's a reason—he at one time planned to make journalism his work.

We heard some one say that the woman's number was the best issue of the year, and we are quite inclined to believe he was right. There were several extra pages they could have added had there been time and room. These they will allow us to publish in succeeding issues. We are learning to look forward to the L. A. Woman's Osteopathic Club's edition with great expectancy and they never fail us.

Drs. F. E. and H. C. P. Moore gave us the real treat at Portland, a dinner on the wonderful grounds of that splendid structure, the Milk Diet Sanitarium. The photo on these pages gives but little idea of the real beauty and harmony of the whole place. The spacious grounds but match the generous arrangements within the building. Its many rooms are all filled and every advantage that a sanitarium of this sort can offer is in Moore's. The Osteopathic care that is given each patient in this milk diet institution makes it one to which you will refer many cases.

"Breast of guinea" said Waldo, but any way it was the most sumptuous dinner we ate in Cleveland and with it all the accessories the law allows including a bakers' dozen of seasoned saphient scribes. They were a grave, suspicious lot to begin with but soon Bunting wiggled loose in his chair and gave us a few illuminating stories and we were off. Before the last "guinea" had disappeared from off the board it was unanimously passed that each succeeding President should carry on in like manner.

Dr. Edmiston put on two days free clinic at Baker, Oregon, the home of Dr. Geo. W. Simonds. Over sixty patients were examined and almost as many turned away. This is a sort of advertising that is thoroughly legitimate and fortunate would be any doctor who could secure Dr. Edmiston for a two days clinic.

Association members please remember that so far only one dollar of your twenty-five dollars yearly dues comes to this office. All the other hundreds of dollars monthly expenses comes from our advertisers. Your journal could be larger and better if it had more ads and the ads more patrons.—*Selah.*

And the Illinois Secretary Is Usually Right

The plans of Dr. Conklin were far-reaching and aimed to place the Association on a high plain of efficiency. They were well thought out and ably presented by him. They were logical and workable. But they have been, to a large extent, nullified. And they were adopted unanimously.

* * *

If we are going to be swayed by the force and eloquence of two or three men, who happen to be in a position to get their ideas before us effectively, we are not going to settle down to a logical and continuous program. I submit that a year to year program with more or less reversing every year, is neither sensible, dignified nor calculated to advance our cause and achieve the respect of the world at large.

The time should be past when one or two men can impose their wishes and ideas on the profession regardless of its sober better judgment. We should not blame these men. Strong and able men have always dominated and always will unless they have enough of the instincts of democracy to respect the real wishes of their constituents.—*Walter E. Elfrink.*

The Statute requires that those who have taken the Drugless Practitioner examination must file the \$25.00 fee in order to be eligible for the Physician and Surgeon examination; however, if successful in obtaining a Drugless Practitioner's certificate, they are admitted to the five subject examination for Physicians and Surgeons.

Those graduates of the College of Osteopathic Physicians and Surgeons who applied for the Physician and Surgeon examination but took *no examination* are entitled to the Physician and Surgeon examination without additional charge.

C. B. PINKHAM M. D.
Secretary-Treasurer.

"No more soap enemas," says Dr. Holcomb, "they are caustic, give flaxseed instead." In a later number he will tell us just how to do it.

Dr. Henry F. Miles, than whom no one stands higher as a thorough Osteopath and loyal worker for the Osteopathic cause, has recently taken over the office and practice of Dr. W. C. Clark of Long Beach. Do not forget this when sojourning in Long Beach, Cal., either you or your friends and patients.

The town of Randolph, Nebraska, is in need of an Osteopath and the people are asking for one. For information address Mr. H. R. Stevens of that place.

Why not have more of those 22 cent Hoover dinners—stew, bread and cocoa—and send the balance of the \$10 to save one little child. That bunch of multi-nare folks enjoyed it. While there may not have been much bulk stored under the table, there was doubtless less vaporings and more sense expressed above the table. There's the life of a little child in that \$10 piece you fling over the plate. It just takes

that much cash to bring a child through this winter.

Says Hoover, "I'd rather see our flag implanted in the heart of the children of Europe than see it flying over some citadel of victory."

If the Chiro's are to have equal privilege with the D. O., let their course and examination be equal to that of the D. O.

If the Osteopath is to be limited to the drugless license then in fairness let his course correspond.

But if our College has Class A equipment and requirements admit our students to a P. & S. examination. This we believe all courts of equity will hold.

There are three new Osteopathic physicians in the Osteopathic Clinic of Oakland—Dr. Kate Whitten of Los Angeles, Dr. T. M. Peckham and Dr. Wilbur Bohn of Kirksville. The rooms have been enlarged, refitted and furnished, giving plenty of space for a larger patronage. Laboratory features have been renewed and added to and with doctors who have been trained under the late Dr. M. A. Lane of Kirksville and Dr. Dayton Turney of Los Angeles, it can render service that you cannot find in other laboratories. They will give you a complete analysis and explanation of everything that they find, both chemical and microscopical.

Not less than forty-five doctors in the Bay section have taken hold of the Post System for the correction of arches. So far every one is delighted with the investment and most of them feel they have already gotten their money's worth already.

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Wassermann Test (including Noguchi control test).....	\$5.00
Complement fixation test for Gonorrhoea	5.00
Serodiagnosis of Pregnancy (Abderhalden's test).....	5.00
Red, white and differential count, haemoglobin, parasites and morphology of cells.....	5.00
Malaria.....	2.00
Red and white count.....	2.50
Red and haemoglobin.....	2.50
White and differential count, including morphology of red cells	2.50
Widal reaction (macroscopic and microscopic).....	2.00
Culture for typhoid, streptococci, staphylococci, pneumococci or other bacteria.....	5.00

CEREBROSPINAL FLUID

Gold test, Lange's.....	\$5.00
Wassermann test (including Noguchi control).....	5.00
Cytology.....	2.00
Noguchi butyric acid test.....	2.00
Nonne test.....	2.00
Tubercle bacillus, through smear examination.....	2.00
Bacteria, through smear.....	1.00
Bacteria, through culture.....	2.00
Leukocyte count, albumen or sugar, each.....	1.00
Complete examination, including physical, albumen, sugar, Noguchi butyric acid test, Nonne test, Wassermann and Noguchi tests, cytology and bacteria by smear.....	10.00

SPUTUM

Microscopic examination for T. B., etc.....	\$1.00
T. B., through guinea-pig inoculation.....	5.00
Albumen.....	1.00
Bacteria, through culture.....	2.00
Autogenous vaccine, 30 c. c. flask.....	5.00

FECES

Macroscopic and microscopic examination for amoeba, protozoa, etc.....	\$2.00
Occult blood.....	1.00
Chemical, including solids, fats, nitrogen and carbohydrates, etc.....	5.00
Culture for typhoid or dysentery.....	5.00
Tubercle bacillus, through smear examination.....	2.00

URINE

General: chemical and microscopic, including specific gravity, reaction, qualitative sugar and albumen, indican and total solids.....	\$1.50
---	--------

Quantitative estimation of sugar, albumen or urea, each.....	1.00
Diazo reaction.....	1.00
Bacteria, through culture.....	2.00
T. B., through smear.....	2.00
T. B., through guinea-pig inoculation.....	5.00
Autogenous vaccine, 30 c. c. flask.....	5.00
Acetone or diacetic acid.....	1.00
Estimation of phosphates, sulphur compounds, carbonates, total nitrogen, ammonia, uric acid, fatty acids, oxalic acids, ferments, pigments, chromogens or proteins, each.....	2.00
Culture for typhoid or paratyphoid bacillus.....	5.00
Occult blood.....	1.00
Calculi, microscopic estimation of composition.....	2.00

GASTRIC CONTENTS

Complete macroscopic, chemical and microscopical examination.....	\$5.00
Occult blood.....	1.00
Boas-Oppler bacillus.....	1.00
Qualitative inorganic and organic acids.....	2.50
Lactic acid.....	1.00

PUS, TRANSUDATES AND EXUDATES

Microscopical examination for bacteria, etc.....	\$1.00
Bacteria, through culture.....	2.00
Tubercle bacillus, through smear.....	1.00
T. B., through guinea-pig inoculation.....	5.00
Gonococcus, through Gram stain.....	1.00
Spirocheata pallida.....	3.00
Cytology.....	2.00
Autogenous vaccine.....	5.00

SECRETIONS OF THE GENITAL ORGANS

Microscopic examination for bacteria.....	\$1.00
Cultures.....	2.00
Culture for gonococcus.....	5.00
Autogenous vaccine.....	5.00

ORAL, NASAL, AURAL AND CONJUNCTIVAL SECRETIONS

Microscopic examination for bacteria, pathologic changes, etc.....	\$1.00
Culture for diphtheria or other bacteria.....	2.00
Autogenous vaccine.....	5.00

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OREGON ASSOCIATION

By L. H. HOWLAND, D. O.

The Annual meeting of the Oregon Osteopathic Association and the Western Osteopathic Association was held at the Portland Hotel, Portland, Oregon, August 3-4-5. The registration at this meeting was 76. Among those attending from outside the State of Oregon were: Dr. Roberta W. Ford, Seattle, Wash.; Dr. Frances G. Stewart, Coeur d' Alene, Idaho; Dr. W. H. Arnold, Vancouver, Wash.; Dr. Ida F. Rosencrans, Seattle, Wash.; Dr. R. O. Du Bouis, Centralia, Wash.; Dr. Zudie Purdom, Kansas City, Mo.; Dr. J. M. Pugh, Everett, Wash.; Dr. Thompson, Seattle, Wash.; Dr. Frank Holmes, Spokane, Wash.; Dr. M. M. Pugh, Everett, Wash.; Dr. T. Oren Watson, Seattle, Wash.; Dr. Walter Guthridge, Spokane, Wash.; Dr. C. S. Edmiston, Los Angeles, Calif.; Dr. D. C. Crocker, Centralia, Wash.; Dr. Tracy, Seattle, Wash.; Dr. Harriet J. Arnold, Vancouver, Wash.; Dr. E. D. Clark, Vancouver, Wash.; Dr. C. J. Gaddis, Oakland, Calif.; Dr. W. Paul McMath, Gardena, Calif.

The speakers were, Wednesday morning and afternoon sessions; Dr. Harry W. Forbes, Los Angeles. Dr. Forbes discussed his new work relative to treatment of blood-pressure conditions and birth injuries and other spinal disturbances. Dr. Forbes' work is good logic and his discoveries in connection with the circulation of the cerebral spinal fluid are epochal.

Dr. Dayton B. Holcomb of Pasadena, Cal., spoke on Thursday afternoon and Friday morning. His subject was abdominal visceroptosis. Dr. Holcomb's work was illustrated by radiographic plates and slides and was very interesting and of high order.

Dr. C. J. Gaddis of Oakland, Cal., spoke in detail of some of the happenings at the National Convention held in Cleveland and devoted an hour to a lecture on technic.

Dr. S. C. Edmiston of Los Angeles, Cal., lectured Friday afternoon and evening on Functional Scoliosis. Dr. Edmiston is one of the finest technicians we have. His work is progressive and he is unusually clear in his manner of expression.

This Convention was voted the most valuable State Convention which Oregon has had. The scheme of getting a few men of an high type of ability undoubtedly makes for a much more worth while convention, and it is to be regretted that a larger per cent of the Osteopathic Physicians in Oregon did not take advantage of so great an opportunity.

The business meeting of the Oregon Osteopathic Association was held Friday evening. The new officers elected for the coming year are:

President, J. L. Ingle, La Grande; Vice-President, C. H. Beaumont, Portland.

A meeting of the Board of Trustees immediately following:

L. H. Howland was re-elected Secretary-Treasurer.

College Notes

You will be interested to know that at last, after many difficulties, the project of moving the present College building, located on the corner of Daly and Mission Road, is under way and the building will probably be occupied by the College about October first. At that time repairs on the building will not be complete but the building will be ready for occupancy, and while college classes will start September 12th, in the San Fernando Building the undergraduate work of the college will be transferred to the new location on or about October first.



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CALIFORNIA

American Osteopathic Association Convention

At the annual meeting of the American Osteopathic Association held in Cleveland in July the following officers were elected: Dr. Raymond Bailey, Philadelphia, Penn., Chairman Pediatrics Section; Dr. C. Elise Houriet, Akron, Secretary.

Officers of Grand Chapter of Delta Omego—Dr. C. Elise Houriet, Akron, Grand President; Dr. Frances Groves, Boston, Grand Vice-President; Dr. Lillian Whiting, So. Pasadena, Grand Treasurer; Dr. Nortner, Minneapolis, Grand Secretary.

The Cleveland meeting stands out most clearly to me now in the Osteopathic refreshment, both social and professional, and in the emphasis placed on service; we are a profession, not merely a trade or business, and we must support our profession by putting back into it a proportion of what it is giving to us.

From the address of Mrs. Lillian Burt before the Women's meeting until the address of Mr. Philip Gray on the "Osteopathic Conscience," the opportunities and the call to service were emphasized, and the call cannot be neglected without a vital blow to our profession. May we all respond to

the call for service wherever we may be, and give to Osteopathy some appreciative return for what it has given us.

The address of Miss Adams on the "Visualizing Touch" was also along this same line to me, and these calls to higher service were typical.

A visit to the Detroit Hospital showed the possibilities and inspired one with the enthusiasm for Osteopathy evidenced there. There is one of the places where we can help our profession in building up these institutions for Osteopathy.

The Cleveland convention was not as largely attended as it should have been, for it was full of inspiration. Dr. Ryel did wonders in getting together the amount of talent presented. There were too many good things to speak of any one as the outstanding feature, but one cannot recall the meeting without thinking of Forbes, Conklin, Gaddis and Waldo. It was worth all the cost of attendance in time and expenses to hear Philip Gray. There are many other Philip Grays, and it is up to us to find them. But first we must open our eyes to see the big things ahead. It's *only* three o'clock in the morning of Osteopathy, and the whole bright day is before us. Wake up, Osteopaths!

E. M. DOWNING.

"CONCERNING OSTEOPATHY"

"Concerning Osteopathy" is used by scores of progressive Osteopaths; those with large practices to save their time; those of small practices to spread the information that will make their practices grow; those in institutional work to add to the interest and pride their patients have in Osteopathy.

Knowledge of Osteopathy certainly gives confidence and pride in Osteopathic principles.

"Concerning Osteopathy" is known as the "Efficient Educator" by reason of its capacity to impart convincing information.

This book has the form and features to generate enthusiasm.

Every doctor in practice knows how to appreciate an enthusiastic patient.

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ROUND TABLE AT PORTLAND, OREGON

Convention reports by Dr. Wimer Ford

Dr. Walter Guthridge, of Spokane, demonstrated his method of completely relaxing Omohyoid muscle to stop "roaring in the ears."

Dr. T. Oren Watson advocated drinking one quart of water in morning before dressing, thus insuring that that particular "chore" be done and out of the way before the day's work is begun.

Dr. Tracy Parker's technique of pressing the liver fore and aft to stop nausea.

Dr. Lucy Thompson reported Dr. Wash Conner's experience in dispelling a birth mark—not named definitely—by daily gentle treatment to affected part from birth.

Dr. Frank Holmes, Spokane, and Dr. Walker, Forest Grove, Ore., demonstrated methods of reducing innominate lesion.

Dr. Ingle, Oregon, suggested that every time one is introduced, that he can advantageously remark something concerning Osteopathy, or that he is an Osteopathic physician.

Dr. Tracy Parker suggested the advantages accruing to one who believed enough in his profession to have the word Osteopathy or some of its adjectives or derivatives on his office door.

Dr. C. J. Gaddis gave a most interesting method of having the patient face downward, lower part of body

resting on table, arms, head and shoulders on a chair or stool same height as table, and by palpation and percussion diagnosing more definitely and minutely, the conditions prevailing in the abdomen and surrounding territory.

Dr. Howard, Medford, gave the "Old Doctor's" method of loosening the clavicular muscles.

Dr. Wimer Ford, Seattle, advocated the covering of women and children with sheet or light blanket, while they are being treated, because such covering induces them to relax more perfectly, thus enhancing the benefit of treatment, and making work easier for the Doctor.

Mrs. Monroe, an elderly lady (laity) rose to remark that if the public felt welcome or knew they could attend Osteopathic conventions they would come, profit thereby, and be in the mood to assist more liberally, when Osteopathic hospitals and sanitariums are to be built.

Dr. Gaddis made the observation that it was worth while for the doctor to visualize the results he was getting or trying to get—that the patient knew when the Doctor's mind was wool gathering, and neither doctor or patient was benefitted by such mental attitude.

Dr. Samuels of Baker, Oregon, (8000 inhabitants), reported on pub-

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lic clinic conducted by Dr. Edmiston and himself. * * * 60 cases came for care. * * *

Dr. Holcomb told the convention that we "Must give to get," that Osteopathic clinics will offset the Kiro's influence.

Dr. Gaddis urged those present to learn to give "Homeopathic doses of Osteopathy for patients to take home," and told of putting two tennis balls into an old sock, placing them at such position across woman's back as to induce sleep. Also showed how to roll pillows and bath towels as to produce the most comfort to bedridden sufferers.

Dr. Catlow, Medford, Oregon, told of placing glass bottle with square corners under patient's head—sub occipital spaces—to lessen cervical tension, change blood supply and help in insomnia.

Dr. Will Arnold recommended roller skating, urging that both skates be used, to strengthen lumbar muscles in cases of nocturnal enuresis.

It was urged that we cultivate patient's interest, by sending them Osteopathic literature, all that is good, thus insuring keeping their good will for the cause, and their intelligent co-operation, in season and out.

MONTANA GATHERING

Dr. Willard handled the publicity and the dailies were most generous with space and fair and sympathetic in their attitude. Excellent spirit throughout entire sessions was noted.

We were driven all about and had an evening dinner at the Country Club. The 1922 meeting is to be at Bozeman.

The meeting was in session August 15, 16, 17, 18. Dr. T. J. Ruddy spent one day in operating and lecturing. Dr. George A. Still lectured, examined and operated. So many came to see Dr. Still that the dailies printed a request asking no more to come.

Dr. Virgil Hallady lectured and demonstrated on his specially prepared skeleton.

Drs. Church and Calgary urged the profession to give more attention to orificial surgery, especially the lower orifices. Dr. Raymond Ghostly of Edmonton was present and took part in the program.

Dr. J. V. McManis demonstrated technic on his table.

Dr. Asa Willard elected delegate from Montana to sit in next A. O. A. house of delegates. Dr. Eula Watters, alternate.

Signaller Skeyhill addressed D. O.'s (He was there speaking on Chautauqua program.)

Dr. George A. Still and Mrs. Still went through Glacier National Park after the meeting.

Montana women organized State branch of O. W. N. A.

Dr. Roberta Wimer-Ford attended Great Falls meeting, toured Glacier National Park.

Drs. Ghostly and Church toured Glacier Park and visited relatives.

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Proof of the Historic Precedence
of Osteopathy

The simple presentation of Osteopathy was contained in "The Osteopathic Catechism" (which has been reissued as the October number of "Osteopathic Health") one of the earliest popular statements of such length put out by the osteopathic profession to educate the public. It received the unqualified endorsement of Dr. Andrew Taylor Still.

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regarding the proper diet for artificially fed infants, THIS BIG TRUTH STANDS OUT LIKE A BEACON—

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founder of osteopathy, who said it gave a very fair idea of osteopathic fundamentals to the lay reader. It was written in 1900 and was copyrighted and first published for the profession by this publishing house in 1901.

Its clear exposition of the origin of disease through occurrence of the tissue-lesion and of the curing of disease by making adjustments within the body possesses historical value today as proving that osteopathy was the original pioneer system of adjustive therapy. Various counterfeit systems have since sprung up which imitate osteopathy's principles and practices, yet without having made any observable modifications of "Dr. Still's backbone lesion osteopathy" as here so clearly outlined twenty years ago—long before such imitators had gotten started! Yet Doctor Still had been practicing, developing and proclaiming his revolutionary system of manipulative therapy for twenty-seven years when this article made its appearance in 1901.

A companion article, entitled "Most Diseases Are of Spinal Origin," which was also copyrighted and printed the same year under the same auspices, affords, in conjunction with this "Catechism," the most absolute historic proof of osteopathy's precedence as the pioneer science and art of adjustive healing because both articles tell exactly what osteopathy is and is not, as was taught by its founder from the beginning. Both were written purely for public instruction, received the endorsement of the founder of osteopathy, and bear the U. S. copyright date of 1901.

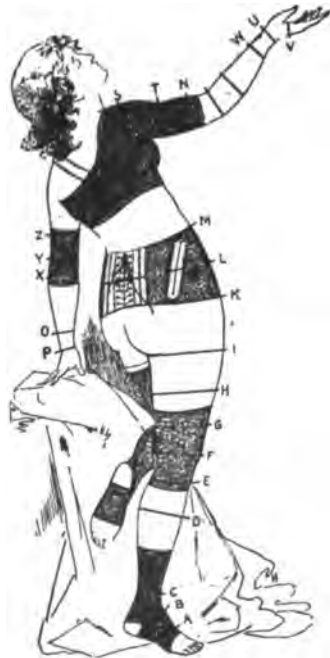
This "Osteopathic Catechism" has run through eight subsequent editions and nearly three-quarters of a million copies have been distributed.

All interested persons in the United States and Canada ought to be able to read this historic document and get set right as to osteopathic priority. Tell the public about it through your local newspapers. Send a copy of the Catechism to every patient you ever treated. Why not lay down the trump cards when you hold them all in your own hand? How many "Catechisms" will you use?

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TWELVE-YEAR REQUIREMENT COMING IN UTAH

The new commissioner of registration for the State of Utah has re-appointed A. L. Vincent, D. O., on the medical board of Salt Lake City. The board has allotted him the subjects of anatomy, physiology and chemistry.

Our new law does not make any change for five years, the requirements being five years of pre-medical and four years medical or Osteopathic.

After July 1, 1926, there is an increase of one year pre-medical, one year medical, and one year in a hospital.

I suppose most students would need to be put in a hospital for a year by that time.

There is only one Osteopath in the State south of Salt Lake City, and

there is room all over the State for more.

Many chiropractors have left the State since the new law went into effect.

Wisconsin legislature has passed a bill increasing compensation to injured employees from maximum weekly wage basis of \$22.50 to \$26. This will increase cost of compensation insurance about 7 or 8 per cent. The same legislature passed bills making it compulsory for employers to maintain a *reasonable panel* of physicians from which the employee may select his doctor in case of injury.

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PERSONALS

The Los Angeles Clinical Group announces that Dr. Horace A. Hall, who has just returned from European and Eastern Laboratories has assumed charge of its Laboratories as Laboratory Diagnostician. Dr. Hall is a graduate of C. O. P. S., where for two terms he was Assistant Instructor of Bacteriology and for one term had charge of the C. O. P. S. Clinical Laboratory.

During the war, Dr. Hall had six months work in the Base Hospital Laboratory at Camp Meade, later six months course at the Medical School at Washington, D. C., and was recommended for Commission just before the close of the war. In the class at Washington were men from all the leading Colleges of the country and the class started with 100 strong of whom only 30 were recommended for Commissions. Later he had some special work at the medical department of the University of Michigan at Ann Harbor and has just now returned from three months study under the world famous Prof. Naegeli, the European Blood Specialist at Zurich, Switzerland.

Upon his return to this country, Dr. Hall was enrolled in the Gradwohl Laboratories in Chicago where he had special courses in Blood Chemistry and Basal Metabolism.

Dr. A. C. McDaniel announces the removal of his office Sept. 1, 1921, to the Henshaw Bldg., Rooms 317-318, Oakland, Calif.

Dr. Martha A. Morrison had been elected office manager of the Rocky Mountain Osteopathic Hospital, and has moved her office from 528 Empire Bldg., to the Hospital, 2221 Downing St., Denver, Colo.

"The meeting held in Portland was the best ever held in Oregon. It was so intensely Osteopathic. F. E. Moore.

Dr. Edward S. Merrill and family are spending a few days at Del Monte.

Dr. W. Curtis Brigham was re-elected trustee of the National Association. He has done fine service and they could have ill afforded to let go a man of his ideas and energy at this time. Just now he is taking a real vacation at Mt. Lassen.

The most sensational venture by any of our D. O.'s this year was taken when Dr. W. V. Goodfellow took a midnight aeroplane flight from Big Bear to answer a call to one of his hospital patients in Los Angeles, thus saving nearly five hours in making the trip. This trip had a handsome write-up in the Los Angeles papers with big headlines.

Dr. Lorenzo D. Whiting is now associated with Dr. Louisa Burns in the Clinical Laboratory of the Research Institute. During the next few years a series of studies of selected patients is to be made, following up certain lines of work already published in the bulletins of the Institute.

After getting through with the week's X's at San Francisco, Dr. Lorenzo Whiting with a few well-equipped assistants climbed Snob Hill, recaptured his goat that the Medical Board had gotten.

We have announcement of the marriage of Dr. Pauline Sears to Mr. Elmer Wester of Vale, Ore.



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Dr. R. S. Ward Comes West.

On June 27th, Dr. Raymond S. Ward, of Montclair, N. J., will leave for Los Angeles in his car, accompanied by Dr. Lamar K. Tuttle and Dr. Frances Axman-Tuttle, of New York.

Dr. Tuttle and wife are planning to continue their work in the field of cardio-vascular disease which was begun at the A. S. O. last summer, where Dr. Tuttle, with the co-operation of Dr. Geo. Still and Dr. Rieger, accomplished much of value in the study of the effects of Osteopathic spinal stimulation and spinal percussion on cardiac dilatation, checking the results by the McKensie electrocardiograph. The Drs. Tuttle will have the co-operation of the Los Angeles Clinical Group in their work. Dr. Ward will continue his work in surgery with Dr. Edward Jones, and will also take special work at the C. O. P. S. Drs. Ward and Tuttle have been asked to write an account of their trip by one of the outdoor magazines.

Dr. Louisa Burns writes:

Should you like to have more Osteopathic books? Three new books and the sixth Bulletin of the Institute can go to press as soon as enough subscriptions are received to pay for the printing, binding and mailing. Will you please check off the books you will buy using the enclosed card? It is already stamped, addressed and ready for your decision.

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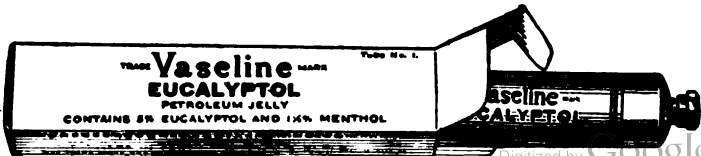
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THE WESTERN OSTEOPATH

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No. 5

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District of Columbia Bill S.2283

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An Announcement

Every mail brings requests for information concerning our graduate work. These requests indicate that the members of the Osteopathic Profession are looking to the COLLEGES for graduate work with which to refresh and strengthen their professional work. It is the definite purpose of the College of Osteopathic Physicians and Surgeons to meet this need by offering at an early date, strong, attractive graduate courses. At the present time, however, this institution is devoting itself to the task of re-organizing its UNDERGRADUATE WORK and of moving the College to a new location where new college and clinic buildings are to be erected. This work requires the time and energy of the officers and members of the faculty to such an extent that it will not be possible for us, this year, to develop the new graduate courses which it is our purpose to offer as soon as possible. During the present year we are prepared to offer the following courses which have been established for some time and which we believe will be of interest to those members of the profession who plan to spend all or part of the next year in California.

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5. Graduate summer courses. Announcements will be made later.

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In addition to the foregoing, members of the profession are cordially invited to take advantage at any time of the UNDERGRADUATE COURSES of the institution. Those who wish to enroll in these courses and to receive credit for the work will be charged a registration fee. There will be no charge to members of the profession who attend as "auditors."

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The Western Osteopath

Vol. 16

OCTOBER, 1921

No. 5

CEREBRO-SPINAL FLUID

Article I

By HARRY W. FORBES.

The cerebro-spinal fluid is a clear, usually colorless, fluid with a specific gravity of 1006 and an alkaline reaction.

It is formed like the lymph in other parts of the body. It arises from all of the capillaries of the brain and spinal cord. The choroid plexuses of the ventricles furnish a rich capillary area for the production of this fluid. It is formed, however, throughout the entire nervous system and its rate of formation varies with function.

The normal amount of this fluid varies from 100 to 130 c.c.— $3\frac{1}{2}$ to $4\frac{1}{2}$ ounces. According to Hunt, it renews itself six or seven times every twenty-four hours. This fluid surrounds the entire brain and cord and serves to protect the nervous system from mechanical injury. It carries food, water and oxygen and the pituitary secretion to the nerve cells and it carries waste materials away. The amount normally present at any time varies with the blood pressure. If the outflow paths are in normal working order, high arterial pressure decreases and low pressure increases the amount present in the subarachnoid space.

This fluid, arising like ordinary lymph from the capillaries, flows out into the space between the pia mater and the arachnoid. That portion of the fluid which forms in the ventricles of the brain flows down through the aqueduct of Sylvius into the fourth ventricle and out into the sub-arachnoid space through the foramina of Magendie and Luschka.

No lymph vessels are found in the nervous system. How then does this fluid find its way back to the general circulation? Its formation is active and unceasing. It must be removed as fast as it forms, else it will accumulate to make an external hydrocephalus. It cannot accumulate except at the expense of the blood vessels. The more fluid in the subarachnoid space the less blood in the arteries and veins of the brain and cord. Nervous tissue is not compressible. The arteries, capillaries, veins and venous sinuses are the only compressible structures within the inelastic dura mater which covers the brain and cord. When, therefore, the amount of fluid in the subarachnoid space is increased, the space it occupies is taken from the blood vessels. These are compressed and anemia of the nervous system results.

Normal outflow of cerebro-spinal fluid is therefore a pre-requisite to a normal inflow and thru flow and out flow of blood.

Normal outflow of cerebro-spinal fluid is essential to normal functions throughout the nervous system. The capillaries cannot furnish the normal secretion to maintain function unless this fluid is removed as rapidly as it is formed.

How, then is this fluid removed?

What is the normal avenue for its escape from the subarachnoid space?

What force drives it?

Through what route is it driven?

How does the cerebro-spinal fluid find its way back into the general circulation? Lymphatic vessels carry the tissue fluid back from other organs of the body, but the nervous system has no lymphatic vessels running from it.

This fluid finds its way out by two routes. It is absorbed into the dural sinuses and veins and it flows out in the sheaths of the cranial and spinal nerves. The chief absorption takes place into the superior longitudinal sinus, by way of the arachnoid villi-Pacchionian bodies. These villi are projections of the arachnoid into the lumen of the venous sinuses. They are much more numerous in the superior longitudinal sinus, but are found in all of the sinuses. These bodies, whose function it is to transfer fluid from the subarachnoid space into the venous sinuses, are not present at birth and do not form until the child is two or three years of age. They increase in number and size as age advances. This anatomical fact is of the utmost significance and importance in connection with the interpretation of the pathology of the cerebro-spinal fluid circulation in young children. Nearly all defective children have an obstructed outflow of cerebro-spinal fluid. It must be known in these cases, that the outflow through the sheaths of the cranial and spinal nerves is the only one of importance, in children under three years of age.

From the foregoing it is obvious that the fluid arising from the capillaries throughout the nervous system must have an unobstructed pathway to the superior longitudinal and other sinuses; and it must be free to flow to the points of exit of all of the cranial and spinal nerves.

Any lesion which blocks the path of this fluid to its points of exit will lead to its accumulation in the subarachnoid space. This accumulation

compresses the blood vessels throughout the nervous system and causes anemia. The symptoms present will vary with the degree of pressure and with the points of greatest pressure. The outflow may be blocked from one region and normal from other regions of the subarachnoid space.

If adhesions form in the membranes around the foramen magnum or below this point, the fluid formed in the brain is prevented from flowing down to the points of exit of the spinal nerves below the block. This closes the most important outlet for this fluid and its accumulation is inevitable. A basal meningitis, either traumatic or infectious may close the outlet into the spinal subarachnoid space and at the same time may block the flow to the points of exit of some of the cranial nerves.

An injury to the sides or top of the skull may cause a hemorrhage or more often a hemorrhagic exudate into the subarachnoid space. This exudate, if not removed surgically, will make pressure for many months and will ultimately cause adhesions to form between the pia mater and the arachnoid and sometimes between the arachnoid and the dura mater. Such adhesions block the flow of cerebro-spinal fluid up over the convex surface of the cerebrum to the superior longitudinal sinus and thereby cause general or local cortical anemia from the pressure of the accumulated fluid.

Meningitis of the convexity will cause the same condition and results. Sunstroke may lead to the same condition.

(To be Continued)

Dr. Forbes' recent lecture on Spinal fluid has caused no small stimulation of thought and opened up some promising fields for scientific development. The W. O. is fortunate in being able to supply these to its readers in detail.

DEBATABLE SURGICAL PROCEDURES

By ROBERT D. EMERY, D. O.

Fashions change in surgical procedures nearly as frequently and perhaps even more startlingly than they do in ladies dresses. One has but to look back a very few years in order to appreciate the manner in which many of our truly fundamental surgical concepts have been swept aside. These have been replaced by other theories and procedures which in turn may be relinquished within the next decade.

I remember in 1908 to have been sitting in the class room of one of New York's greatest surgeons while he discussed the question of surgical drainage and elaborated eloquently upon its many virtues. He felt assured that drainage was the safety valve in nearly all surgical procedures and that to operate and not insert a drain was an unpardonable risk to human life. Since that time a change has come, largely through the technique and demonstrations of another well-known New York surgeon who has freely operated intra-abdominal and pelvic conditions, and closed without drainage—and that too in the class of cases where formerly it would have been considered criminal malpractice to have failed to drain. His contention was that if all the pathology is removed, Nature will take care of the residual non-removable infection and no drain is necessary.

When the World War started, our surgical theories underwent another reversion. After studying surgical conditions in the battle area for a time, all surgeons were very much of the opinion that civil surgery and war surgery were quite different things. The infections of the soil in France and Belgium made practically every wound an infected and

draining wound, and so surgeons said that in order to combat these wound infections, it would be necessary to return to the practices of Lister and use antiseptics systematically and freely. This practice was followed conscientiously thereafter during the next months and years of the war, but long before the termination of the struggle—largely through the investigations and practices of two eminent British surgeons—it was demonstrated that by the surgical removal of all traumatically devitalized tissue that wounds would heal promptly without drainage and without the use of antiseptics. I am not underestimating the value of the Carroll-Dakin procedure in certain classes of cases.

The war also demonstrated more conclusively than ever the difference between contamination and infection. A traumatized area might be badly contaminated with infectious material, but if this infectious substance were removed in a reasonable period of time the wound would not become infected.

In this manner I might go on showing how medical and surgical conceptions relating to scurvy, beri-beri, cancer, typhus, thoracic pathology, duodenal ulcer in relation to gastric ulcer, diseases of the thyroid, etc., have so radically changed during the last few years. However, I have intimated enough to indicate that these evolutions in thought are occurring and will continue to do so as long as intelligent beings continue to inhabit the globe.

I remember when I commenced the study of physiology I thought that practically all that was to be known about human physiology, histology and chemistry had been acquired by

the human mind and was recorded in books; and that all that was required if one were to be educated in these matters was to review what had been written in the subjects, and there was little else to know. The twenty-five years that have elapsed since that time have fully demonstrated the fallacy of that supposition.

Who could have appreciated the fact at that time that our studies along the lines of electricity and radio-activity were to completely revolutionize our conception of matter and of the composition of the molecule and the atom? How could we know that the vivid imaginings of the alchemists of old were really in a sense correct and that automatically and spontaneously, transmutation of the elements was everywhere proceeding: Uranium breaking down to form Helium, radium, lead and other constituents, and other elements undergoing similar transformations.

The study of the ultimate divisions of matter, the simplest form of the ions known as electrons, indicate that they have such a composition that it is impossible to tell whether the field of energy which surrounds each particle is synonymous with the mass itself or whether there is a material nucleus in the center of this field.

Leaving this question still in doubt it is obvious that our newer conceptions of matter and energy afford innumerable current hypotheses appertaining to life and the biological principles relative to pathological states and therapeutic procedures. Again the application of Einstein's theories to bodily conditions affords still further room for deductive speculations of a most interesting type.

With changes of such magnitude in active evidence, surely none of us is so humble that we may not originate theories of our own as to disease and the best methods for its eradication. That these theories must and will be subjected to the most searching scrutiny and demand for proof is certain and one must therefore fortify his position as fully as possible by recourse to the experimental evidence of the past.

I am writing this article to call particular attention to a procedure which I originated and have consistently used during the last two or three years as a protective procedure in my abdominal and pelvic operations. This measure is to introduce into the general peritoneal cavity from one to four drams of normal salt solution at the termination of each laparotomy.

As is well known to those familiar with surgical procedures, normal salt solution has been used frequently in the peritoneal cavity for three most important but widely differing needs. The first need has been to wash pus or other infectious material from this region; the next, to wash away blood following a ruptured ectopic gestation or similar accumulation where no infection or contaminating material was present and the last has been to fill the peritoneal cavity with normal salt solution and leave it in at the time of closure to prevent adhesions and to supply a stimulating and tonic effect from the absorption of the warm salt solution. Although the first of the three uses was warmly endorsed it gradually lost in favor in the eyes of American surgeons. However, during the last five years it has regained something of its older popularity by using it in conjunction with a suction pump, thus removing most of the fluid and leaving the peri-

toneal cavity comparatively dry at the completion of operation.

The second measure is still used and earnestly advocated by many and probably most leading American surgeons. It may be used with or without suction. The third and last procedure has very generally fallen into disuse largely because of its questionable efficacy, and more especially because of some indicated detriment in certain cases. Part of the disfavor in which it is held, unquestionably came from the attempt to substitute washed olive oil or other non-irritating fluid for the physiological salt solution to prevent adhesions. The unfavorable results following the introduction of these substances into the abdominal cavity led to their abandonment by most surgeons who felt that the less foreign material introduced inside the peritoneum the better for the patient.

My procedure of introducing from one to four drams of normal salt solution as mentioned above is in effect very different from any of the procedures just described. Its purpose is very definite and I believe it is a constructive measure.

As is well known, the hot sponges and packs used in laparotomies take a certain amount of moisture out of the visceral and perietal peritoneal surfaces. At the close of the operation, these tissues are dry and the body is trying to protect these surfaces by transuding or secreting a protective coating. This scant fluid is more or less viscid. If an acute inflammatory process has preceded the operation, or if a cyst containing a more or less mucilaginous fluid has ruptured and discharged its contents into the abdomen and pelvis during the surgical procedures, the sticky protective secretions or tenacious cyst contents favor adhesions

between adjacent peritoneal surfaces. These adhesions should always be avoided so far as possible. By introducing the small amount of salt solution and gently moistening all of the peritoneal surfaces in the operative field with the gloved hand, diluting any residual gelatinous material at the same time, I believe that I protect my patients materially from peritoneal irritation and the post operative evidences of the same. These post-operative evidences are pain, nausea and vomiting and intestinal flatus. Under certain circumstances the intestinal disturbance and adhesions may result in ileus or post operative intestinal obstruction.

As I have never observed the least contra-indication to the use of the salt solution in the amount above described and as it may be a marked comfort producer and possibly a life saver, I have no hesitancy in advocating its employment.

Summary:

1. The rapid changes in medical and surgical doctrines should encourage every member of the Osteopathic Profession to undertake a certain amount of research work in the laboratory, the office or at the bed-side, and to carefully make deductions and draw conclusions.

2. The use of from one to four drams of physiological salt solution in the general peritoneal cavity at the termination of laparotomies seems to have a distinct value (1) by replacing moisture, (2) by diluting mucilaginous and gelatinous residual secretions, (3) by minimizing adhesions and (4) by lessening the peritoneal irritation and the accompanying (and possibly consequent) pain, nausea and vomiting and gas.

MUSCLE TRAINING MOVEMENTS

By EVELYN R. BUSH, D. O., Louisville, Kentucky.

Effective in Constipation and Abdominal Ptosis.

Each exercise to be taken 10 to 25 times. Breathe deeply with every exercise. Take exercises before mirror and watch the posture and muscles.

Normal Position.

You cannot expect bony alignment to be maintained if your posture is incorrect.

3. Resume position as in Fig. 3: Twist trunk to right and bend trunk in same direction with spine straight. Same to left.

4. Repeat exercises 1, 2 and 3 rounding the spine. Breathe deeply. Assume normal position with hands on hips, thumbs back.

1. Bend forward and circle body to right going as far in all directions as possible.



Fig. 1



Fig. 2



Fig. 3



Fig. 6



Fig. 7

Use the vertical line test as shown in Fig. 2.

Maintain position of Cervical and Dorsal area as in Fig. 3.

1. Bend trunk forward as in Fig. 4.

2. Bend trunk backward as in Fig. 5.

Fig. 5.

2. Same as above but circle left. Fig. 6.

Short, quick breathing during exercises.

From normal position, raise arms straight above head.

1. Stretch body and arms to ex-



Fig. 4



Fig. 5

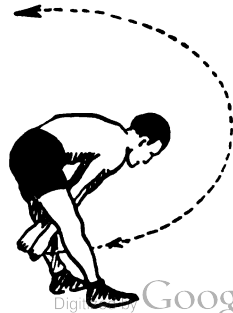


Fig. 8

tre height at same time inhaling deeply. Fig. 7.

2. Drop forward completely relaxed, rounding spine, knees bending and exhaling breath on downward movement.

From normal position.

1. Stretch arms horizontally and lunge forward on right leg, inhale with high and wide lift of chest. Take with force. See Fig. 9.

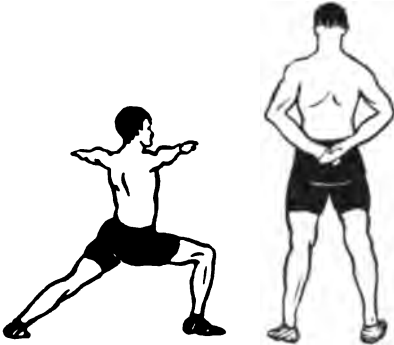


Fig. 9

Fig. 11

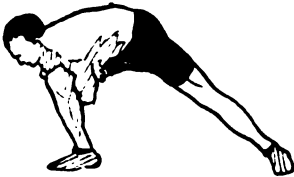


Fig. 10

2. Bend trunk forward on thigh bringing arms together under leg and exhale. Fig. 10.

From normal position with chest expanded wide and hands clasped at back.

1. Push clasped hands down on sacrum forcing chest up and wide.

2. From original position lift hands backward away from sacrum forcing chest up and wide.

3. Circle arms separately, alternately and in unison. Fig. 12.

4. Circle arms rapidly and with force, left following right, and let trunk twist with swing of arms.

All feet fall in one of these classes, depending upon how the ball is divid-

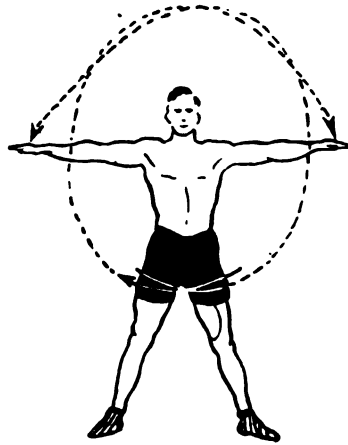


Fig. 12

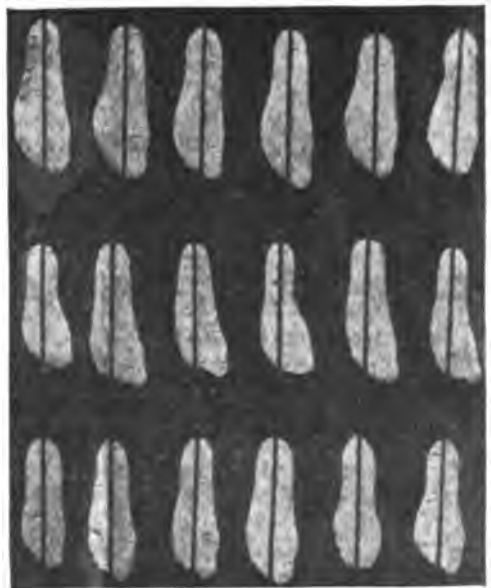


Fig. 13

ed by a perpendicular line drawn from the middle of the heel base.

The top row shows "out flare" feet, in which the larger portion of the ball is outside this line.

The middle row shows "inflare" feet in which the larger portion of the ball is inside this line.

The lower row shows "straight" feet in which the line divides the ball into almost equal parts.

FOOTBALL AND THE OSTEOPATH

A. M. Weston, D. O.

As the 1921 football season opens I am reminded that there are some points which may be of service to those Osteopaths, who, new in the field, are desirous of establishing a connection with one of our public education institutions by this avenue of approach. I need not point out the fact that there is no field which will more quickly bring one financial and publicity rewards than the athletic field. It is also an excellent means of educating the young public to an understanding of Osteopathic principles. Football coaches, athletic managers and the athletes are recognizing more and more the supremacy of the D. O. in the care of athletic injuries. Therefore, it is not difficult to convince such people that you are the kind of physician required and especially qualified to maintain sanitation, to advise concerning protective equipment; to care for minor and major injuries and finally to help maintain a maximum of efficiency and morale of the squad.

Regarding sanitation of the training quarters; where from forty to a hundred men dress and mingle with more or less careless intimacy it is self evident that sanitation is of prime importance to prevent the spread of infections, especially streptococcic boils. A caretaker must be appointed to keep the building clean, plumbing should be ample and clean and the training tables covered with material that can be easily washed and disinfected. If towels are supplied and washed by the institution, they must be properly boiled. Articles of clothing must not be interchanged promiscuously and they must be frequently cleaned and disinfected. A supply of alcohol, lysol, formaldehyde and tincture of iodine, with dressings, gauze and tape should be kept in stock.

Regarding equipment which protects the players from injury in battle; every one is familiar with such standard equipment as headguards, should-

erpads and shoes especially constructed with steel ankle-braces, but everyone does not know that by wrapping ankles with two-inch muslin bandages and strapping rubber pessaries over the shoulder point that serious injury may often be prevented. Capsolin or some other strong counter-irritant may be used to detract the players attention from the annoyance of minor injuries and to spur him on to deeds of valour. Be always on the alert for means of injury prevention.

Next in field of mechanical injuries to muscles, tendons and ligaments; never forget the principles of moist heat, temporary tape splits—rest, manipulation in increasing doses as soon as the injury will stand it and finally increasing function (active) of the part. Have students appointed to do massage under your direction. I use thermolights to keep the towels hot while applied to the injured part with some saving of time and trouble. One is more often surprised than not at the marvelous speed of recovery of injuries in the young animal when nature is aided by proper interference on the part of the physician.

Finally, there is no field in which the Osteopath can be of more service than in maintaining the morale of the team. Sick men can not put their heart in the fight. If however, they realize that one has their interest at heart; that you are not only giving them the best treatment humanly possible, but that you are also taking all steps to prevent injury, then confidence replaces fear of injury. Don't allow the over anxious coach to drive the squad until it is in a state of chronic fatigue and exhaustion. It is far better to have a team undertrained for the big battle than overtrained. Reserve of physical strength is more important than the little extra skill obtained by driving the team. Remember that once in the game skill becomes automatic, since the subconscious mind assumes control

PREMALIGNANT STATES

By LOUISA BURNS

The A. T. Still Research Institute

Continued from Sept.

The hereditary factor has been widely studied. Twenty-one reports from careful students give an average percentage of 21.1% of cancer-patients in whom cancer-bearing ancestry is recognizable. If cancer itself were inherited, or even if a tendency to cancer were inherited, directly, the proportion of cancerous persons in whom cancer-bearing ancestors are known should be far greater than this. Bashford examined records in England, and finds that among persons reaching the age of 35 years, one man in eleven, and one woman in eight, die of cancer. This means that there would be, roughly, about one death from cancer in every two families throughout the country. So that a cancer ancestry should be easily shown for every cancerous patient, if there were any direct transmission of the disease. On the other hand, if there were no hereditary factor cancer-bearing ancestry should be found in a larger proportion of non-cancerous patients than is the case.

If, instead of considering the heredity of cancer, we should consider the heredity of a cancer-protective mechanism, acting according to Mendel's Law, then there should be about the same percentages of cancer-bearing ancestors in cancer patients, and in non-cancer patients, that are actually found in these statistics.

By planning a heredity chart after the manner in which the charts are arranged for illustrating the Law of Mendel, and then by tracing backward the ancestry for any given individual, it is seen that if the records were constant, and if the proportions already mentioned, of one cancer patient in every two families should remain fairly constant, the percentages of cancer-bearing ancestry for each cancer patient should be about 25%. But if the cause of death in ancestors should

not be known further back than two or three generations, and if we make due allowance for the fact that in each generation a certain number fail to reach the cancer-bearing age, then the percentages of cancer-bearing ancestors for cancer-patients would be somewhat diminished. In the absence of the actual facts it is impossible to determine to just what degree the 25% should be diminished, but it seems probable that the figures given ought to be, roughly speaking, correct.

The work of Maud Slye with cancer-bearing strains of mice and of a number of later investigators with other mammals, suggests this interpretation of the facts,—that instead of a direct heredity of cancer, we have rather a heredity of some mechanism which protects a considerable proportion of the human race against malignancy. That is, that the possibility of cancer is a Mendelian trait, and is the recessive; that the cancer-protective mechanism is the dominant.

In those individuals in whom the protection is absent, there is a possibility of malignancy, but the actual malignancy may or may not develop, according to the presence or the lack of the local irritations, and of such other factors as may be concerned in cancer-production.

It must not be forgotten, also, that in the teratoid tumors, and perhaps in certain other forms of malignancy, embryonic maldevelopments may follow a totally different pathway.

At least one of the factors concerned in the cancer-protective mechanism seems to be the presence of normal fibrinolysis in the blood serum. Normal blood clots after it is taken from the vessels, and the fibrin of the clot later undergoes digestion, through the action of a fibrinolytic ferment. This ferment is absent in persons with an early malignancy, and

it is absent in a certain proportion of persons in whom no malignancy can be found, but who have one or more cancer-bearing ancestors.

This ferment has recently attracted some attention elsewhere. "A fibrinolytic ferment has been precipitated from fibrin autolysate, also from pneumonic lung. It differs from trypsin ferment by its reactions to heat and to various salt solutions; also by the fact that its efficiency does not vary according to the number of leucocytes present. It is not definitely related to the calcium compounds present." (M. Rosenmann, *Biochem. Z.* 1920.)

The place of fibrinolysis in normal repair and the effects of the lack of fibrinolysis in cancer-bearing individuals is interesting,—

1. Cell multiplication is controlled, to a considerable extent, by pressure changes within the cell:

2. Intracellular pressure changes are dependent, to a considerable extent, upon the existence of a definite cell wall, or of a surface membrane or limiting layer in a gelatinoid state:

3. Vegetable cells, embryonic cells in animals, and adult animal cells in which multiplication is normal, all have such a cell membrane or limiting gelatinoid layer; while adult animal cells in which multiplication is impossible or abnormal have no cell wall and their limiting layer is in a state of solution, less viscid, usually, than the cytoplasm which it encloses.

4. In the case of wounds in the adult animal body, the coagulation of the blood, tissue juices or plasma surrounds the injured cells and their neighbors with a fibrin covering. This is, to some extent, a substitute for the embryonic gelatinoid limiting layer, or cell wall, and thus permits intracellular turgidity and nuclear pressure. Repair of wounds and replacement of injured tissues is thus facilitated;

5. Repair being completed, no further coagulum is formed; existing fibrin and related substances are digested and carried away, and cell-

multiplication ceases, under normal conditions.

6. Cells of malignant neoplasms possess the gelatinoid limiting layer; an intercellular coagulum is usually present; fragments of blood cells and of other cellular remnants of unknown type are occasionally found entangled in the meshes of this coagulum.

The recognition of absent or deficient fibrinolysis is fairly easy. In any person found lacking in this ferment, the appearance of any neoplasm should be viewed with grave suspicion, and measures for the proper treatment of any local irritation should be speedily initiated. Persons who have not normal fibrinolysis can be brought to normal reactions by the infusion of the whole blood of a person in whom fibrinolysis is normal. One to ten infusions may be necessary to secure this result. Very rarely does this normal reaction fail to remain present in the patient's blood. In no case has it been found impossible to secure this result.

In this connection it may be interesting to note that animals may be rendered immune to tumor grafts by the infusion of erythrocytes, embryonic cells, epithelium, gland cells, before the grafting is made. The exact relations vary for each series of tests made, by different students in different laboratories, but there is, undoubtedly, an underlying possibility.

Immunity to cancer grafts may be produced also by any one of several methods of increasing the number of small hyaline cells in the blood or in the tissues. We hope to begin, this year, a series of tests in order, if possible, to determine whether these cells produce the fibrinolytic ferment, and whether any organ or tissue of the body is especially concerned in the formation of the ferment or of its anti-ferment. At the same time, our series of tests will be continued, and further studies made of such operative and autopsy material as we may be able to secure.

CASE REPORT

By Dr. ADELAIDE OBEAR-FOX

(This was prepared for the Women's Number, but was received too late for publication at that time. It should have been included in the Department of Gynecology and Obstetrics.)

Primipara—Age 34.

Family History—Good.

Personal History — All children's diseases moderate in severity—good recovery.

Six years previously had had nervous breakdown. Heart symptoms were bad. Diagnosed as serious heart trouble. Variety not specified. This was followed by a severe colitis which took more than a year to clear up. Health following this was good for about two years.

In January 1919—had a severe attack of influenza at which time she became my patient. Temperature ran high, 104° at 105°. Twice returned to normal by lysis, only to rise to 104° in few hours. Third time temperature remained down. Toxic symptoms were very marked and patient was delirious a good share of the time. Recovery was good.

Menstrual History—Periods always regular in interval—accompanied by pain on first day only. Last period February 15, 1920.

Pelvic measurements normal.

Nausea was more or less constant for four months. Vomiting only occasional. Complained that early foetal movements were painful.

Urinary findings for whole period were normal except for large quantities of indican.

Diet largely of fresh vegetables and fruit.

Blood pressure 110-118 during whole pregnancy.

Heart sounds normal.

Patient gained about ten pounds from beginning of pregnancy to end.

At seven and one-half months, she developed periods of being irrational

in speech and actions. Had hallucinations and illusions. Said she knew she wasn't normal and couldn't help it.

Amount of food was decreased, quantity of water increased and bowel elimination increased by means of enemas. Condition was somewhat relieved when patient refused to continue the enemas as she feared a return of the colitis. Enemas over a period of time did seem to produce colonic irritation. Castor oil finally resorted to. Given in doses of zss every two days. Hallucinations and illusions ceased and patient became normal. Any tendency to the return of these symptoms could be stopped with a dose of oil.

Labor commenced at 2 a. m. on November 19, with rupture of the membrane. Cervical dilatation was complete at 9 a.m. Pains regular three minute type. Each pain was followed by vomiting of large quantities of mucous and bile.

Head made no progress for two hours with hard pains and medium forceps were applied. Male child of seven and three-fourths pounds delivered at 4:30 p.m. Child somewhat asphyxiated.

Puerperium, absolutely normal. Milk supply was good. Babe made normal gain. Patient has been normal in every way since delivery.

This case was very interesting to me as the hysterical condition was not recognized except by the process of elimination. The diagnosis and treatment were rendered much more difficult as patient had been a trained nurse.

FACTS AND COMMENTS

By HARRY W. FORBES, D. O.

The editor of this department solicits material and data. What arguments are being made against our bill? How are you answering them? What facts should be given wide publicity? What questions should be answered? In this struggle it is "one for all, and all for one."

Medical Board Propaganda.

The Los Angeles Times Magazine, on July 3rd, printed a long letter from Dr. C. B. Pinkham, secretary of the Medical Board, under the heading: "Osteopathy." This letter was in reply to one previously printed in The Times from an Osteopath in a neighboring town.

The Times did not endorse either communication. It was simply an open forum wherein both sides were given a hearing.

Dr. Pinkham's letter was a characteristic assault upon Osteopathy. The following extracts show the kind of propaganda material we will have to meet in the coming initiative struggle.

"The Medical Act of 1907 struck out practice, materia medica and surgery from the subjects of examination that the graduates of osteopathic schools, where these subjects were not taught, might not be handicapped in examination. It was December, 1908, before an osteopathic graduate presented himself for examination by the Board of Medical Examiners.

"Thereafter with varying success, a considerable number of osteopathic graduates wrote the succeeding examinations, wherein neither a knowledge of materia medica nor surgery was required. The percentage of failures in examination among the osteopathic applications has always been high.

"We will concede the truth of your correspondent's statement that the osteopaths calmly took" the examinations; however, his further statement that they (the osteopaths) 'passed the examinations' is true only in a small percentage of instances.

"We will concur in your correspondent's statement that the 'osteopaths insisted on practicing what they wanted to;' however, this 'insistence' that they had the right of unlimited

ported by legislative enactment or by court decision. The Attorney-General of the State, various attorneys for the Board of Medical Examiners and the Supreme Court of the State of California all have held that a certificate 'to practice osteopathy' does not permit the use of drugs nor the right to perform major surgery. This prohibition is printed in over 800 certificates 'to practice osteopathy' issued between 1901 and 1907, and this same limitation holds for all certificates 'to practice osteopathy.'

"Facts fail to substantiate the statement of your correspondent that the osteopaths obtained a court decree demanding that the board admit them (the recent graduates of osteopathic schools) to examination and that the board refused to recognize the court order. Such a misconception of the facts no doubt arose from unfamiliarity with the court record, and those who have endeavored to create antagonism toward the Board of Medical Examiners have neglected no opportunity to spread this report.

"Superior Judge Wellborn of Los Angeles, after hearing the testimony in the case of the Board vs. the College of Osteopathic Physicians and Surgeons, based his decision on the findings of fact and conclusions of law, holding first: that the word 'must' in Section 10½ of the Medical Act was mandatory; second: that the board had no authority under Section 10½ to inquire into the quality of instruction given in any school, provided it was shown said school taught the subjects specified in Section 10 and for the number of hours required; third: that Judge Wellborn would consider as 'ruled out' all evidence presented by the Board of Medical Examiners with the intent to show insufficient equipment or deficiency in the

LIBERTY OR BONDAGE

LESTER R. DANIELS, President

What is the keynote of liberty? What phase of our independence has meant the most to the development of this great commonwealth into the richest, the most powerful and the most illustrious nation of modern times. Is it not the phrase of the constitution which guarantees to each and every individual the right to work out his own destiny, unhampered by the shackles of autocracy and despotism that for centuries have retarded the progress and development of the institutions of the old world and throttled the initiative and ambition of its people?

To me the grandest thing in our government is the fundamental idea that every man, rich or poor, black or white is placed on an equal footing and given his chance to make good. The conception of liberty which gave birth to this nation has, however, in the century and a half of its existence, undergone some strange perversions. Autocracy has crept in under the cloak of certain paternalistic institutions and in many quarters individual initiative is being thwarted and development of great ideas is being inhibited through the medium of an insidious, selfish and autocratic power.

Such an autocratic institution in the shape of the American Medical Association is today reaching out through all of its agencies, many and varied as the tentacles of a giant octopus and is seeking to strangle the very life out of the profession that you and I have chosen with which to add our contribution to humanity's betterment.

Slowly and insidiously but none the less surely have these tentacles been closing on our profession for these many years, placing obstacles here, casting slurs and aspersions there, imposing humiliating restrictions under the guise of protecting the suffering

public, and seeking at every turn to cut off the osteopathic tree at its roots, by hampering and retarding the operation of our schools.

This is strongly exemplified in the activities of the State Medical Board in relation to Osteopathy. Ostensibly created to serve the public, the board has been in reality the willing lackey of the A. M. A. in the carrying out of its insidious program. Never has this board manifested any sort of sympathetic or constructive policy toward osteopathy and its institutions calculated to help the profession to better serve the public, which after all is the fundamental reason for the board's existence, but its members have gone out of their way to hinder and hamper the development of our schools, to place unjust restrictions upon the practice of osteopathic physicians, and to put the profession in a false light before the public.

Of course we haven't been perfect. We have made our mistakes along with the rest of common mortals, but I can say without fear of contradiction that we have played the game squarely, that we have fought an uphill fight against great odds and the fact that we have been in no small measure, successful, testifies to the justice and merit of our cause.

But how long can we go on making this fight against the unjust discrimination of the medical board? Under the operation of this board the attendance of our school in this State has dropped from over 300 to about 100, we are faced every two years with a strenuous and expensive legislative campaign to endeavor to establish our rights. Our members are diminishing rather than increasing as they should be to care for the demand that exists for osteopathic service. Courses in our college are necessarily colored to

enable the student to prepare for an examination before an adverse board, and as a result teaching of essentially osteopathic subjects is retarded by the necessity of paying too much attention to preparing the student to get by the board and too little to teach him the thing the people are going to come to him for, which is osteopathy.

Then too, we are shut off from other sources of supply through the arbitrary action of the board in refusing admission to the graduates of all out-State osteopathic colleges, despite the fact that they freely admit graduates of all out-State medical colleges.

We have no hope through reciprocity, as graduates since 1913 can receive only the Drugless certificate by this means. I will cite a case which came to my attention recently which illustrates how unjustly this feature operates. A young man is asking reciprocity on the basis of the following credentials. He was graduated from a standard high school, and one year in university, had four years of nine months each in the American School of Osteopathy, followed by a year of internship in the hospital and seven months past graduate work in the same school, had six months instruction in the medical training school of

the navy and over a year's service in the medical department of the navy, and after all this training he can secure nothing but a drugless license, which he would forfeit if he proceeds to lance a boil, or apply an antiseptic dressing thereon.

How long are we going to stand for such humiliation? Is the indictment against the board any the less valid because the Supreme Court has compelled them to admit students from our California School to the examination? How else can we judge of what they will do in the future save by what they have done in the past?

Do you want your profession to have its liberty? Do you want it to throw off the shackles of domination by the A. M. A. which bind it, and inhibit its growth and usefulness? Do you want to see osteopathy developed to a point where it can serve humanity in the fullest possible sense? If you do want these things then get into the game and fight. Let's make this initiative campaign a veritable crusade for freedom. If we carry our message strongly enough to a liberty loving people they will see the justice of our cause and grant our plea for relief from the autocratic oppression we have so long suffered.

POST-OPERATIVE ADHESIONS

By HAROLD E. HARVEY, Berkeley, Cal.

How often in our practice do we get such a clinical history as the following? Billiousness, constipation, toxemia, colic, headaches, migraine, etc., of long standing, all much improved immediately after an operation on appendix, gall-bladder or other abdominal structure and then, some months later, a recurrence of similar symptoms plus a few others. In fact, helped immediately by the operation, but later followed by a recrudescence at about the time when the adhesions have become organized and shortened, resulting in interference with peristalsis or with the discharge of some secretions necessary to digestion. Sometimes kinks and traps are formed in

which toxia products are elaborated to be absorbed, carried to the liver, which may be overwhelmed by such an assault and toxemia or migraine result.

Lately, after correcting all lesions of a bony nature likely to unbalance abdominal function, I have directed my attention to the scar following the operation. Visualizing the network of cobweb-like fibre stretching in various directions from the inside of the wound, I feared it would be impossible to stretch them all because I should have to work blindly. One day I deparently disconnected symptoms clear pressed and held the scar with one hand, and at varying points on the circumference of an ellipse (the faci of

which lie at either end of the scar), I depressed and held with the thenar eminence of the other hand, these points in turn. Then I found that a dimple or depression was produced or accentuated in the scar, only when I made traction between certain points lying on the radii of the ellipse. This depression, I believe, was caused by the pulling inwards by adhesive bands, of the portion of the scar from which they sprang. That being the case, it is easy enough to do specific work by stretching and depressing the skin and structures beneath the skin, which lie between the two points so connected.

I believe it is possible to not only damage viscera, but to add to the adhesions, by rough or too prolonged work, and the pathology must be treated as gently, and slowly, as those adhesive fibres that we get following a tendo-synovitis. If you do not know how to treat these I refer you to our authority on this subject—Dr. Chas. Spencer.

After a few treatments of such a nature as outlined above, you will be gratified to find quite a number of ap-
up.

PUBLICITY DEPARTMENT

T. J. Ruddy, Chairman, Los Angeles, Calif.

"The publicity last year turned out quite satisfactorily, notwithstanding that only four of the entire number on the program sent in extracts of their papers and not a single department, except the Program Department, gave me anything for publicity. What are we spending our money for? How long should it require each of us to learn that the work of our several departments cannot be brought before the profession or before the public unless the one in charge of the department organizes, produces and furnishes it for distribution?

"The taxes the public pays today to maintain venereal disease hospitals, to maintain T. B. hospitals and provide medical care and succor for thousands of people constitute a magnificent monument to the ignorance of the public which the public can thank "general indifference," "indolence" and perhaps to some extent pseudo ethics on the part of the profession. Does not each participant honored with a place on a scientific program, and does not each individual who listens to that program owe the

public such benefits as he may have received, and should he not feel in duty bound to furnish the Publicity Department with his interpretation or extracts, or any suggestion that will increase the public's knowledge of those things which will not only benefit their health and their earning power, but as well the popularity of our science?

"I am still hoping. I believe the old officers held over and the new officers will realize more than ever at once, in the light of our recent legislative experiences, and in observation of the efforts put forth at Washington to pass the Towner Bill, which will place at the command of the "old school" not merely a \$1,000,000.00, but in addition, a \$50,000.00 appropriation in each State to "educate the public."

"The press will only be too glad to help "educate the public" and if each one of you will make a friend of the editors of the various papers in your community and show them that you are anxious to give the public something that will be of benefit to them, you will win whenever Osteopathy should win.

TWENTY YEARS WITH THE X-RAY—PYORRHEA

F. A. LACEY, D.O., Electro-therapeutics and Radiology

Pyorrhea is Curable.—An experienced dentist recently remarked to me that his experience with pyorrhea had been highly unsatisfactory. He had sent numerous patients to leading specialists both in Oakland and San Francisco. There had been temporary relief, but it did not last.

Too much specialism is the fatal defect in modern therapeutics. The body is a unit and can not be successfully carved up among the specialists like the map of Europe. It is a unit and every part must be treated with reference to the whole. Osteopaths need to broaden their outlook on pathology and treatment. They should assume the leading roll by taking charge of the patient, as a whole, in all the so-called specialties. They should assign their patients, if need be, to other physicians for certain highly specialized forms of treatment, but they should not, in any case relinquish their care, treatment, and over-sight of the patient.

Osteopathic Treatment—In pyorrhea, the osteopath should supervise the patient's personal habits, see that he has a restricted diet of simple, nutritious, digestible food, and particularly banish all kinds of candy, restrict the use of sugar, cutting it out entirely in some cases. He should most emphatically look after the patient's general systemic condition, his systemic circulation, and the blood and nerve supply to the affected parts. Correct lesions. Eradicate focal infections in other parts of the body. Build the eliminating organs up to highest efficiency—all to the end that the patient's power to resist pyorrhoeal infection may be raised. Teach the patient dental hygiene and how to massage his gums with a brush as stiff as the tissues will permit, three times a day.



Pyorrhea Cured by the Tousey Method

The Tousey Method—Dr. Synclair Tousey, Consulting Surgeon Bartholomew's Clinic, New York

City, discovered some fifteen years ago and has continued to use very successfully what has become to be known very widely as the Tousey method. It consists of a special form of high frequency electricity combined with very small doses of the x-ray. The illustration shows one of Tousey's cases before treatment. It will be observed that the bony sockets and much of the surrounding bone has been completely destroyed, forming enormous pus pockets. The case remained under observation three years with no return. Twelve applications were made.

X-Ray treatment under modern conditions is not dangerous. The writer has made some fifteen thousand applications without a single burn. In absorbing an enormous fibroid tumor, the writer gave one patient more than three hundred applications. This was seven years ago. The tumor has not returned, and there was not the slightest injury whatsoever. X-ray treatment for pyorrhea would not in any case amount to a tenth part of what this patient received. Another advantage of the treatment is that the patient finds it not in the slightest degree painful or even disagreeable.

The Tousey method should come into general use. By its employment millions of good teeth may be saved from extraction.

DISTRICT OF COLUMBIA BILL—S. 2283**A Bill To Regulate the Practice of Medicine and Midwifery in the District of Columbia**

If this bill is enacted into law in its present form it will not only put every Osteopathic practitioner now practicing in the District out of business, but it will close the District to all future graduates. This interpretation of the bill is based on the following provisions incorporated in the Bill.

The Bill provides for the appointment of two distinctly different boards. One a Medical Education and Licensure board to consist of six Medical practitioners and three lay men. The other a board of examiners to consist of nine Medical practitioners. The administration of this bill is under the control of the Board of Medical Education and Licensure and this board is granted Autocratic powers, relative to who shall, or who shall not, be granted a license under the provisions of Sec. 12 and the findings of this Board shall be final, and no court of appeal shall have powers to nullify the findings of this board as defined in Sec. 13.

The Legislative Bureau places the following interpretation on the dangerous sections of the Bill, namely:

Sec. 1. Line 5 defines who shall be eligible to appointment on the Board of Medical Education and Licensure. Only those who have been **lawfully engaged** in the practice of Medicine for the past five years in the district shall be eligible to appointment on this Board. That excludes every Osteopath, for none have been engaged in **lawful practice**.

Sec. 3. Starting on line 19 defines who shall be eligible to appointment on the Examining Board. Only those who have been **lawfully engaged** in the practice of Medicine for the past three years in the District shall be eligible to appointment as examin-

ers. That excludes every Osteopath, for none have been engaged in lawful practice. This places you under complete control, of both the license and examining boards: hogtied and handcuffed.

Sec. 11. Defines practice of Medicine, as including everything in the line of healing. Therefore under this act you are classified as practitioners of Medicine and subject to this law. This also applies to mental healers.

Sec. 12. Defines who shall be granted license without examination. (b) States that no applicant shall be licensed without examination unless in possession of a State license at least two years old. (c) Qualified this as follows: that unless the license in possession of the applicant, has been secured in a State, where the requirements for license are at least equal to those required by the District of Columbia, at the time the license was granted, such license shall not be recognized. None of the State licenses, held by Osteopaths practicing in the District of Columbia, were secured under requirements equal to those in force in the District, at the time the license was granted. Therefore none of the licenses held by Osteopathic practitioners will be given recognition by the board of examiners.

Therefore, Sec. 12 must be amended to exclude all those practicing in the District, in order to safeguard your position. This is the least you can do. But even this will not help much, for this bill will exclude all future graduates from the District. For the powers granted to the members of the Board of Licensure as well as the members of the Board of Licensure as well as the members of the Board of Examiners under Section 13 is final:

The Western Osteopath

Owned and Published Monthly by the
CALIFORNIA OSTEOPATHIC ASSOCIATION

C. J. GADDIS, D. O., Editor and Manager.
808 First National Bank Building, Oakland, Calif.

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of the College of Osteopathic Physicians and Surgeons.

OFFICERS OF THE CALIFORNIA OSTEOPATHIC ASSOCIATION
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VICE-PRESIDENT, DR. EMILIE V. SUTTON, San Francisco
SECRETARY-TREASURER, DR. C. B. ROWLINGSON, 796 Kensington Road, Los Angeles

Subscription \$2.00 a year in advance.

EDITORIALS

That Clinic

"It is not only extremely selfish" says President Scothern in A. O. A., speaking of clinics, "But well nigh criminal if we do not extend this boon to the afflicted." There is nothing that will be put up to us that we should be so exercised over as this matter of clinics. It should command our first professional consideration in time and money. We dare not venture to ask the public to give us their generous support until we know and until they may know that we are rendering in like measure generous service to those in need. There is no law nor ruling against osteopathic clinics and there can be no excuse to offer to the public for failing to bear our share of the communities burdens except selfish indifference.

Dr. Daniels has been urging us to this matter and now our National President speaks.

Truth is unworried, untroubled. Truth bides her time. Her friends may become fearful and frezned, impeding her progress but she only smiles conscious that in due among her supporters.

A Plea for Better Physical Diagnosis

"The pendulum of learning swing into the new field. Less and less time was given to the study of the old methods, until we became a nation of bacteriologists, chemists and pathologists. For years, physicians and many of our well known teachers have leaned so much toward laboratory methods that physical diagnosis has almost become a lost art. Patients frequently are sent to the diagnostic laboratories without a pretense of a physical examination before hand.

"There is just a little tendency to make research workers and specialists out of our students instead of the good old fashioned family doctor.

"Why does the physician make so many mistakes in diagnosis? Is it because he cannot make a Wasserman test or a complement fixation?

"No! It is because he does not make a thorough physical examination of his patient; or, if he does he is not able correctly to interpret his findings. He may be able to recognize certain changes in the respiratory function or in the heart sounds, but because of a lack of experience in the practical work in physical diagnosis under an experienced instructor, he is unable to determine the cause.

"Physical diagnosis is an art. It appeals to all our senses; and in order to develop these senses, we must have experience. We must develop our powers of observation, if we hope to become experts in inspection, and this department of physical diagnosis is by far the most important. He who sees most by inspection will become the best diagnostician. The sense of touch needs developing, and to learn what to feel and how to feel it best needs long practice and close application. To feel a thrill, a friction rub, the heart shock and apex beat, to palpate the liver, spleen and kidney, all need careful training and long experience. Percussion calls for the development of the sense of touch and hearing, but particularly for constant training in the proper technique.

"Auscultation, either the direct or the indirect methods, needs long and careful training under the most favorable conditions. The ear should be the low power lens and the stethoscope the high power, to examine the conditions in detail.

"No one who has not mastered the fundamental branches, anatomy, physiology and pathology, can hope to become a good diagnostician. On this all are agreed. But how shall we be able to use this knowledge in the study of disease, if we are not familiar with the physical signs of the normal living human body.

"Why do physicians so frequently mistake pneumonia for appendicitis or gallbladder disease?

"Why are aneurysms of the aorta so frequently overlooked and these patients treated with a cough mixture? Why is cardiac incompetence so frequently called asthma? Why are patients suffering pain from locomotor ataxia so frequently operated on for gastric ulcer or gall stones?

THEODORE TIEKAN, M.D.
In A.M.A.

It was Dr. Brigham who said that he believed that our students just graduated have more skilled fingers for diagnostic purposes than the average surgeon of five years experience. This is simply because their hands are being specifically trained from the very first.

Not simply detecting gross lesions but noting the slight sublaxations; amount of tension and movement in joints as compared with the normal; tender segments in stomach or other parts of abdomen. Use Laboratory methods to the limit but your trained fingers will tell you most.

A Good Investment

Four hundred and fifty one hundred dollar subscriptions are already listed in the National Advertising Campaign, chairmaned by Dr. Woodal. The other fifty should be in by Nov. 1. Copy is being prepared and everything is in readiness to place on contract with the Saturday Evening Post as soon as the five hundred subscriptions are lined up. A feature of the service that will be rendered to those supporting this campaign is as follows:

"All inquiries coming from these advertisements will be referred to the Osteopaths in the locality from which the inquiry comes, who are supporting this campaign. It is only fair that those who contribute should be given an opportunity to realize on their investment."

No State will profit more than California. Here is an investment you need have no question about.

Do you know "Concerning Osteopathy" is the best book that Dr. Webster has ever gotten out? In fact, we know of no better to give a new patient, or an old one either. Your patients will read them while waiting in your dressing room. They have a distinguished appearance.

Dr. Conklin Here In June

Probably no man in our profession has ventured on a more difficult study than has Dr. H. Conklin. Thru the ages epilepsy has baffled. Dr. Conklin is but beginning and yet his results are nothing less than marvelous. A fund has been established for the treatment of poor children afflicted with this trouble and if anyone wishes to avail himself of this he should first correspond with Dr. Conklin regarding it as this fund is limited and he can take care of but a few of these cases at a time. From a recent letter is the following paragraph.

"I am, by this mail, asking Dr. Burns if she or one of her assistants can do the work that I want done in connection with the blood in these cases. If she can and I can organize a large enough class of epileptics, say 10 or 15, I will either just before or following the Convention next year spend four or six weeks there and put them thru this treatment with her to do the laboratory work for me. If not, and she can do this work I am going to try and get her to come there. We are having quite wonderful results in this work. I have had thirty-one cases of twelve years and under in the last ten years and there is only one out of the thirty-one which is showing any symptoms of this trouble at the present time and I think this is quite remarkable. The results in older people are not as good. I would say that we are getting 80% results with those between the ages of 12 and 20 and about 60% results with those between the ages of 20 and 35 and 50% results with those over that age. This is just a rough estimate. The percentage may run a little better than that, if accurately figured out. I have eleven new cases under treatment at the present time and they are all hard propositions to start with but they are doing very nicely and I feel now that we are going to get 100% cures on these eleven."

"Adopt a College"

It will be a long day before our profession will cease to quote some Waldo epigram. It doesn't make very much difference just what college but sponsor some one and boost that college as your college to young men and women of educated worth.

An official college examiner declares that our college at Los Angeles has a course and force unequalled by any in our profession, with perhaps the exception of one.

Conscientious work is being done there by teacher and student.

It is interesting to note that a large percent of later classes at L. A. have college degrees. This college with the deserved support of the W. O. A. must be a great creative factor in making and molding the future of osteopathy.

McManis

And there are two of them, a most happily balanced team. They pay generously for the best exhibit space, are always on the job, not simply to take your order but just as ready to serve you in a score of unselfish ways. They are always boosting for something or somebody. How often a D. O. has gone tired and sick to McManis' quarters and never has McManis been too busy or tired to give efficient aid. Now that thousands are using his table, and these are the thousands that attend conventions, why not have McManis table technique given a prominent place on every technique program. If this is publicity no one deserves it more. He supports not alone our conventions but our magazines. Such men give more than they get. We have done little enough to encourage men who write our books, make our tables and give to us their counsel their genius and vision. By such men we live, move forward and make possible the future of osteopathy.

Have you tried placing the patient prone on table with drop leaf under abdomen or, still better have patient's chest on well pillowed stool or chair same height as table or bed with open space between for abdomen. Patient in easy position, abdomen thoroughly relaxed, doctor sitting at right side, knees beneath abdomen.

The advantage is that most heavy sensitive sigments in this area will map themselves out on the belly wall and with very gentle palpation or percussion can readily be outlined.

To relieve the tire of the hands while searching the abdominal area let the back of hand rest on your movable knee below.

Cupping the hand with back against knee is a very effective way for treatment of this section, lifting out of pelvis and up. The writer has found this feature of his bedside technique helpful for diagnostic and treatment purposes both at bedside and in office. Try it.

It is fortunate for the profession that we have able men in our ranks who will take time for careful study and research in unsolved fields. Physicians like Drs. Forbes, Conklin, Burns, Emery, etc., are not only a credit to our school of practice but benefactors of the world. Dr. Emery will begin a series of six articles in this magazine bringing to us the benefits of his study of cancer. The subjects will be, "Etiology of Cancer," "Prevention of Cancer," "Early Diagnosis of Cancer," "Pelvic Cancer from Various Angles," "The Treatment of Cancer and The Technique of its Application in Malignancy."

If you have a good business, advertise and KEEP it; if you want a good business, advertise and GET it.

When we think of fundamentals we instinctively think of two men, McConnel and Atzen. One a man of quiet force who stands guard at the great springs of truth, that the source be not forgotten or its waters untainted and its course unhampered. The other the militant giant of the plains stands tireless to lead in undertakings in which few would have will or skill to venture. Together, if supported, they go a long way toward making it possible for the healing waters of truth to find their way over the thirsty land. We can't all be leaders but we can all have a sense of appreciation and co-operation.

Do you know that St. Joseph, Mo., is another city where the osteopaths have united and have in fine running order a beautiful hospital with all modern equipment. It has taken courage and sacrifice to bring this institution on its way. Here is a hospital deserving of endowment and so release its able staff from that of finance.

And then there comes a time when you hesitate about the purchase of another Packard or a Ford and you say "Now if I could get a handsome light weight car, all powerful, all roomful that will take us there in style and comfort and back again, keeping the road at all speeds and all this at a moderate price, that's the car I want."

The answer is a Cleveland Six. Put your extra thousands in a good bond. The Cleveland Six is one of the big hits of the season in our section. It is a proven car. Read the story on page 36.

The date for the closing of the Initiative campaign has been extended and will be announced soon.

Our College In New Location

"School has started, and the students seem better satisfied than ever. They expect to be in the new college location by, or soon, after, the first of October."

"I hope the western D. O.'s will get behind the Saturday Evening Post proposition and help us put it across."
DR. S. V. ROBUCK.

The date for closing the Initiative campaign has been extended.

And its happened before. Every time we lay aside our Ground Grippers we develop corns or something.

KIWANIS OSTEOPATHS—At the Cleveland Convention it was decided to get out a new directory and to make the membership fee two dollars to cover expenses. Please send in the names of all Kivanians in your State to make this as complete as possible. We will publish news items from time to time in the A. O. A. Journal. Address Dr. Leslie S. Keyes, 415 National Bank Bldg., Minneapolis, Minn.

"Why is it," said the angry father, "that you are always at the foot of the class?"

"But, dad, what difference does it make? They teach the same at both ends."

Patients from Far and Wide



Recently our list of patients at the Sanitarium included, in addition to our patients from Portland and its suburbs, two patients from Missouri, one from Minnesota, one from Ohio and also patients from the following cities: San Francisco, Calgary, Seattle, Tacoma, Vancouver, Olympia, Centralia, Nahcotta, North Bend, Boise, Corvallis and Buxton, Oregon. Our Milk Cure Treatment combined with Osteopathy gets the most gratifying results. Inquiry invited. Terms, accommodations and general information.

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Phone Lakeside 840

All laboratory tests made including Wasserman. Expert workers in charge.

Reasonable rates, and every dollar goes into making in Oakland a great Osteopathic Clinic center.

Specimens will be called for at your office, or may be sent by mail.

FEE LIST

BLOOD

Wassermann Test (including Noguchi control test).....	\$5.00
Complement fixation test for Gonorrhoea diagnosis of Pregnancy (Abderhalden's test).....	5.00
orrhea.....	5.00
Red, white and differential count, haemoglobin, parasites and morphology of cells.....	5.00
Malaria.....	2.50
Red and white count.....	2.50
Red and haemoglobin.....	2.50
White and differential count, including morphology of red cells.....	2.50
Widal reaction (macroscopic and microscopic).....	2.00
Culture for typhoid, streptococci, staphylococci, pneumococci or other bacteria.....	5.00

CEREBROSPINAL FLUID

Gold test, Lange's.....	\$5.00
Wassermann test (including Noguchi control).....	5.00
Cytology.....	2.00
Noguchi butyric acid test.....	2.00
Nonne test.....	2.00
Tubercle bacillus, through smear examination.....	2.00
Bacteria, through smear.....	1.00
Bacteria, through culture.....	2.00
Leukocyte count, albumen or sugar, each.....	1.00
Complete examination, including physical, albumen, sugar, Noguchi butyric acid test, Nonne test, Wassermann and Noguchi tests, cytology and bacteria by smear.....	10.00

SPUTUM

Microscopic examination for T. B., etc.....	\$1.00
T. B., through guinea-pig inoculation.....	5.00
Albumen.....	1.00
Bacteria, through culture.....	2.00
Autogenous vaccine, 30 c. c. flask.....	5.00

FECES

Macroscopic and microscopic examination for amoeba, protozoa, etc.....	\$2.00
Occult blood.....	1.00
Chemical, including solids, fats, nitrogen and carbohydrates, etc.....	5.00
Culture for typhoid or dysentery.....	5.00
Tubercle bacillus, through smear examination.....	2.00

URINE

General: chemical and microscopic, including specific gravity, reaction, qualitative sugar and albumen, indican and total solids.....	\$1.50
---	--------

Quantitative estimation of sugar, albumen or urea, each.....	1.00
Diazo reaction.....	1.00
Bacteria, through culture.....	2.00
T. B., through smear.....	2.00
T. B., through guinea-pig inoculation.....	5.00
Autogenous vaccine, 30 c. c. flask.....	5.00
Acetone or diacetic acid.....	1.00
Estimation of phosphates, sulphur compounds, carbonates, total nitrogen, ammonia, uric acid, fatty acids, oxalic acids, ferments, pigments, chromogens or proteins, each.....	2.00
Culture for typhoid or paratyphoid bacillus.....	5.00
Occult blood.....	1.00
Calculi, microscopic estimation of composition.....	2.00

GASTRIC CONTENTS

Complete macroscopic, chemical and microscopic examination.....	\$5.00
Occult blood.....	1.00
Boas-Oppler bacillus.....	1.00
Qualitative inorganic and organic acids.....	2.50
Lactic acid.....	1.00

PUS, TRANSUDATES AND EXUDATES

Microscopical examination for bacteria, etc.....	\$1.00
Bacteria, through culture.....	2.00
Tubercle bacillus, through smear.....	1.00
T. B., through guinea-pig inoculation.....	5.00
Gonococcus, through Gram stain.....	1.00
Sprocheata pallida.....	3.00
Cytology.....	2.00
Autogenous vaccine.....	5.00

SECRETIONS OF THE GENITAL ORGANS

Microscopic examination for bacteria.....	\$1.00
Cultures.....	2.00
Culture for gonococcus.....	5.00
Autogenous vaccine.....	5.00

ORAL, NASAL, AURAL AND CONJUNCTIVAL SECRETIONS

Microscopic examination for bacteria, pathologic changes, etc.....	\$1.00
Culture for diphtheria or other bacteria.....	2.00
Autogenous vaccine.....	5.00

All forms of food, water and milk examinations—Fee upon application.
Reports telegraphed to out-of-town physicians without extra charge, when requested.

Specimens will be called for at your office, patient's residence, or hospital, without extra charge, in cities where our laboratories are established.

A. O. S. of O. & O. L.

"The first edition of the Journal of American Osteopathic Society of Ophthalmology and Oto-Laryngology has reached the members of this Society. It has also been sent to members of the Society last year, who have not yet paid this year's dues. The three remaining Journals cannot be thus sent to those who are allowing their memberships to lapse. A few of the new members sending in their money will be taken care of and receive this first issue. The membership fee of \$3 a year, which entitles one to participate in the programs of the Convention of the Society each year, also entitles the members to receive all four numbers of the Journal. Each one is worth the price. It do not see how the members of the profession, even those in general practice, can afford to pass by this opportunity of getting the scientific material contained in this Journal. It is not only of interest, but of great value to the general practitioner and specialist alike. Remember the Society is not promising this first Journal, which has already been mailed, to those sending in their membership fees at this time, but will do so so far as the number of Journals on hand will permit. Do not procrastinate, but send in your money at once if you intend to be a member of this Society. Great plans are already on foot for the Convention next year in Los Angeles and you should be a part of this organization to help these plans along."

Rocky Mountain Hospital

We are in a splendid campaign for funds for our hospital. We have found many friends. The public is enthusiastic for the "non-profit" and "open" idea. We close this week with \$30,000.00 raised. Geo. L. Snively, of Lewiston, Ill., is our campaign manager. He is a wonder and will not disappoint.

A Ladies' Auxiliary has been organized with Mrs. C. C. Reid, President; Mrs. G. W. Perrin, Vice-President; Mrs. R. R. Daniels, Secretary, and Mrs. H. M. Ireland, Treasurer. They are to take care of the linens and bandages.

Following is an editorial from the Denver Times, September 21, 1921.

GEO. W. PERRIN,
President.

Another Kind of 'Open Shop'

Gratifying success is being attained by the osteopathic physicians of Denver and the state in financing the Rocky Mountain Osteopathic Hospital at 2220 Downing Street, the home of the former Children's hospital. For a year and a half a handful of osteopaths have been operating the institution by private subscription of funds among members of their profession, but in order that the hospital may carry out needed improvements and expand in equipment and service, the sum of \$50,000 is now being raised by public contribution. More than \$21,000 has been pledged by the osteopaths themselves.

The great interest of the institution lies in the fact that it will be an "open

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By making a deposit now we will hold your Vacuum Cup Tires for 90 days and give you, FREE OF CHARGE, a Pennsylvania "Ton Tested" Tube with each tire bought. Regular Tubes with Fabrics, "Cord Type," extra heavy, with Cords.

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CALIFORNIA

hospital;" that is, an institution in which any school of medicine is allowed to practice by regularly licensed representatives. During the time that the hospital has been running nineteen M. D.'s have used it, besides the twenty-seven osteopaths who established it. This policy will be continued. At present, it is said, no other hospital in Denver is open to the use of osteopaths.

The aim of the osteopaths, it is explained, is to demonstrate the ability of the osteopathic school to handle acute diseases, such as pneumonia, typhoid, etc. The sponsors, however, do not contemplate restricting the use of the institution to their own school, even tho deprived of the opportunity themselves of practicing in local hospitals operated by the medical fra-

ternity. It appears to us that this is a most liberal spirit to display and one entitling the osteopaths to commendation. The fact that the medical men are not averse to taking advantage of their their generosity is shown by the large use of the hospital up to the present by regular practicing physicians.

The "open hospital" will be a non-profitable institution. A ladies' auxiliary has recently been organized which will take care of all the linen and assist in making the enterprise one in which public spirit is a large and vital element. The fact that the originators are receiving splendid cooperation in their fund-raising campaign testifies to the indorsement by the public of the plan under which it will be operated.

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 October, 1921. State of California, County of Alameda, ss.

Owned and published by The California Osteopathic Association, Dr. C. J. Gaddis, Editor and Manager.

"CONCERNING OSTEOPATHY"

242 Pages, Halftone Illustrations

This is the book to give to patients to help them comprehend the breadth and wealth of osteopathic philosophy. "It convinces the patient."

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ACCOMMODATIONS—Ample grounds of 8 acres, elevation nearly 200 feet. Modern two-room cottages, and all-weather Canvas-Houses. Milk diet and rest cure. Scientific health meals with our usual combination treatments, i. e., Sun, Radium, Mineral Baths, Electric Blanket.

KIND OF CASES TREATED—Mental, Nervous and Constitutional Diseases, also Digestive Disorders.



continued from page 23
and Section 19 starting on line 25 grants immunity to these Board members in case of wrong administration of the act.

Therefore you will have no recourse in the Courts. This bill enacted into law in its present form, grants absolute powers to those placed in control.

As every State has representatives in Washington, D. C., the profession in every State can bring to bear some

influence on both Senators and Congressmen and this is the duty of every practitioner. In doing this we can give material assistance to the practitioners in the District and at the same time assist legislative efforts in general.

Fraternally yours,

C. B. ATZEN,

Chairman,

National Legislative Bureau.

Of Frequent Service to the Osteopath



The Original

Reliable, strengthening food-drink that is easily assimilated in digestive, nervous and enemic disorders and all conditions requiring a selected diet. Refreshes the operator after tedious treatments.

Avoid Imitations

Samples Prepaid Upon Request

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A pure culture of *Bacillus Bulgaricus* grown in sterile milk medium, under laboratory conditions and mailed direct to the patient on your order, a fresh culture for each day. Do not confuse with dry, pickled or stock cultures.

THE VITALAIT LABORATORY OF CALIFORNIA

San Francisco, Flood Bldg.

Pasadena, 320 Colorado Street

OSTEOPATHIC WOMEN'S NATIONAL ASSOCIATION

Those who failed to attend the first annual meeting of the Osteopathic Women's National Association at Cleveland, in July, missed a most inspiring and enjoyable time. The spirit of the meeting was one of wholehearted co-operation and enthusiasm for our new organization, and the reports of the officers, chairmen of committees and State representatives show that much has been accomplished in this first year of our existence. State Associations have been organized in California, Colorado, D. C., Florida, Illinois, Iowa, Kansas, Michigan, Minnesota, Nebraska, Ohio, Texas, Utah and Washington, and we have local units, or Osteopathic Women's Clubs in Chicago, Los Angeles, Omaha, Seattle, Minneapolis, St. Paul, Akron, O., Washington, D. C., and Louisville, Ky.

Officers elected for the ensuing year are as follows: President, Dr. Josephine L. Pierce, Lima, Ohio; Vice-Pres., Dr. Roberta Wimer-Ford, Seattle, Wash.; Second Vice-President, Dr. Ellen S. Ligon, Mobile, Ala.; Secretary, Dr. Katherine McL. Scott, Columbus, Ohio; Treasurer, Dr. Eliza Edwards, Cincinnati, Ohio; Auditor, Dr. Lillian Whiting, Pasadena, Calif.

Chairmen of Committees: Policy, Dr. Julia Richardson, Minneapolis, Minn.; Membership, Dr. Gladys Morgan, San Diego, Calif.; Professional Education, Dr. Janette Bolles, Denver, Colo.; Press and Publicity, Dr. Fannie E. Carpenter, Chicago, Ill.; Finance, Dr. Grace Berger, New York City.

In her splendid address, our President, Dr. Josephine L. Pierce, offered the following recommendations to the Association:

(1) Continued efforts for a 100% membership. It is not alone the ma-

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(See Journal of A. O. A.)

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Graduate Corsetiere

Each Spencer Corset and Support is not only made to fit. But is actually designed to correct the conditions that are causing trouble.

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OAKLAND, CALIFORNIA

A Child's Gratitude

to his doctor, for prompt, comforting relief from the terrifying dyspnoea of Croup, or the cutting, burning pain of Tonsillitis, tends to increase the pleasure as well as profit in following the Healing Art.



Amphlogistine

applied as hot as can be borne—quickly relieves the congestion by increasing the superficial circulation; promoting relaxation of spasm—free respiration and comfort to the little patient, indescribable in words, but amply apparent to the Medical Man in a grateful, confiding smile.

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chinery of organization that is needed,
 but the power and influence of num-
 bers. For the present direct member-
 ship in our National Association seems
 advisable. When States are fully or-
 ganized, affiliation may better be estab-
 lished through groups, clubs, etc.,
 which may mean a federation instead
 of an Association.

(2) A travelling organizer, either
 National or Districts, whereby every
 State, District and local group, includ-
 ing the Colleges, may be met, issues
 explained, and assistance given where
 needed.

(3) The securing of more Associate
 members, including the women rela-
 tives of both our women and men
 Osteopaths and our enthusiastic women
 friends and patients.

(4) The preparation as nearly as
 possible of a uniform Constitution for
 all the States, and a clear, definite
 line of action and program to be fol-
 lowed.

(5) The appointment of a National
 Legislative chairman and committee,
 and a similar committee in each State
 association.

(6) The early establishment of an
 Osteopathic Loan Scholarship Fund.

(7) For the present, the use of
 existing magazines and bulletins of the
 profession as our medium of publicity,
 but as early as possible the issuance of
 our own bulletin or publication.

(8) Affiliation, as soon as practica-
 ble, of our National Association with
 other National organizations of women,
 especially those National groups co-
 ordinating forces in the interest of
 the welfare of women and children.
 Also the affiliation of the State asso-
 ciation with State women's groups, and
 the same procedure for the local clubs.



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The Committee on Resolutions, consisting of Dr. Eliza Edwards, Chairman, Dr. Elizabeth K. Smith and Dr. Amy B. Schoonmaker submitted the following Resolutions, which were adopted by the Association.

(1) Whereas we recognize that the interests of all members of a profession are identical, but that women bring to any question a point of view somewhat different from that of men, therefore be it resolved,

That we follow closely the policy of the American Osteopathic Association in all its program and that to that end we request the Executive Committee of that body to appoint a woman on each of its standing committees.

(2) WHEREAS, it has been demonstrated that concentration of authority and responsibility adds to efficiency, and that best results can be secured by co-operation, be it resolved,

THAT we co-operate with the Legislative Committee of the American Osteopathic Association in securing legislation which protects the interest of the Osteopathic profession, and that we urge upon all our members the necessity of taking an active interest in all legislation, both State and National.

(3) WHEREAS, the various professional journals have afforded us ample space for reports, therefore be it resolved,

THAT we express our hearty appreciation and thanks for the courtesies extended to us by the A. O. A. Journal, the A. S. O. Journal, The Osteopathic Physician, The Central States Osteopath, The Osteopathic Truth, the Western Osteopath and The Ohio State Bulletin.

(4) WHEREAS, the preservation of health and life of mothers and babies is a matter of vital importance to all women, and whereas we believe that to render financial assistance to those in dire need is one of the functions of government, therefore be it resolved,

THAT we reaffirm our endorsement of the Sheppard-Towner Bill, with the following recommendation as to its administration; "Provided, however, that no order, ruling or recommendation shall be made that will have the effect of discrimination between members of different schools of practice duly licensed under State authority."

(5) WHEREAS we recognize that the framers of the bill "to provide for the promotion of physical education in the U. S." have, by their amendments, recognized the rights of all professions, and

WHEREAS, we believe that the necessity of improving the physical status of the youth of our nation, and

WHEREAS, we believe that a system of physical education is an effective means to that end, therefore be it resolved,

THAT we endorse the amended Fess-Capper Bill, and that we give it our active support.

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(6) WHEREAS, the interests of any group can best be served by co-operating with other groups having a common point of contact, and

WHEREAS, women are, and should be, especially interested in those matters which pertain to women, therefore be it resolved,

THAT we urge upon our members the necessity of allying themselves with existing Women's Clubs and other organizations in their respective communities, and of co-operating with them in all matters of public welfare, at the same time using their best efforts to forestall any legislative or executive procedure which would be inimical to the interests of the Osteopathic profession.

A report of all the meetings of the Association during the Convention will be sent to all members soon.

FANNIE E. CARPENTER, D. O.,
Chairman Press and Publicity Com.
27 E. Monroe Street, Chicago, Ill.
O. W. N. A.

Gossip, A Form of Insanity

YEA, verily we agree with the professor of the Chicago Health Department that gossip is not only a form of insanity but judging from the destructive results in some instances that San Quentin or the Ku Klux Klan would be more appropriate than the Insane asylum for the "gossiper."

I have recently spent twenty-eight days lecturing and demonstrating before seven conventions (more than one thousand Osteopaths) and after listening to the scandal and slanderous effusions and cheap meaningless gossip I am convinced that the remark of a president of a State Medical Board, that the "medical profession

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needs to be saved from itself" might very appropriately include the Osteopathic profession.

If I had face value for each tombstone placed over each wreck as painted by the numerous gossipers who bored me during the past two months I might easily retire, even though in the murk of infamy.

We had five thousand members ten years ago and only six thousand now with more than two thousand inactive, and yet we have even those engaged in school work disheartening and terrorizing the few we have left with petty, dwarfing gossip that not only destroys the morale of the individual gossiped about but belittles the gossip and brands him or her as unmanly or unwomanly, and injures our schools with the profession.

As an example, one very good Osteopath in the West stated that no less than twelve or fifteen had come to

him out of a total of some twenty-five or thirty in that community and told him of infamous falsehood and slanderous remarks made by one lady Osteopath of reasonably good standing inside of a period of four days while on her "vacation." This man in turn was threatening a slander suit. Perhaps he was justified, but we all can agree with the editor of Whiz Bang that "Even a fish won't get caught if it keeps its mouth shut." And further, that slanderous words or common, unkind gossip is a liability and not an asset in the life of any man.

T. J. R.

"It is very desirable that we secure pictures of any member of the Osteopathic Profession landing a 300 or 400 pound sword fish, tuna or other specimen of the finny tribe and we will even accept trout catchers."

T. J. RUDDY.

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Personals

Dr. Robert G. Lawson and Dr. Helen Burns Currie Lawson, who have been practising for several years in Glasgow, Scotland, are now located at 625-7 Phelan Bldg., San Francisco, Calif.

Dr. Cassie Moreland of Oakland took a two months vacation, spending some time at her old home in Illinois, coming back by the way of Los Angeles, after taking in all the points of special interest on the Canadian Pacific Railroad.

Dr. Cyde L. Thompson with his bride, formerly Miss Mary Calahan, spent two weeks at Yosemite this summer and a full month at their summer home at Blue Lake. The doctor practices in Alameda but lives in Oakland.

Dr. Silvester Wilcox, one of the earliest practitioners in the East Bay section, long ago discovered that the secret of taking care of a heavy practice is to every year take without fail a generous vacation. This year he spent several weeks on a hunting trip to Mendocino.

Send the Western Osteopath to your friends in the East. When they know that every issue will contain scientific articles by Doctors Forbes, Burns, Bashor, Holcomb, Emery, Daniels, Halladay and others, they will want to be on our list at \$2.00 per year. Any one of these series is worth many times this to any reader.

Dr. May E. Wright of Santa Ana, Calif., will be absent for several months on an eastern trip, covering the principal cities and points of interest. The trip will combine both business and pleasure as Dr. Wright will do some Post-graduate work in eastern clinics and visit her sons in Florida. Dr. Elizabeth Pickett will have charge of Dr. Wright's office during her absence.

We congratulate Dr. Francis A. Cave on regaining his health, which allows him to resume his practice as before. Dr. Cave has done great service to our profession and we hope he will be able to pick up his special efforts for osteopathy.

Former Oakland Clinic Interne Married

Miss Sybil Joyce, 89 San Pablo Ave., San Francisco, sailed for Honolulu, T. H., October 4, where she will be married October 10th to Dr. T. L. Morgan. They expect to spend two weeks in the mountains before returning to Kanai, where Dr. Morgan is practicing.

Dr. Mary L. Le Cere will be located at 203 Rowland Ave., Eagle Rock, Calif., after November 1.

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An Unusual Reception

Why not do something like this with all new comers? From The Daily Palo Alto Times we have the following:

"One of the first large social events of the fall was the reception given at the Community House yesterday afternoon by Mrs. W. C. Thoits in honor of Dr. Edith Robb, who is to make her home in Palo Alto. Dr. Robb has come here from Berkeley where she has practiced Osteopathy for several years."

Following is a list of those in

the receiving line, together with other names, including leading families in Palo Alto and several from outside towns.

The Vulcan Electric Co. has opened a branch office in San Francisco, at 376 Sutter St., in charge of Mr. W. G. Hargis who is well and favorably known in this section. Several of our doctors are installing apparatus from this firm and find it highly effective as well as profitable.

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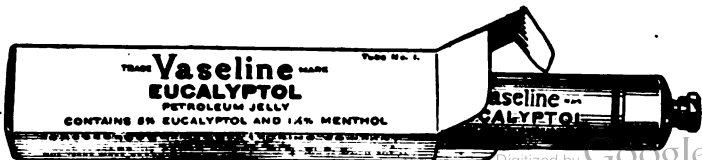
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Changes of Addresses, Locations

Dr. Ernest M. Herring and Dr. Harold M. Herring to 9 E. 46th St., New York, N. Y.

Dr. Bion S. Warner announces the opening of his offices for general Osteopathic practice on September 10th in Suite 101, Los Angeles Trust and Savings Bank Bldg., Glendale, Calif.

Dr. Howard T. Treleaven announces that he is now giving full time to his San Mateo and Burlingame practice in the Bank of Italy Bldg., 273 B St., San Mateo, Calif. He has recently installed an X-Ray unit for Radiographic Diagnosis.

Dr. John J. Tetter from Los Angeles to R. F. D. No. 2, Box 820, Long Beach.

Dr. Eldora Rife Sherwood, from Madera to Box 74, El Cerrito, Calif.

Dr. Grace Bales Howard, 927 V St., Fresno from Hanford.

Dr. R. M. Roberts, D. O., formerly at Corvallis, Ore., announces that he has returned from special study in New York and has opened offices at 322 Joshua Green Bldg., Seattle, Washington. Practice limited to Diseases and Surgery of the Eye, Ear, Nose and Throat.

Dr. Earl J. Drinkall has moved to The Kimball Bldg., 25 E. Jackson Blvd., Chicago, The National Health Institute where he has associated with him Dr. Amy Page and Dr. Floyd F. Peckham. At this place there will be free clinics all of which is in keeping with Dr. Scothern's plea for a national interest in clinics.

Drs. Frances Killoren and Winifred Weber of Colorado Springs announce that they have moved their offices into the new Ferguson Bldg., where they will have a most well equipped as well as spacious suite.

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LISTERINE lends itself effectively and pleasantly to many requirements of Osteopathic practice. Its uniformity and proven antiseptic strength are due to the care exercised in its manufacture and to the happy relationship of its boric and benzoic acid contents with the volatile antiseptic oils and ethyl alcohol which enter into its composition.

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Editor The Western Osteopath:—

"VERIFICATION" in the July issue was very much to the point regarding Dr. Still's teaching on the "nerve fluid."

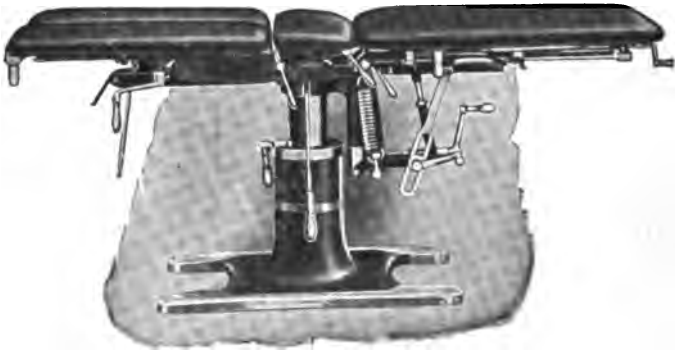
Those who may be interested and would like to follow up the hint in more detail, will find the "nerve fluid" discussed under the heading of the "Purer and Purest blood" or the "spirituous fluid" in a work by Emanuel Swedenborg, "THE FIBRE," published in 1747. It contains about 400 pages.

He quotes on this subject at some length from such anatomists as Bogni, Bartholin, Boerhaave, Lancisi, Leeuwenhoek, Malpigi, Ridley, Willis, Winslow and others. There are a number of drawings showing facts about the circulation of the blood

in the brain that are not found in any modern work on anatomy, at least those that are used as text-works in the schools. All that is said on the subject is that the arteries of the brain are of the terminal variety. There is nothing to indicate that the arterioles send in the brain cells.

The "nerve fluid" of Dr. Still is only one of the many truths that he possessed and left on record. Many of these gems of wisdom are found in that wonderful book "The Philosophy and Mechanical Principles of Osteopathy." It is indeed a work on Osteopathic Principles. It is probably true that comparatively few possess it and many perhaps have never heard of it.

DR. WILLIAM L. GRUBB,
Osteopathic Eye and Nerve Specialist,
Pittsburgh, Pa.



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THE WESTERN OSTEOPATH

Published by the California Osteopathic Association

VOL. 16

NOVEMBER, 1921

No. 6

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*The A. O. A. Convention will be held in
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An Announcement

Every mail brings requests for information concerning our graduate work. These requests indicate that the members of the Osteopathic Profession are looking to the COLLEGES for graduate work with which to refresh and strengthen their professional work. It is the definite purpose of the College of Osteopathic Physicians and Surgeons to meet this need by offering at an early date, strong, attractive graduate courses. At the present time, however, this institution is devoting itself to the task of re-organizing its UNDERGRADUATE WORK and of moving the College to a new location where new college and clinic buildings are to be erected. This work requires the time and energy of the officers and members of the faculty to such an extent that it will not be possible for us, this year, to develop the new graduate courses which it is our purpose to offer as soon as possible. During the present year we are prepared to offer the following courses which have been established for some time and which we believe will be of interest to those members of the profession who plan to spend all or part of the next year in California.

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4. Surgical Technique. January 16th to February 11th. Tuition \$50.00. Cost of materials to be divided among members of the class.
5. Graduate summer courses. Announcements will be made later.

UNDERGRADUATE COURSES

In addition to the foregoing, members of the profession are cordially invited to take advantage at any time of the UNDERGRADUATE COURSES of the institution. Those who wish to enroll in these courses and to receive credit for the work will be charged a registration fee. There will be no charge to members of the profession who attend as "auditors."

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Dr. C. _____

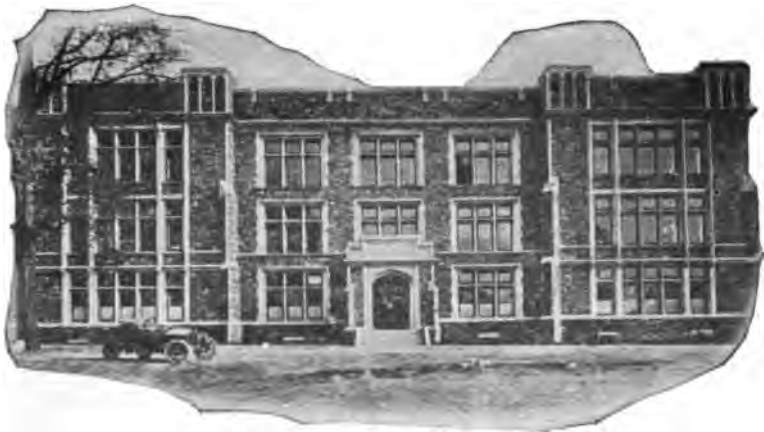
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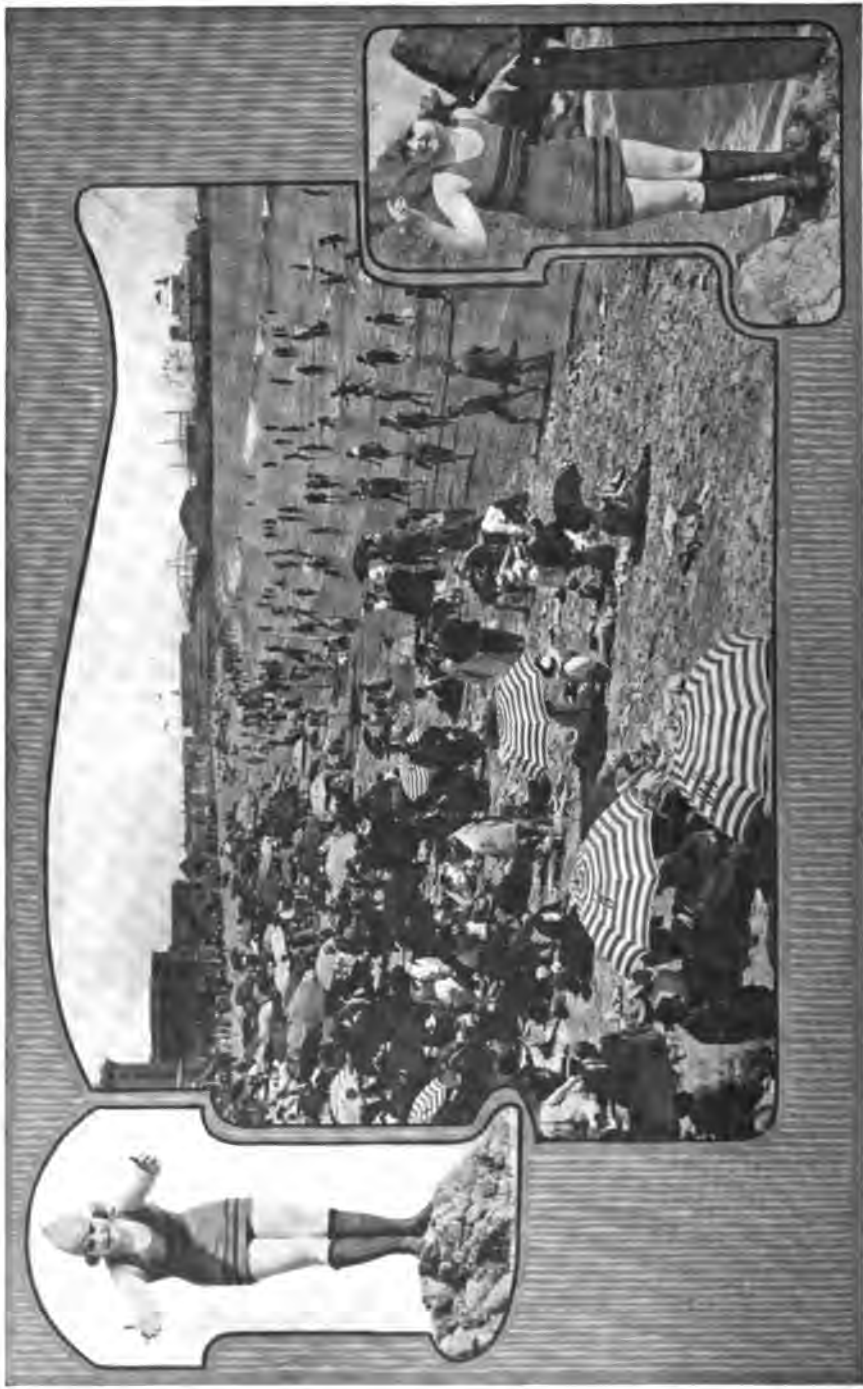
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The Western Osteopath

Vol. 16

NOVEMBER, 1921

No. 6

THE PELVIC GIRDL

By L. L. DRAPER, A. B., D.O., Aeolian Bldg., New York City.

This is a further discussion of the "Twisted Pelvis," announced by Platt some two years ago and continued by him in the September issue of the Journal of the A. O. A.

I assume that he represents the ideas taught now at Kirksville, and I differ with him in the following points in which he presents opposite views.

1. It is possible to demonstrate muscle fibres about the pelvic girdle that have the function of moving the innominate bone on the sacrum. Forbes in 1907 or 1908 wrote in the *Cosmopolitan Osteopath* that, "The gluteus maximus muscles behind and the psoas magnus muscles in front move these (the sacro-iliac) joints and assist the ligaments in limiting and controlling the revolution of the sacrum." Reference to the action of these muscles in Gray's Anatomy will confirm the latter and Morris the former.

2. Again, Forbes wrote, "A gliding and rotary motion occurs in the sacro-iliac joint. Gliding motion occurs in all directions." In 1915, when diagnosing a posterior innominate in a man weighing 285 pounds with a lumbar scoliosis, I discovered a badly distorted pelvis in which the posterior superior spines were of no value in determining the presence or absence of a subluxation. Necessity compelled me to seek some other diagnostic idea, and it was then that shaking the foot and palpating the innominate and sacrum at the sacro-iliac notch revealed to me the value of this method of diagnosis in addition to others learned from Forbes. This gliding motion occurs when the pelvis

bears the weight of the body as well as when one elicits it in the manner described. With every step we take the innominate glides on the sacrum. It is perfectly possible for one to palpitate one's own sacro-iliac notch during walking and feel the moving of either innominate on the sacrum.

3. Forbes wrote further that, "The function of ligaments is to limit the motion of joints, not to prevent motion. The function of the sacro-sciatic ligaments is to limit the motion of the sacro-iliac joint. They have no influence on any other joint in the body and would not be present but for the fact that this is a movable joint. * * * * Consider for a moment the wonderful anatomical provisions in virtue of which the central nervous system is protected from jars; pass in rapid review the arches of the feet, the compressibility of the ankle joints, the cushions in the knee joints, the tendency to upward and outward misplacement of the hip-joints (which, though made secure by muscles and ligaments, are admirably formed for breaking jars), the curvature of the spine, the intervertebral cushions, the many spinal joints, etc. * * * and then understand that all these arrangements would be practically for naught if the sacrum were inserted * * * in such a manner that the weight of the trunk was transmitted to the lower extremities by a solid bony contact. Instead of this, the sacrum hangs between the innominates, suspended by the posterior sacro-iliac ligaments. The natural inference from the foregoing is that immobility and rigidity

of the sacro-iliac union would produce nervous illness. The inference is verified by abundant clinical evidence. Sacral and innominate lesions immobilize and make rigid the sacro-iliac joints * * *

I quote Forbes so minutely because it was my good fortune to be allowed to bring with me from Los Angeles these articles now in my possession which very possibly have been seen by only a few members of our profession. To pass to other points in Platt's article with which we disagree, we will take up the following:

4. Diagnosis of subluxations of spinal and accessory bones should be made by palpitation of the bones themselves and not by searching for taught ligaments and soreness. Of course, the contractions exist and if long present they have been converted into contractures by the growth of connective tissue cells. Naturally soreness exists, because with every subluxation must occur a subsequent inflammatory process accompanied by tenderness which may be due to chemical toxins acting upon the walls of the delicate capillary vessels in the inflamed region or to other cardinal features of all inflammatory conditions. But I repeat that it is high time that diagnosis be made by palpitation of the bones themselves and not by feeling of soft tissues.

5. The sacral wedge of the pelvic girdle does not become loosened by the posterior rotation of one or even both innominates. How could it become loosened in such a manner? A subluxated sacro-iliac joint is tighter than when in its normal condition. This may be proven by palpation of the sacro-iliac notch when shaking the foot in the manner already described. Is it not a simple deduction that if two normal sacro-iliacs make a normal sacral wedge of the pelvic girdle, in so far as mobility is con-

cerned, then a normally loose one plus a tight one because of subluxation make a tighter sacral wedge. The fact is, that a one-sided disturbance, a posterior right innominate subluxation for instance, does not disturb the relation of the left innominate bone whatsoever, and the twisted pelvis is but a change due to compensation in the lumbo-sacral joint (or a condition due to lumbo-sacral disturbance alone).

Palpate the bony ridge of sacral spines, find the position of the fifth lumbar vertebra always before diagnosing innominate conditions, fix the fifth lumbar if it is in subluxation and then proceed to find and fix any posterior innominate. The writer has reduced many bilaterally posterior innominates in both of which sacro-iliac joints the movement was much below the normal and indeed often it was only the lack of sufficient movement that convinced him of the posterior subluxations, both posterior superior spines being equally prominent. They never were reduced at the same appointment, one usually resisting reduction more than the other and requiring subsequent effort. It would seem reasonable that the subluxations did not occur simultaneously, and if so then why was not one anterior if the theory of the twisted pelvis is true.

I do not wish to be uncomplimentary, but I feel the need of a greater understanding of these and other spinal subluxations and, inasmuch as in a subsequent article I shall quote several case histories in which lamentable mistakes of diagnosis of innominate subluxations have been made with loss of prestige to this profession and continued suffering to the patients, I trust I may be pardoned for suggesting that the twisted pelvis would disappear entirely with reduction of fifth lumbar subluxa-

tions. For it is a fact that no lumbar-sacral articulation is in normal adjustment, and I rather believe that the technic for adjustment as described by Platt does but after the position of the fifth lumbar on the sacrum sufficiently to change the apparent prominence of the posterior superior spines of the innominate bones. I do not know that in my own practice I could not gain the success in reducing innominates that are posterior in the manner he practices, that is, it would at least require a greater number of attempts at reduction. I use a much greater force in my position standing on the stool and the table with the patient prone beneath me, the chest elevated on the leather pillow, than would be possible in his method.

On the morning of this writing both a heavy man and a heavy woman were examined for pelvic subluxations, and each was found to have an apparent shortening of one limb; in the man it was the right and in the woman the left. The former had come in for correction of acute lumbago two days previously. Upon his return, the apparent shortening of his right limb indicated a probable posterior right innominate. The posterior superior spine on the right side seemed more prominent. Inasmuch as reduction of the fifth lumbar subluxation, which had recurred during the two days' interval, had been carefully attempted and seemingly accomplished, attention was given for several minutes to palpation of the sacro-iliac notch while shaking the foot. At last it became certain that the movement was equal in both sacro-iliac joints. Search for the tip of the fifth lumbar vertebra by use of the bony ridge of sacral spines was again resorted to, this being done repeatedly until a very certain left lateral subluxation of the fifth lumbar

was found still unadjusted. To make sure the patient was placed in the sitting position astride the table and, as his body was bent to the right and left, the range of movement of the tip of the fifth spine to the left and right of the central bony sacral ridge was carefully studied. Movement to the left was found greater than to the right. Diagnosis was thus confirmed of the persistent left lateral subluxation. Because of a bad left shoulder, adjustment had to be made in the upright position, usually an unreliable and uncertain means, but it was accomplished by both lifting and rotating the body of the patient as he sat astride the table and movement became then normal and the tip of the spine was found equidistant between the index and middle fingers as he lay prone.

The woman had an apparent shortening of the left leg, with an apparent subluxation of the left innominate, its posterior superior spine seeming more prominent than that of the right, but the fingers astride the sacral ridge found the fifth spinal tip to the left and adjustment of the left lateral subluxation of the fifth removed the apparent prominence of the left posterior spine. These, the writer believes, are two of his latest evidences of the erroneous twisted pelvis.

Establish and support that clinic, that hospital, and stand loyally by all our schools whether you think they are perfect or not and we will have gone a long way toward making easy the solution of most of our problems.

Handsome office practice and fees that stop there in service to humanity has little appeal to a discerning public.

RESEARCH DEPARTMENT

The Pacific Branch of A. T. Still Research Institute, Louisa Burns, Dean

NEUROMA-FIBROMA MOLLUSCUM

By LOUISA BURNS, The A. T. Still Research Institute.

The patient presents a great number of hard tumors, all subcutaneous. They vary from those so small as to be barely recognizable to those as large as an egg.

Specimen was taken from skin just below left breast.

The tumor, when sectioned and strained, shows many nerve fibres,

mostly non-medullated, with overgrowth of connective tissue and of epithelium. Sweat, sebaceous and mammary gland structures are all present in this specimen.

DIAGNOSIS:—Neurofibromatosis.

For the privilege of examining this specimen I am indebted to Dr. N. G. Stewart, Baker-Detwiler Building, Los Angeles.

CYSTS OF NABOTH

By E. T. ABBOTT, College of Physicians and Surgeons, Los Angeles.

Cervix uteri sent for examination. The tissue present roughened surface, with occasional small ulcerated areas. The underlying tissues are irregularly nodular, suggesting cauliflower arrangement. History of case and general appearance suggest malignancy.

Sections show the tissue irregularity to be due to cysts of Naboth, placed rather more deeply than usual, more abundant in numbers and of smaller size than usual. Inflammatory reaction in the surrounding tissue is more pronounced than usual.

No present evidences of malignancy are found.

Cysts of Naboth are frequently found in the cervix. They vary in

size from almost microscopic to the size of a small pea. They contain a glairy, clear material, whose composition is rather complex. It usually contains a considerable amount of mucin, with certain other compound proteids. Rarely there may be an admixture of blood and pus.

Carcinoma often appears originate in the immediate neighborhood of such cysts, though in other cases, as in this, cysts may be very abundant and may exist for many years without being associated with any malignancy.

For the privilege of examining this material, I am indebted to Dr. Louisa Burns.

ETIOLOGY OF CANCER

By ROBERT D. EMERY, D. O.

The cancer problem is so big, so much experimental work has been done to prove the etiology and so much has already been written upon the subject, that one hesitates before having the presumption to contribute any thoughts on this deeply engrossing topic. On the other hand, one cannot but feel a strong desire to add something to the sum total of human knowledge on this subject. Just a

little thought from some entirely unsuspected source may be the key for unlocking the whole mystery, and who can say where that thought may arise.

A popular medical writer recently denounced human stupidity for not (a long, long time ago, after noting the mousy smell of typhus fever) changing the M of mice into an L and thus solving the typhus problem.

In like manner the cancer problem may be extremely simple when once its etiology is comprehended. Some of the theories as to the cause of cancer may be mentioned here with profit.

The first theory of interest which should be discussed is that of embryonic cell "rests" or "cancer rests." This theory supposes that in the embryonic development of the individual, some cells reach a certain state of development and then stop growing, multiplying and metamorphosing. In this state of suspended development they continue to live, but still represent the embryonic type. Sometime in later life, usually past the age of thirty-five years, the theory goes, some intra or extra-corporeal influence stimulates growth of these "rests." The cells multiplying in an area where they are not wanted and in which there is no room for them, crowd upon the surrounding tissues and cause their death; they invade the intracellular niches and extend their activities, by continuity of structure, far from their original site, and they multiply in a riotous fashion, apparently without rhyme or reason in a manner well known to all familiar with the histological appearances of cancer. This theory regarding cell "rests" forms a part of many of the other theories regarding this malady.

As is well known, the experimental search for the "germ" of cancer has been a long, extensive and most intensive one. Russell when he discovered his fuchs in bodies was sure that he had uncovered the cause of cancer, and time and again other investigators have announced that they have recovered the cancer organism, only to be shown in error a little later.

Still there are many who still believe that cancer is produced by an

invading parasite of either animal or vegetable nature.

One of the interesting theories in this connection is that every case of cancer must be preceded by an abrasion of some surface of the body (it of course being understood that the lining of the alimentary tract, the respiratory vessels and spaces, the vagina, etc., are body surfaces). Through these abraded surfaces, protozoan forms of life enter the body. They come from the water which we drink and in which we bathe. The theory recites that if every bit of water is boiled to kill the protozoa before they reach the body in the bath or as drinking water, the danger of cancer will be entirely overcome. An ingenious part of the theory is that all cells of the body may be divided into male and female cells. Cells which do not have the power of regeneration or reproduction are the male cells. Nerve cells and certain other cells of the body are examples of male cells, and therefore, according to the theory, these cells can never be the site for cancer. Other cells, as those of the skin, the liver, etc., are female cells and have the power of reproduction. These male and female cells may be found in the cell "rests," and when a protozoan organism enters the body and comes in contact with one of these cell "rests" it fertilizes a female cell of the "rest" and starts the reproduction, with riotous cell formation and cancer in that area.

The reason, according to this theory, why cancer appears in the old and not in the young is because usually the power of repair in the young is so excellent and the ability of the cells to resist invasion and combat the invaders is so well developed that the protozoa cannot enter the traumatized fields. As the age advances and the powers of repair and

of resistance lessen, the protozoa have less difficulty in gaining admission to the body and in fertilizing some of the embryonic cells of the cell "rests."

If there is any truth in this theory of cancer it strongly emphasizes the fact that the bodies youthful powers of repair and resistance are not materially lowered in many individuals until a very old age, else we should see very few people past the age of fifty who were not suffering from cancer. This leads us to a consideration of the bodily protective mechanisms against cancer formation and cancer extension, which we will discuss more fully in a later paper.

It is suggested by one writer that, inasmuch as certain parasites behave toward their hosts in such manner that the protoplasm of the parasite is lost in that of its host, and that the cells of the host become its own parasite, such a condition resembles closely the properties of true cancer; if not identical with typical malignancy. The parasite referred to is *Rozella*, which is closely related to *Plasmodiaphora brassicae* which causes tumors in plants, and also to *Woronina* which has a most bizarre morphology and course of development. The possibility is therefore presented that some such amoeboid intracellular and possibly ultra microscopic parasite may be the cause of cancer, by fusing with, and losing its own identity in the cells of the host, and by inducing the cells of the host to act as its own parasite; and that it belongs to the mycetozoa.

Another theory of cancer is that it is a filth disease. In proof of this, experiments upon fishes have been reported. Fishes that are kept in clean, fresh water never develop the disease. Those that live in water to which a little sewage has been added will occasionally develop malignancy

of the gills and those that subsist in water that has a large percentage of sewage in it will nearly all develop cancer in the gills. The reasons for this may be explained on various grounds which are in part suggested in association with the other theories here presented.

Another theory which has been investigated extensively in Europe and Great Britain is the relation of suboxidation products to cancer. It has been shown by extensive statistics that in regions in England where smoke hangs around the ground that the malady is common. In regions where there is less smoke for people to breathe, this disease is much less frequent. This idea has been investigated so exhaustively and presented so fully elsewhere that I can only mention it here. Sufficient to say in this connection that the ammonium sulphate found in these suboxidation products is claimed by some to be, either directly or indirectly the cause of malignancy.

I believe that it is almost universally conceded that irritation plays an important role in cancer formation. The examples of malignancy of the lip from irritation from an old pipe, of the cheek from a jagged, carious tooth, of the breast from injury or irritation from corsets, of the stomach from the constant use of too hot foods, of the surface of the abdomen among natives who carry Kangri baskets or burners over their abdomens, of the mouth among the women of India and Ceylon from chewing betel-nut, of the rectum among those suffering with constipation and acid secretions of the rectum, and cancer of the uterus from the irritation of fibroid tumors, scar tissue, acid secretions, etc. The question of irritation in the etiology of malignancy is more extensive than generally supposed and will be men-

tioned later in association with different subjects to be discussed.

The question of diet in relation to cancer has been the subject of extensive clinical and laboratory study and experimental investigation. As yet no very definite conclusions have been reached, but that diet does hold an important place in its etiology no one can reasonably doubt.

As to dietetic influences, meat has been considered by many as the chief offender, but other forms of proteins and purin bodies have also come in for their share of blame. It has been pointed out by some investigators that the purin bodies, by their colloidal nature, block the capillaries, hinder circulation and oxidation, producing congestion, stagnation, acidosis, irritation and cancer. Those who hold meat responsible for this dread disease, claim that in proof of their theory, they need only take the Europeans who have come to this country. They say that the peasants from the plains of Central Europe rarely have cancer, but when they come to America and go to work at the stock yards of Chicago, Kansas City and other packing districts that they change their diet and eat very much more freely of meat. The frequency of cancer then greatly increases among them.

In apparent contradiction of this theory we may cite the Esquimaux, who have always lived on a diet of meat and fat and yet the Esquimaux do not have cancer. However, we are informed that it is gradually making its appearance among this race of people, but the reason therefore is not explained, other than that they now burn some coal and may suffer from suboxidized sulphur compounds from the coal burning.

One of the theories that has been given some publicity of late is that common table salt is the cause of

malignancy. This is not a new theory, the Chinese having suggested it for several centuries.

The subject was given new importance by an article appearing in the London Lancet in 1901 by an English writer, in which he pointed out the frequency of cancer among vegetarians and suggested that it was due to the large amount of salt which was consumed with a vegetarian diet.

There are those who claim that this disease is due to a lack of potassium in the food and therefore a deficiency in the body. This deficiency lowers the functioning power of the cell and acts in a similar manner to that already described in connection with the action of the purin bodies.

One American writer has recently combined the last two theories in rather an ingenious manner and by utilizing the newer knowledge regarding matter and ionization has formulated an hypothesis about as follows: People by eating too largely of sodium chloride ionize the blood with an excess of sodium ions. Normally in the protoplasm of the cell there is a larger amount of potassium than there is of sodium, but by having the blood surcharged with sodium ions, gradually these sodium ions force themselves into the cell's protoplasm and dislodge a certain amount of its potassium. After a time, the cell, because of loss of balance or equilibrium through this waste of potassium, ceases to function normally. There is lack of its power of oxidation and an accumulation of katabolic products in and around each and every cell. This results in localized acidosis with the resultant irritation to the cells. After this irritation has been of sufficient duration and intensity the cell is stimulated to unnatural changes, resulting finally in riotous and aberrant repro-

duction and cancerous invasion of the healthy tissues. Whether this stimulation and irritation produces its effects through changes in the cells of cancer "rests" or upon adult types is not known.

The question of blood chemistry in relation to cancer is most interesting and much work has been done and will be done along this line. Certain investigators have claimed that an excess of calcium in the blood was largely responsible for cancer, and others equally competent to judge have claimed a calcium deficiency.

Much thought and study has been given of late to the endocrine glands, especially the thyroid, in relation to the blood chemistry of cancer subjects; and that the products of these glands can largely modify blood chemistry is perfectly obvious. Whether the hormones do play more than a secondary part in this disease is problematical.

That there is some definite relationship between blood cholesterol and cancer states, seems almost a proven certainty. This will be discussed more fully in a later paper as will the question of fibrinolysis and proteolysis and the whole question of protective mechanism against malignancy.

I cannot conclude my discussion of this most important question of the etiology of cancer without further emphasizing the importance of stagnation of blood as a cause of this disease—especially pelvic congestion in relation to pelvic cancer.

The relationship between uterine fibroids and uterine cancer should receive due emphasis. This relationship the author believes may find substantiation in the hypothesis that stagnation of blood in the uterine and ovarian veins with the consequent accumulation of suboxidized katabolic products gradually produces

an irritation and overstimulation of the cells of the muscular and fibrous tissues of the uterus, resulting in an undue production of these cells and the formation of fibro-myomata. Let this irritation be of still longer duration and the benign pathology may be converted into a malignant type. If the theory of cell "rests" is correct, it may be that when the products of stagnation irritate adult cells of uterine muscle and fibrous tissues that benign neoplasms result, whereas if cell "rests" are present and receive this irritative impulse malignant changes in the tissues may occur. That stagnation of the blood in the pelvic veins may be of frequent occurrence is well within the range of possibility, and the author has frequently opened the abdomen and found a well marked papinocoele associated with varying states and stages of pelvic pathology. Is the sulphuric acid type of acidosis the formation of ammonium sulphate due to blood stagnation and do these cause issue irritation in the body?

The reader will do well to consider not alone the above thought, but also to associate it with the problem of the effect that would be produced if this pelvic stagnation were associated with a deficiency of potassium in the cells or increase in purin bodies in the blood, a variation in the blood cholesterol and other changes, from various causes in the blood chemistry.

Is man producing his own filth by improper eating and living, and thus producing cancer in his own body as surely as fishes have cancer induced upon their gills by coming in contact with filthy water?

In my subsequent articles upon cancer, I wish to discuss some of the agencies which protect against cancer, the early diagnosis of cancer, the treatment of cancer, pelvic cancer from various angles and radium

treatment of cancer with the technique.

Summary:

The etiological factors in malignant disease which have here been suggested; to be considered either singly or combined in any combination or set of combinations, are:

- 1 The influence of cell "rests."
- 2 The influence of protozon in fertilizing female cells.
- 3 Other modifications of the germ theory.
- 4 Is cancer a filth disease?
- 5 Irritation and malignancy.
- 6 The sub-oxidation products theory, especially the sulphur compounds.
- 7 Is meat eating or the general excessive protein consumption the cause?
- 8 Is a vegetarian diet with excessive use of salt therein an important factor.
- 9 Is the use of salt in excess with any diet the cause of cancer?
- 10 What is the relation of acidosis to this disease? Especially the sulphuric acid type.
- 11 Does cholesterol afford us the connecting link in the solution of this problem?
- 12 What part do the hormones play?
- 13 Does calcium play an important role?
- 14 What is the influence of blood stagnation in compelling chemical changes in the blood and subsequent malignancy?
- 15 The causes of the so-called etiological factors above mentioned will be further discussed in my later paper on treatment.

WHAT IS A TREATMENT?

By DR. MARY L. LE CLERE

There is considerable difference of opinion among the profession as to whether one should give general treatments or do specific work only. Advocates of the latter say the giving of general treatments is a sinful waste of time and strength. Advocates of the former claim that if all the muscles are first relaxed and all congestions relieved, the specific corrective work will hold much better and though the patient gets longer treatments, he will need fewer of them, so can afford to pay more for each one.

Another question which receives entirely too little attention is: Of what does a general treatment consist? When I was in school the students were thoroughly imbued with the idea that a general treatment meant a general massage. As one student expressed it:

"Put the patient on her face. Knead the muscles on one side, five minutes. Knead the muscles on the other side,

five minutes. Turn her on her back; work the neck, five minutes. Knead the bowels, five minutes. Twenty minutes is as long as any patient ought to be treated."

Twice before a class I asked Dr. Spencer to explain what he meant by a general treatment. Both times he replied, "Putting all the points through their normal movements." Afterwards I tried to discuss it with various members of the class and apparently no one had noticed that he had given a definition of a general treatment at all in variance with the general massage they had been giving.

At one time some of the under-classmen requested that they be given the patients who "only needed a general treatment," while those needing specific work be given to the upper-classmen.

A general *Osteopathic* treatment requires just as thorough an understanding of the mechanism of the spinal

column as does specific corrective work. Dr. Ashmore did not demonstrate to the class a general treatment until she had us thoroughly grounded in specific corrective work. Then we knew our mechanics well enough to understand what she was doing. Dr. Ashmore does not believe in general treatments but since the students would give them, she wanted them at least to be Osteopathic.

When Osteopaths give general Osteopathic treatments instead of general massage then the chiropractors will have nothing on us and we will quit losing patients to them.

Moving the joints does not take as long as massage, but it has a deeper effect than any massage can have. It relaxes by stretching the deep little muscles such as the Rotatores and Multifidæ, as well as the superficial muscles. It stimulates the intervertebral disks, which Dr. Burns tells us is very important. It stimulates the flow of blood through the spinal cord itself. We must remember in this connection that the first effect of stretching is to increase muscle contraction. The secondary effect is relaxation. Therefore, we must hold the strength long enough to get the secondary effect.

I usually give a general treatment, but it takes very little longer than specific work only. As I rotate, side-bend, or whatever the movement happens to be, I feel for movement in each joint, one after the other. If a joint moves freely I pass on to the next. If it does not move freely I stop and do my specific loosening. Perhaps I am careless in my inspection but by feeling for movement I discover lesions which I overlooked in my inspection. I even diagnose cervical lesions by feeling for movement between the spinous processes. Owing to the location of the axis of rotation, one must rotate a cervical in both directions be-

fore diagnosing by the movement of its spinous process

I am constitutionally opposed to popping. As I tell my patients, I prefer to feel for movement rather than *listen* for it. Feeling is an accurate method. I know the condition of each joint and how much progress I make in the loosening process with each treatment.

But I think the majority of Osteopaths prove to themselves that they are moving the joints by popping them one after another with a ripping sound. That is not quite as accurate, as they might not discover it if one joint was too tight to pop. However, in popping all the others above or below it, they necessarily put a strain on that one and so in time loosen it.

My chief objection to the popping is that the sudden jerk on sore muscles is apt to make them more sore. It is my own private opinion that every time you send a patient away sore, you have caused a slight inflammation which will result in tightening of the joints. Instead of correcting lesions, you are making them. That is the way Dr. Burns says they produce them in rabbits, etc., at the Research Institute.

If a lesion were a dislocation then the doctor would be justified in jerking the bone back into place, even at the expense of considerable pain to the patient. But a lesion is a partial or complete immobilization in a normal position. It is due to some irritation which has resulted in time in a thickening of the connective tissue around the joint. A treatment which irritates simply increases the thickening and makes the joint tighter than ever. I suppose after a few treatments the patient becomes so toughened that he ceases to get sore, and then the work begins to be corrective. But why waste time toughening a patient when with more gentle means the work would be corrective from the first?

We have all seen Dr. Spencer demonstrate his technic for stretching adhesions around the shoulder joint. It seems to me that we have the same problem in a spinal lesion, namely, thickened tissues and adhesions around the joint which must be stretched carefully and gradually by attempting to put the joint through its normal movements. Then, too, if the joint has not moved freely for some time, there has been a degeneration of the synovial lining of the joint and of the intervertebral disk. Passive movements *gradually* stimulate their regeneration.

By-the-way, is a movement which elicits a pop a normal movement? I can pop my finger joints, but when I put them through their normal movements, flexion and extension, I get no pop. If I were treating a finger immobilized in the position of extension, I think I would instinctively try to flex it rather than try to get a pop.

If the patients were told that a lesion is a tight joint and that its correction involves a gradual stretching of the thickened tissues around it, more of them would stay by the treatments until the tight joints were entirely loosened and then there would be fewer people saying that Osteopathy is not permanent in its effects; that it is a habit which once started must be indulged every so often.

PANDICULARI TREATMENT AND RESULTS

A. P. OUSDAL, D. O.

For sometime I underestimated the value of traction until an old lady of 80, with Acute Rheumatic Fever, Arrhythmia and Hypertension forced me to treat her in this most effective way. Since, I never fail to use it in all ages, for, if it could produce such good result in old age, then why not at any age? Also, I have treated dozens of people since, of the ages from 70 to 86, with equally good result, but I am going to tell you only

This is not the place to go into the bad effects of a tight joint. Suffice it to say that when a joint does not move, there is always congestion of circulation around it (inactive muscles do not force blood through the veins). The nerve trunks are pressed upon by the accumulation of fluid and by the thickened soft tissues while the local acidosis, which is a result of the congestion chemically irritates them.

To come back to the general treatment. A treatment which may not be either a general treatment nor a specific treatment, is that in which the Osteopath gives the spine a twist, gets one single pop, and quits, telling the patient that pop corrected what was wrong. According to Dr. Forbes and others, a joint which is in lesion is too tight to pop. What this Osteopath does is to put enough stress on one single normal joint to pop it, and the other joints may not even be moved. If you are going to pop them, pop them *all*. But don't force them to pop if by doing so you leave your patient in misery. Joints can be moved by gentle means and if a patient feels good after the first treatment, he is pretty sure to come back for the next.

I realize from what I have seen that a lot of Osteopaths will not agree with me. I think it would be interesting as well as profitable to start a discussion. Redlands, Calif.

of this first case, because it is typical and because of the variety of traction applied in the case. This old lady had medical treatment or years, for "heart and circulation" up to the time I was called on the case, when she was aching in the lower limbs and sitting in a chair, because she "could not lay down."

The muscles were sensitive, the joints were swollen and painful to motion, this condition spreading bi-

laterally through the entire body, during a period of eight months, which she staid in bed.

Treatment: Each set of muscles of the feet were stretched between my hands or fingers as the case may be, following the area affected by the disease. When stretching were applied to the larger muscles, the nurse would hold firmly at the origin of muscles, while I would pull at the insertion of same this would not move the joints any. Heat was then applied to the joint affected, the same wrapped in a piece of gauze, saturated in oil of wintergreen, with cotton batting to keep it warm. Right here let me stop and explain why I used wintergreen, because of the criticism that some one may offer, if they should fail to know my motive. If you have ever been in a place where the odors are extremely offensive, you will never want to go there again, if you can help it, no matter how beautiful it might be, nor how many things of attraction there might be, that "smell drives you crazy," and you cannot stand it. On the other hand, if you go to a place where the odors are exceedingly pleasing you will remember that place, when you cannot even remember how it looked, nor whether it had any other attraction or not. So, in treating the sense of smell with the favored odor, you will experience a relaxation which has an extremely beneficial effect, but find out your patients' preference without them knowing why, and watch results.

Therefore we wrapped the joints in wintergreen gauze. When one limb was free from aches and pains a general traction to that limb began.

The traction on body in a case like this I cannot describe, for I could not move patient anymore than absolutely necessary, because of pain, and was called in to do something, so

all I could do was to "pull" without hurting. When patient finally came out of bed; it was easier to give traction, but no side-bending motions were obtainable anywhere and the spine was so rigid that she could not "bend forward to see to read in a book on the table, when placed in a chair." I took her to the office for treatments, the nurse and I carrying her, clothes were only wrapped around her. Here I used the Riesland Traction Couch, the McManis and Albright tables for traction. After a very few treatments of this kind the patient could walk on the level floor or ground, but could not climb steps. The improvement was rapid from then on. Now the patient is doing the house and garden work for her daughters; she goes to picnics and has had the "happiest time of her life" for one and one-half year. Heart good. Do not see how far you can stretch a patient at one time and do not be too over-anxious, a short stretch gives more tonic effect and gives patient greater confidence and produces quicker results. The reason lies in the fact that the lost tone of inactive muscles can only gain in proportion to the strength of the muscles with which you are working, and, if they are weak, do not use all their strength at one time.

A sudden and distinct loss came to the profession when Dr. Fred Wooley died in Sonoma county last week. He had recently joined the staff at Burke Sanitarium. Few young physicians, whether by training or innate qualities had promise of greater usefulness in their chosen calling.

The League for the Prevention of Spinal Curvature is now open for membership. See notice in this issue.

FACTS AND COMMENTS

By HARRY W. FORBES, D. O.

The editor of this department solicits material and data. What arguments are being made against our bill? How are you answering them? What facts should be given wide publicity? What questions should be answered? In this struggle it is "one for all, and all for one."

Excellent Counsel

The following letter, in response to the request for ideas and suggestions for the conduct of our initiative campaign, is full of valuable advice. Let us hear from all. In a "multitude of counsel, there is wisdom."

Dear Dr. Rowlingson:

Bulletin No. 1 received and started me to thinking. It seems to me it would be a good idea to get the names of leaders in the women's clubs, as well as a few other leading citizens, in each community and mail the bulletins to them regularly.

I speak of women's clubs especially because of my experience with them last year. I came to Redlands just before the election last fall.

Being a member of the Association of Collegiate Alumni I attended their meetings. At the first meeting the different measures to be voted on were discussed by those supposed to be qualified. Some were discussed in great detail. The Medical Bills were grouped together and one woman reviewed them briefly. I think she had gone to an M. D. for her information. Anyway she sure did give it to the Osteopaths for wanting the privilege of doing something they had not studied and knew nothing about. The chairman evidently did not consider the medical bills worthy of discussion and passed to something else so quickly I had no chance to say anything. So I waited until they were through with the other bills and were going to close the meeting, then I asked for a minute and told them a little about Osteopathic education. They showed immediate interest. Some, I learned afterward, had been indignant over the review, others who

had enjoyed Osteopathic treatments did not know enough of the scope of Osteopathy to resent what had been said, but were very much pleased at my intervention.

Then a week later I attended a meeting of the D. A. R.. The bills again were reviewed, but the time was short and the medical bills not important enough to be considered. But at the close of the meeting leaflets put out by League for Conservation of Public Health were distributed to all present. Of course I had no chance there to retaliate.

Now I believe that if a few of the leaders had been posted they would have been too interested to have allowed things to go that way. I know I won a good many votes for our side, but having been here only a month I could not do so very much.

I think several members from each club should be chosen as one might happen to be an M. D.'s wife. I believe if you get the club women interested you have done a lot and the sooner you begin the better.

Fraternally,

MARY L. LeCLERE.

Some Gems from Brem.

Forewarned is forearmed. Dr. W. V. Brem, President of the Allopathic Medical Society of Los Angeles County, has written an exhaustive twenty-five eight by twelve page treatise under the caption "A Memorandum Concerning Public Health." This treatise is evidently intended to serve as a "Speaker's Manual" during the coming campaign. It was circulated at Sacramento during our legislative struggle. The following extract is of the argument used during the

last campaign and we will hear it during the coming campaign. This time, however, we will be out in numbers to refute the slander and challenge the lies. Read the following two paragraphs from Brem and formulate your reply; when you hear them from a platform on which you will later speak:

"The Los Angeles School of Osteopathy was recently surveyed by experts for the State Medical Examining Board. It was found that the equipment was so meagre and the grade of teaching so poor that the school did not approach in efficiency the Class C (the poorest) schools of scientific medicine, the schools which have now been exterminated. The Osteopaths claim an enormous number of "hours" of instruction. They try to educate on "hours" instead of facts."

"The truth is that both Chiropractic and Osteopathy are organized quackery. Their members are those who seek a short cut to the practice of medicine, and who are not willing, or who are unable to stand the discipline of a thorough medical education. Their bills should not only be defeated, but the quackery should be suppressed. What they do in treatment can be done and better done by the orthopedic surgeons who have special departments for physiothe-

rapy and by trained masseurs working under medical supervision."

If the foregoing leaves you unmoved, read the following choice "Brem Gem" from the same speaker's guide:

"The regular medical profession claims, therefore, the right to the trusteeship of the health of the community by virtue of the fact that it has evolved out of the past and has toiled to master and to add to the knowledge accumulated by its fathers; it claims the privilege of serving by virtue of the altruism which it has gained through contact with suffering and through the rich heritage of the Christian attitude toward those in distress, a heritage which is woven inextricably into the spirit of the profession; it claims a just remuneration for its services from those who are able to return payment, for the laborer is worthy of his hire and it is the spirit of America that a man should be self-supporting; and it claims legal protection of the healing art, for such protection is necessary to maintain the elevation of medical standards, and to protect the community from reactionary cults and from individual and organized quackery."

Cut this out and paste it in your own note book; you may want to read it to an audience soon.

ETIOLOGY OF MASTOIDITIS

With Special Reference to the Importance of Infections of the Nasal Accessory Sinuses.

By W. V. GOODFELLOW, D. O.

President Los Angeles Osteopathic Surgical Society

History tells us that the first mastoid operation was performed in 1649 by Riolanus. The first real mastoid operation, however, was not performed until two centuries later in the year 1858 by Van Trosch. This means that as the mastoid operation is now per-

formed it is less than 65 years old. That much is yet to be learned, not only in regard to the technic but in regard to etiology and causes of post operative suppuration is to be expected.

It was my purpose to present to this Society the experience of as many

others as could be found, relating to the importance of infections of the nose and throat, and especially the accessory sinuses as etiological factors in mastoiditis. After a careful study of recent literature and a careful perusal of the bibliography of mastoid operations, I fail to find anything except the most cursory reference to infection of the nasal accessory sinuses in relation to mastoid infection.

In a report of 159 mastoid operations at Ft. Riley, Kansas, Base Hospital during the years 1917 and 1918, in the "*Military Surgeon*" of January, 1920, I find reference to a sphenoidal infection being found upon autopsy in a case which died of meningitis after a mastoid operation. It is significant that in this case the autopsy demonstrated that no opening had been made between the mastoid cavity and the cranial cavity and that the meninges were not more inflamed here than in other areas. To quote from this author: "The dura on the operated side was in no worse condition than at more remote points, but there was evidence of sphenoidal infection." If the author considered a sphenoidal infection of any importance in connection with this case, he gives no evidence of it in his discussion of the case.

Occasional reference to attacks of mastoiditis resulting directly from acute tonsillitis is found. In no case can I find any reported treatment of, or operation on the tonsils; and in one case where serious complications and finally death occurred, opportunity was given for removing the offending tonsils, but this was not done, nor was it suggested in the discussion of the case.

Charles H. Long of Chicago cites many case histories in 1917 concluding that *post* operative suppuration exists more often when the eustachian tube is closed by operation than when it is left open. Most authorities are agreed, however, that closure of the eustachian

tube by thorough curettement of the otic orifice tends to prevent subsequent infection of the middle ear cavity. This is a procedure which I have not found necessary in my own practice and which I do not practice in my operative technic.

Last year I presented brief case histories of a few cases, calling attention to the fact that primary foci of infection in the nose and throat are frequently if not always the cause of infection of the otic tract and that unless these primary foci of infection are treated, they remain a menace to the newly formed tissue following operative procedure and constitute one of the frequent causes of post operative suppuration. I also called attention to the fact that in some cases where operation seemed imperative, if primary foci were properly treated, operative interference could frequently be dispensed with. I reported to you briefly the case of a three-year-old child who had been suffering from a double purulent otitis media for 30 days, who had an abscess of the nasal septum and a subperiosteal abscess of the bridge of the nose, leucocyte count of 37,500, fever ranging from 101 to 104, extreme toxicity and prostration, where a complete recovery was obtained without mastoid operation. In this case radiographs failed to outline any mastoid cells on either side. Cervical glands, both anterior and posterior, were greatly enlarged, making his neck greater in diameter than the head. All findings indicated purulent mastoiditis. Treatment consisted in the evacuation of pus from the nasal area by both an internal and external incision; thorough elimination, alkalization and temperature baths. These measures, together with irrigations of and hot fomentations upon the ear reduced the quantity of pus in the left ear until at the end of ten days the discharge from that ear disappeared entirely; the right ear continued to

discharge very profusely. Approximately two weeks after he was first seen, a tonsilectomy and adenectomy was performed. Twenty-four hours later the nurse reported no pus in the discharging ear. This case made rapid recovery and no discharge has reappeared in either ear. Hearing is normal, and I believe the child is infinitely better off than had operations been done in the mastoid region.

Another case reported at that time was that of a young lady who gave a history of constantly discharging ear since three years of age—she is now 19. She had been advised by several surgeons to have a mastoid operation at various times. Upon visiting me she asked to be sent to the hospital and have the mastoid operation done. She was suffering severe unilateral headache, ear pains, profuse discharge, glandular involvement and all the classical symptoms of an acute exacerbation of a chronic purulent mastoiditis. Radiographs showed cloudiness over the mastoid cells on the affected side. Upon examining the nose and throat, it was found she had a complete nasal stenosis with nasal chambers loaded with pus. Irrigation of maxillary antra revealed pus in the left antrum, the side of the affected ear. This was evacuated and she was sent to the hospital. Another irrigation of the antrum in the evening and one the following morning resulted in improvement with lower temperature, less pain in the head, and less aural discharge. This treatment was continued until the antrum was entirely free from pus at about which time the discharge from the ear ceased. This was approximately three weeks after the case was first seen. No recurrence in this case occurred for several months, but I have not seen the patient recently and feel sure had a recurrence occurred, she would report.

One of the mastoid cases which I have seen since reporting the above

cases confirms my opinion that some mastoid operations could be avoided if sufficient attention and appropriate treatment be given to infected nasal accessory sinuses. This case was a man 35 years old who developed severe earache following swimming in a plunge. Pain was very acute. He came to my office from some seventy miles distant on August 21, 1920. My associate, Dr. Joseph Watson, saw the case in my absence, recognized a bulging tympanic membrane, did a paracentesis, and secured a free flow of serosanguineous pus. Temperature 99.4, pulse 100, respiration 18. He had severe unilateral headache. Mastoid region was radiographed—negative. Discharge from his ear during the succeeding days was very profuse; temperature remained above normal and general physical condition did not improve. I saw him on August 23rd, two days later, at which time I made a careful nasal examination and found pus in his left maxillary antrum. This was evacuated by irrigation through the ostium maxillary. Radiographs were again taken and showed marked cloudiness of the mastoid cells of the affected side. Laboratory findings were: Bacteria, streptococcus and micrococcus catarrhalis; blood examination, coagulation time, 9 minutes; hemoglobin, 80%; red cells, 5,210,000; white cells, 13,000; Polys, 70%; Lymphocytes, 30%; blood pressure, 70-112. It was considered advisable to operate and he was sent to the hospital. The antrum irrigation was repeated at the hospital during the evening. The following morning, upon arriving at the hospital to perform the operation, I found his temperature reduced, pain in his head less, his general condition improved. His recovery was rapid, discharge from the ear subsiding in about the same ratio as from the antrum. He left the hospital the third day and was seen daily at his home and later at the office. On September 7th, an-

trum irrigation showed no pus. Ear was already free from pus. He has had no subsequent trouble.

All surgeons are agreed, I believe, that the usual route for infection of the otic cavities, is through the eustachian tube. Few, in their writings, have laid any stress upon the importance of caring for the primary source of the infection. All recognize the importance of dealing with the infection after it has gained entrance to the ear, and the technic of so doing is well standardized. It seems, however, very unreasonable to me to devote attention exclusively to the infection in the otic apparatus and devote no attention to the primary source of infection. Even if attention to the primary source of infection does not stop the infective process in the ear, it would still seem good practice to me to attend to this primary source of infection for the purpose of preventing post operative infection from this source. Unless such a course is pursued, it would seem reasonable to expect a certain number of post operative infections. The highest percentage of dry ears following mas-

toid operations reported in any series of cases is 89%; other reports on post operative discharge report as high as 50% discharging ears following operation. No doubt many of these wet ears following operation can be traced to incomplete operative procedures, but it is my opinion that at least some, and probably a good many, might be prevented by proper attention to primary foci of infection.

It is my conviction also that if adequate attention is given to the primary focus of infection, many of these cases would avoid operations altogether. This is highly desirable. Because of the few cases reported, I do not consider that any definite conclusions can be reached. However I am presenting the subject to you for the purpose of stimulating interest in this line of treatment of these cases in the hope that your observations, together with mine, may lead us to definite conclusions which will be to the advantage of those unfortunate enough to have otic infection.

(Read before the Los Angeles Osteopathic Surgical Society.)

INFECTION

CURTIS W. BRIGLIAM, D. O.

Infective foci, containing bacteria of varying degrees of virulence, cannot remain permanently isolated. Individuals having these foci must from time to time suffer from more or less hematogenous distribution of them. The foci of infection in the gall bladder, for instance, will at varying intervals give local and general evidence of their presence. Fatigue, exposure, hunger, overwork and great exertion may bring about an acute attack or general distribution of the infectious agent. everyone who has been conducting practice for any considerable length of time has had ample clinical proof of the accuracy of these statements. Surgeons, obstetricians and pediatricists are often confronted by such distribution of infection. It is especially advisable, therefore, for those conducting practices along these lines to look well to the possibility of focal infections.

I have seen cases operated where every aseptic precaution known to modern science has been observed, yet infection occurred. It is possible, of course, that breaks in the chain of asepsis may occur even in the best regulated hospitals, but it seems probable that many infections occur, not from carelessness on the part of surgeons or nurses, but from the general distribution of infection from latent foci, the distribution of which occurs as a result of the lowered resistance of the patient following operation. If, in cases that can be delayed, such as non-malignant tumors, repair, and open orthopedic work, infected teeth, tonsils, sinuses, a superficial infection can be eliminated, the percentages of post-operative infections can be greatly reduced. In preparation for motherhood these should also be carefully investigated, and many cases of septicemia thus avoided.

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EDITORIALS

Suppose

Suppose we should start in this next month—the Christmas month—to give not to ourselves or for ourselves, but to others, to give without thought or hope of anything in return. Suppose we should do as one Oregon doctor did last summer, who got Dr. Edmiston to run over and spend two or three days at his center and give free examinations and treatment. People came for miles around, newspapers gladly told the story, other papers copied. They had so many calls that a return trip was planned and afterwards certain hours of each week were set aside for like work, with his own or associate's help or with some available outsider. Osteopathy never had such a boost in that section. Literature wasn't thrown around or sent out, they came and asked for it.

Now suppose every center where there is a D. O. in California should be treated in a similar manner, and that our D. O. leaders should one after the other give of their efforts and keep right in our own State borders for the next six months, we would have a line of clinics over this State and a measure of service that would put every city and hamlet in debt to us. An educational campaign whose reach no

one could fathom, and as by products a grateful publicity that you couldn't buy at any price; solve most of our problems and bring forward a few more Phillip H. Grays to back us.

Osteopathy isn't a child any more to be nursed and waited upon. Isn't it about time it was getting out and giving something to a public that has universally stood by it through its growing years. Circuit clinic and P. G. work for ourselves, but it is these or some sort of public clinics that weighs heaviest at the heart of Dr. Daniels, our president. It is giving and sacrificing for this sort of work for the public that will win for Osteopathy all it needs, suggests Dr. Scothorn, our national president, and he adds, we will be criminal if we don't. Suppose we organize something of this sort right in this State, definitely and constructively done, and you will have an appeal that will bring a union of response we haven't known, and before the A. O. A. meets in Los Angeles we will have done something for this State that we and every delegate to that Convention will be proud to relate. It is a big thing. It will make every State take notice; it's a needed thing, and it can be done. Costs something? surely, but it's a

debt long past due and you can't get out of the criminal class if you don't pay it; and there's no law against it. Must you ask what's the profit to you. Isn't it enough to know you have helped to give Osteopathy to little children who can't afford and their parents? Do you really want your professional card attached? There's an old quotation that reads, "Give and it shall be given unto you good measure, pressed down and running over." Would you ask for more?

We have it within us to originate, create and yield to this State of ours a measure of service unexcelled.

More Research

In less than three brief decades Osteopathy has achieved a record without precedent. Many of these achievements in the therapeutical field we can explain and give scientific proof of correctness, but there is much more that is still hazy and at best empirical. Our research and scientific study has not kept pace with clinical results.

This would be expected in any new science at the beginning, but we are now reaching toward maturity and in a time when the scientific world demands proven demonstrable truths that will stand the acid test. Independent truth searching men of science are coming our way. What and how much have we to offer them? The creditable data and careful research of only a very few of our number and these men and women working with great sacrifice and lack of facilities.

The lack has not been of minds with scientific bent, but lack in providing these men and women with corroborative data, support and appreciation. Hence many of Osteopathy's scientific problems may find solution outside of our own ranks. But with such laymen friends as are now coming to our support and a new spirit of sacrifice in our profession will

not more of our men of science give themselves exclusively to this specific field, a field where they alone are best able to serve.

Dr. Page, October, A. O. A., closes an able article on "Osteopathy and Body Defense" as follows:

"The accumulation of clinical results brought about by an unexplained method of treatment will accomplish nothing. It is necessary that active measures be taken on a larger scale than at present to trace the connection between the spinal lesion and the actual pathology present and also to determine the means by which osteopathic technic brings about normal functioning, especially in the infections."

One of the neatest pieces of high-class publicity that we have recently seen was an article by McGroarty appearing in the Los Angeles papers in which mention is made of the Los Angeles Clinical Group, as being one of the most efficient and complete organizations of the group system. It suggests how ready our talented friends and patients are to boost osteopathy, our clinics and our colleges and any one or group of men who is serving the public efficiently.

For expert corset service see Isabel W. Dingwall. She will give us a four-minute talk at next East Bay meeting. Several of our D. O.'s already know the quality of her service. Phone Lakeside 3970.

Note Dr. Pellette's ad in this issue. He has some clever brochures telling the difference between osteopathy and chiropractic. Send for free sample.

A Select Audience of Six Million People.

Don't forget—Osteopathy is class A. It stoops and ministers to the humblest, but its real friends and sponsors have always been the select discerning minds.

The Saturday Evening Post is a vehicle through which Osteopathy will find its way to a larger and better understanding among its own—the six million select readers of that select journal. Only a matter of proven merit finds space on "Post" pages. Why imitate our mitators when we can invest our thousands in guaranteed publicity.

There are still a few hundred dollar shares in Saturday Evening Post publicity open to Californians.

At Last It Has Arrived

And every Osteopathic physician whose name is in the A. O. A. directory must have glanced through his national journal with an added degree of pride. It is now the journal in appearance and content that we have always thought would one day happen. But it didn't just happen. Months and months of tedious toil and planning made it possible and to those ho are thus serving us we are grateful, and we are proud of the product.

Dr. Park Goodwin, formerly an osteopathic physician of Long Beach, Calif., died recently at Compton, after an illness of several weeks. Dr. Goodwin was a graduate of L. A. C. O.

Ask pertinent and impertinent questions. Take little or nothing as final. There is a better way to do most everything and if you don't agree get out of the way and let the world pass on—for it's going on, anyway.

Cancer Deaths Increase

"No fewer than 4000 persons in California will die of cancer this year, the California State Board of Health estimates. In 1920 there were 3780 deaths from this disease and in 1919 there were 3519 Californians whose deaths were due to this cause.

Of the 4000 persons who will die of cancer this year, the State board says that 1600 will die of cancer of the stomach or liver; 800 will die of cancer of female organs; 500 will die of cancer of the intestines; 150 will die of cancer of the mouth or tongue; 100 will die of cancer of the skin, and 850 will die of cancer of various other organs."

What is Osteopathy's answer? What can Osteopathy do to cut down and prevent such a terrible toll as this in a single State? We know we relieve irritation, we decrease toxicity, we normalize circulation, we lessen predisposition and raise the opsomic index.

Two or three in our profession are doing some brilliant work in study of this vital problem. How much money is our state association giving to support our Pacific Research Branch?

Note Dr. Emery's article this issue.

The college is now pretty well settled down to work in a material way in their new location at Griffin avenue and Mission road, Los Angeles. Everyone is quite enthusiastic about the new location. We will have more to tell you about it later.

Galli Curci is to be the star of first magnitude in the Metropolitan Opera Company, N. Y.

The prima donna is a great friend of osteopathy. It is a notable list of artists that count on osteopathy keeping them fit.

Talk No. 1 on the Milk Diet Treatment

Seventy-five per cent. of the patients referred to our Sanitarium for the Milk and Rest Cure during the past four months have entered under the advice of M. D.'s while twenty-five per cent. of the patients referred by doctors have come from D. O.'s. This is not stated critically of our own (osteopathic) profession. It is just a fact to think a bit about. Other Sanitariums may not have the same experience, especially those in which osteopathic physicians have purchased stock. This latter plan is no doubt the ideal way to build up large osteopathic institutions and we hope they may grow in number and success.

However, we believe the osteopathic profession must feel a certain sense of gratification when a growing osteopathic institution like our own, representing a large investment, has been established and maintained without one penny of investment by the profession. As our success in the work grows it can only reflect benefit upon osteopathy for our patients are all treated with osteopathic skill while taking the Milk and Rest Cure. They read osteopathic literature, they are trained to think of health as natural and how to maintain it after its recovery.

Patients referred from without the city come under our full direction while those referred by local D. O.'s have their own osteopathic physician treat them if desired as such a plan is entirely agreeable to us. Sometimes the doctor does not wish to take the time to visit the Sanitarium every day or two and in other instances it is a case of having treated the patients over an extended period and the doctor and his patient are glad to have a rest, each from the other. A few weeks at the Sanitarium works wonders and everyone is happy, also the doctor is credited with unusual judgment in selecting institutional care and the right environment for his patient. Terms as low as thirty dollars a week make it possible for the patient and his doctor to select either plan.

But why should M. D.'s surprise us so often with patients when we are left to wonder why D. O.'s do not take advantage of the service we can render them? Two-thirds of the Sanitarium patients come from more or less distant points.

Early in the work we realized we must create our own field in pioneering as a Milk Diet osteopathic institution so the Sanitarium was advertised direct to the public and this accounts for its growth. We have carried no private practice for several years and the office has been moved to the Sanitarium.

We are taking this way of having a little talk with the doctors and if patients should ask about the Milk Diet Treatment just drop us a little line as to the nature of the disease and we will tell you wherein its value lies and help you locate a Milk Diet Sanitarium near you if your patient is unable to come to us.

Personal Direction
Drs. F. E. & M. C. P. Moore

The Moore Sanitarium
828 Hawthorne at 27th
PORTLAND OREGON

If a man or proposition is right let him patiently hammer away and never give up. Some will criticise, others treat him worse by dumb indifference, but in due season he will reap if he faint not. A clever bit of well directed scorn is too much for some of us and we stop before we have started. But take note of "The Society for the Advancement of Osteopathy," championed by Drs. Woodall and Walker. Their names may appear last in the directory, but they will be first among those who have done a great educational service for Osteopathy. Get ready to look for a half-page Osteopathic ad per month in the Saturday Evening Post. These men stood alone for months—now about everybody seems to be with them. How much have we put into this? Every one of us must profit thereby.

California Has Lowest Infant Mortality Rate.

SACRAMENTO, Oct. 17. — Infant mortality was lower than ever before during September of this year, according to statistics compiled by L. E. Ross, statistician of the State Board of Health.

During the month the rate of infant mortality was 61.1 per thousand, according to Ross. The lowest previous record was in September, 1920, when the average was 61.6 per thousand.

California's infant mortality rate is the lowest of any state in the Union, says Ross. The average infant mortality rate is above 75 per thousand. Many states have a rate of 100 per thousand.

"Accidents kill more people than do wars. In the great war just closed 56,200 American soldiers were killed in battle, while here at home in peaceful, careless America over 100,000

men, women and children are killed every year by accidents. Do you realize that every day 41 of our precious boys and girls are sacrificed on the altar of carelessness and thus killed by accidents."

Here is an M. D. who holds diplomas from a homeopath and also allopath college. He happened to register the homeopathic document. Now the president of the Medical Society in his city will not admit him until he has changed his registration with the State Board.

Then here is another M. D. surgeon who defies his medical society to disturb him because he consults with Osteopaths. It's all in the man after all. Human nature scents just about as fragrant under one mark as another. Medical narrowness and autocracy, breadth and generosity are indigenous to no cult.

Look Out for Detroit

Dr. O. O. Snedeker writes: "I want to make Detroit 100% for the Saturday Evening Post advertising," and he will come as close as any man.

President Scothorne says it isn't too late to get in on this Class A publicity.

"Poison for Breakfast

Or Forty-eight Hours Late" is the title of an attractive booklet just published by Dr. Williams of Kansas City. This is No. 13, and from the way it tackles the subject ought to be one of his big winners.

Who Owns That Perfect Spine?

\$1500 is the prize offered by National League for Prevention of Spinal Curvature; \$1000 to the woman with the best back, \$500 to the child with the best back. Contest closes May 25th, 1922. Send for information to Dr. F. P. Millard, 12 Richmond St., East Toronto, Ontario.

OSTEOPATHS PATRONIZE

Oakland Clinical Laboratory

812 BROADWAY Hours 9 to 5 Phone Lakeside 840

*All laboratory tests made including Wasserman. Expert workers in charge.**Reasonable rates, and every dollar goes into making in Oakland a great
Osteopathic Clinic center.**Specimens will be called for at your office, or may be sent by mail.*

FEE LIST

BLOOD		Quantitative estimation of sugar, albumen or urea, each.....	1.00
Wassermann Test (including No- guchi control test).....	\$5.00	Diazo reaction	1.00
Complement fixation test for Gon- serodiagnosis of Pregnancy (Ab- derhalden's test)	5.00	Bacteria, through culture	2.00
orrhea	5.00	T. B., through smear.....	2.00
Red, white and differential count, haemoglobin, parasites and mor- phology of cells	5.00	T. B., through guinea-pig inocula- tion	5.00
Malaria	2.00	Autogenous vaccine, 30 c. c. flask	5.00
Red and white count.....	2.50	Acetone or diacetic acid.....	1.00
Red and haemoglobin.....	2.50	Estimation of phosphates, sulphur compounds, carbonates, total ni- trogen, ammonia, uric acid, fatty acids, oxalic acids, ferments, pigments, chromogens or pro- teins, each	2.00
White and differential count, in- cluding morphology of red cells	2.50	Culture for typhoid or para- typhoid bacillus	5.00
Widal reaction (macroscopic and microscopic)	2.00	Occult blood	1.00
Culture for typhoid, streptococci, staphylococci, pneumococci or other bacteria	5.00	Calculi, microscopic estimation of composition	2.00
CEREBROSPINAL FLUID		GASTRIC CONTENTS	
Gold test, Lange's	\$5.00	Complete macroscopic, chemical and microscopic examination.....	\$5.00
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Noguchi butyric acid test.....	2.00	Qualitative inorganic and organic acids	2.50
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Tubercle bacillus, through smear examination	2.00	PUS, TRANSUDATES AND EXUDATES	
Bacteria, through smear	1.00	Microscopical examination for bacteria, etc.	\$1.00
Bacteria, through culture	2.00	Bacteria, through culture	2.00
Leukocyte count, albumen or sugar, each	1.00	Tubercle bacillus, through smear.....	1.00
Complete examination, including physical, albumen, sugar, No- guchi butyric acid test, Nonne test, Wassermann and Noguchi tests, cytology and bacteria by smear	10.00	T. B., through guinea-pig inocu- lation	5.00
SPUTUM		Gonococcus, through Gram stain.....	1.00
Microscopic examination for T. B., etc.	\$1.00	Spirocheata pallida	3.00
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Albumen	1.00	Autogenous vaccine	5.00
Bacteria, through culture.....	2.00	SECRETIONS OF THE GENITAL ORGANS	
Autogenous vaccine, 30 c. c. flask.....	5.00	Microscopic examination for bac- teria	\$1.00
FECES		Cultures	2.00
Macroscopic and microscopic ex- amination for amoeba, protozoa, etc.	\$2.00	Culture for gonococcus	5.00
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Chemical, including solids, fats, nitrogen and carbohydrates, etc.	5.00	ORAL, NASAL, AURAL AND CON- JUNCTIVAL SECRETIONS	
Culture for typhoid or dysentery.....	5.00	Microscopic examination for bac- teria, pathologic changes, etc.....	\$1.00
Tubercle bacillus, through smear examination	2.00	Culture for diphtheria or other bacteria	2.00
URINE		Autogenous vaccine	5.00
General: chemical and microscopi- cal, including specific gravity, reaction, qualitative sugar and albumen, indican and total solids	\$1.50	All forms of food, water and milk examinations—Fee upon application.	

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Women Osteopaths Meet at College

The Women's Osteopathic Club of Los Angeles, of which many Pasadena Osteopathic women are members, met November 1st at the college building on Griffin avenue and Mission road, opposite the county hospital. Dinner was served to forty-five women by the girl students of the college. The profits from the dinner go to the furnishing of the girls' dressing rooms.

After the dinner Dr. Robert Bowling gave an instructive talk on "Blood Pressure and Its Significance." Pasadena was well represented by

Dr. Emma Donnelly, Dr. Harriet E. Hinds, Dr. Clara J. Stillman, Dr. Lillian M. Whiting and Dr. Marie B. Gduenwald-Fitch. Dr. Josephine Finley of Pasadena was taken in as a new member. Dr. Marie Fitch of Pasadena was appointed to take charge of the sale of Red Cross stamps at Christmas time for Pasadena Osteopaths.

A. O. A. Press Bureau

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where with newspaper publicity. We now have under the direction of Dr. Smith of Boston a Publicity Bureau which is right. It is putting out press notices that are being read, that are exciting interest on the part of the public, and favorable comment on the part of editors the country over. We have for years worked for this and we've spent thousands of dollars to bring it about, and now we have it. Let's make the most of it! There's no time like the present moment, when the public interest has been universally aroused, to keep ourselves in the public eye. Interest the public. Let them know we're here. Let them know what we're doing. We must do it if we are to prevail and endure. The beginning has been made and it's a good one—now to keep this moving! It is a matter vital to each individual

practitioner. We need money to keep the Publicity Bureau going. The one satisfactory way to secure this money seems to be through free-will contributions. To me has fallen the task of soliciting. If only I can present to you forcefully enough the necessity for immediate action! Osteopathy has its foot in the crack of the door. The public is all but ready to invite it in to a permanent place by the fireside. A continued representation of who we are, what we are doing puts us inside, but we must do it now. If only I can in a few words bring home to each one of you who hasn't already thought of it, that this is your affair, you will with enthusiasm send your money to further this publicity campaign, and you'll do it now. Whether or not you are a member of a Divisional Society doesn't signify. This is a matter be-

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a tabulated statement with amounts subscribed, but shall not publish this list.

Had you realized that we have had a far greater amount of favorable press notices during the last half year than we have had before in years together? It was good stuff. The public liked it, and editors commented on the superior ability of the head of the Press Bureau. This is an age of advertising. Any profession which

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used for professional interests in any previous year. Though not all of this passed through the society's hands. The society has 26 members, 11 women, 15 men.

The Secretary, Dr. Ida J. Rosencrans was appointed to represent this organization in the Tax Reduction Council—a body composed of representatives from more than fifty organizations of the city. This organization is making a thorough, business like investigation of the various county, city and port offices, their management and expenditures, comparing our taxation and expenditures with those of other cities.

To date, because of their recommendations, regarding the illegal expenditures of public funds for medical inspection of school children, two've nurses have been dropped from the school's pay roll, one M. D. dismissed and the salary of the remaining M. D. much reduced.

By ROBERTA WIMER-FORD, D.O., Cor. Secy.

Annual October Election King County Osteopathic Association

Seattle, Wash., Oct. 15, 1921.

President—Dr. Elizabeth Hull Lane.

1st Vice-President—Dr. M. D. Young.

Secretary—Dr. Ida Rosencrans.

Treasurer—Dr. Leanora Grant.

Cor. Sec.—Dr. Roberta Wimer-Ford.

President, Secretary and Corresponding Secretary were re-elected. The members of the King County Society raised and expended one hundred and twenty-one times as much cash in 1920-1921 as they had ever

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The application of cold packs to the thoracic wall as a remedial agent in the treatment of pneumonia is rapidly being discarded by practitioners.

The application of heat is again in favor and physicians in every part of the country are now convinced that the logical, safe and sane method of treating pneumonia includes the application of prolonged moist heat over the entire thoracic wall.

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not only offers the best known method of continuously applying moist heat of equable temperature for a long period, together with the advantages attendant upon its physical properties, hygroscopy, exosmosis and endosmosis, but it offers the pneumonic patient exactly what he absolutely requires—EASE and REST. When Antiphlogistine is once applied it can advantageously remain in place for a long period, usually from twelve to twenty-four hours, all the time performing its soothing and effective service.

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 boost it. Send membership fee to
 Dr. A. G. Walmsey, 621 West Broad
 Street, Bethlehem Pa., Secretary of
 the National League for the Preven-
 tion of Spinal Curvature.

The incongruities of nature are
 well illustrated when a man whose
 life from the cradle has been one
 stupendous error points out a small
 mistake in a newspaper and asks the
 editor why he can't get things
 straight.—Eureka (Kan.) Herald.



Doesn't it Mean Something

When Doctors write, "I am using the Dennos Modification in all cases where the mother cannot nurse the baby. I am also using the Dennos Modification at weaning time, and for nursing mothers and old people. I find it entirely satisfactory in all such cases."

And Mothers write: "My little boy, now four years and five months old, was saved by Dennos. I was unable to nurse him after 6 weeks, and from then on, until he was 10 months old, was one long sorrowful trial of milk formulas, wet nurse, etc., etc. At 10 months we began using Dennos and in 24 hours there was a change, thanks to Dennos".

YES, it means that the Dennos Modification is found efficient by both Doctor and Mother.

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August "Osteopathic Health" is "The Body's" Four Grand Systems of Elimination

This valuable patient-educator and friend-maker for osteopathy (from the pen of HSB) is the first piece of printing done under our own roof and on our new presses at Waukegan. It is superlatively good. Use it.

That Automobile Analogy in "Osteopathic Health" for September

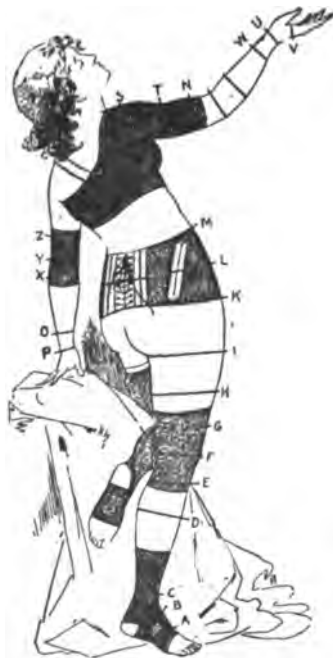
Dr. J. A. Van Brakle makes a very novel comparison in the September number of **Osteopathic Health** between the automobile engine and the ordinary every-day human motor. Van "stalls the human engine in traffic," so to speak; "puts moth balls in the gasoline" (drugs stimulating to greater activity with no actual gain); quotes some rules of the Health Road, and talks a little about flat tires. It is a very fine contribution to our popular field literature and will prove a winner. This analogy of the automobile to the human body has been used before, but this Van Brakle brochure is so complete it will be the thing referred to from now on when any osteopath talks about using "that Automobile Number." Of course, you'll want to use Van's good stuff on or before the first of September. Get your list ready for it, and put in your order now.

"Osteopathic Catechism" Re- peated in October "OH" After Long Absence

So many demands have come to us for reprinting the "Osteopathic Catechism" that we have scheduled it to be run again (after a long absence) as the October issue of **Osteopathic Health**. This old pioneer campaigner was never

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beaten, and has been seldom equalled, as an educator and winner of new friends and patients for the science. So you ought to distribute it liberally in your field.

November "OH" — Another Novelty! Sensationally Good! Announcements Later

P. S.—Our grand brochure on "The Osteopathic Specialist in Diseases of the Ear, Nose, Throat and Eye"—the July number of "OH" which everybody seems to praise—is still on sale and, as Dr. Jacquith of Toronto says, "there will be fresh use for it every day in the year. You can get this brochure undated and you ought to get a generous supply before the edition is sold out.

THE BUNTING PUBLICITY SERVICE for OSTEOPATHS,
Waukegan, Illinois.

Personal

One of the best friends Osteopath has ever had on the State Medical Board was the late Dr. Alfred Scott of Los Angeles.

At the first meeting of the board he made an earnest talk for our side of the college cause.

He was an able physician and had a host of friends.

We hope the man appointed in his place will be as fair toward the interests of Osteopathy.

Dr. Clara DeGress McKinney, osteopathic physician, formerly of Cincinnati, Ohio, announces opening of offices for practice at suite 332 Bradbury Bldg., Los Angeles, Calif.

Dr. Dolce C. Mansfield announces the opening of offices for the practice of osteopathy at 2251 Telegraph Ave., at Bancroft Way, Berkeley, Calif.

Born to Mrs. and Mr. R. F. Robie, of Oakland, a daughter, Barbara Joy, on Sept. 20th, 1921. She is making a wonderful record.

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Dr. Hubert F. Leonard of Portland, Oregon, has returned after seven weeks of observation in the various surgical clinics, especially Dr. Crile at Cleveland, Ohio, and the Mayo Brothers of Rochester, Minn. He has been making a special study of "local anesthesia" and expects to utilize it a great deal more in tonsilsurgery, and will give that special attention.

Dr. D. D. Young of Portland, Oregon, who is associated with Dr. H. F. Leonard, has been confined to the hospital for ten days with an infected left hand, caused from a stick of a tonsil snare while operating. He is considered out of danger now.

Dr. Bill, who in professional circles is known as Dr. William E. Waldo, used the next twenty minutes, but it took him not to exceed three of the twenty to prove that he is a king-pin humorist as well as a top-

notch osteopath. The humor was all the more enjoyable for the reason that it was made quite incidental to the subject of his address which was what to do and what not to do as a good citizen in making times good, Seattle better and everybody happy. Bill dug up a lot of things that we all knew before but needed to be reminded of and, as Lex said—gave us all something to think about. Dr. Bill made a hit as speechmaker Wednesday, but we will also mention that the same guy gives his services to the University and various Seattle high school football teams, knitting broken backs, straightening crooked legs, soothing aching charley-horses, mending cracked heads and setting dislocated hips. Considering the number of football teams in town, the fact that each team plays eleven men and seventy-seven subs, we have been taxing our mathematical acumen in trying to figure out how the duce he

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has time to make a living. But that's his affair. Men who live in gray stone houses and sport two automobiles at a crack can afford to and usually do, as they like.—Seattle Rotary Bulletin.

Four Years Extra

According to American Insurance Union Secretary, the average life of man has been lengthened 4 years in the last quarter century in spite of war, automobiles and other hazzards.

According to the best information at hand, life in California will add another decade.

Dr. Etha B. Hemphill, who has been practicing in Berkeley for several years, left this month for Manilla where she will begin her practice. Many pleasant parties were given in her behalf, and it with reluctance that the Bay Section relinquishes their claim, but the lure of the far away Isles was too strong.

Send the Western Osteopath to your friends in the East. When they know that every issue will contain scientific articles by Doctors Forbes, Burns, Bashor, Holcomb, Emery, Daniels, Halladay and others, they will want to be on our list at \$2.00 per year. Any one of these series is worth many times this to any reader.

Our Students Now Take the P. & S. Examination

Several of our fine graduates took the P. & S. at Sacramento last month. As one expressed it, "I was mighty proud to walk up along with U. C. and Stanford men to take the same examination, and I'm more proud of the college that prepares its students not alone to be thorough Osteopaths, but gives them also a general training equal to the best." And the grades of our students seem to prove this.

All golfers interested in organizing the "American Osteopathic Golfers' Association" write at once to T. J. Ruddy, 301 Black Bldg., Los Angeles.

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DR. J. W. SCOTT

DR. LORA B. EMERY
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**Fess-Capper Physical Education Bill,
..H. R. 22.**

This bill has amendments that include our profession.

The bill therefore has no objectionable features as far as our profession is concerned, for it gives proper recognition to our school of practice.

As this bill deals with physical education, and as our school of practice emphasizes physical fitness as

the most essential for the body's well being, it would hardly be consistent for us to do other than endorse the enactment of this bill into law, and I trust that you will use your influence with the profession in your state, by asking them to write to Senators and ongressmen endorsing H. R. 22 as entirely satisfactory to our school of practice in its present amended form.

C. B. ATZEN, Chairman,
National Legislative Bureau.

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A Palatable Scientifically Prepared Alkaline Mineral WATER

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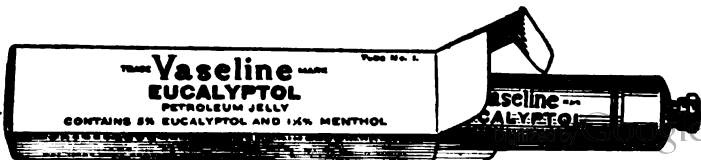
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SNUFFED up into the nostrils and rubbed across the bridge of the nose, "Vaseline" Eucalyptol Jelly has proved most valuable as a relief for head colds. Members of the profession will receive samples on request.

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To Dr. Gravatt is entitled the credit for setting a movement into operation that will remove the barrier in open government institutions to duly licensed Osteopathic physicians. This bill, if passed by the Congress of the United States will abolish this discriminatory practice of depriving ex-service men of the aid that may be rendered by Osteopathic physicians. Following is the bill:

A Bill to Prevent Discrimination in the Employment of Special Physicians in All Institutions Under Federal Supervision, or Under Federal Aid, in Whole or in Part, Directly or Indirectly. 5s.e

Be it enacted by the Senate and House of Representatives of the United States of America in Congress Assembled:

That a patient in any institution under Federal supervision or under

Federal Aid, in whole or in part, directly or indirectly shall have the right either by personal direction, or by direction of a relative, custodian, or next friend to be treated by a physician of any school or system of healing of his choice.

Provided, such physician is duly licensed under the laws of the state in which such institution is located. Such physician when so selected shall receive the same facilities for service as are accorded to other physicians in said institution.

The Slanderer

(Selected by T. J. Ruddy.)

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No. 7

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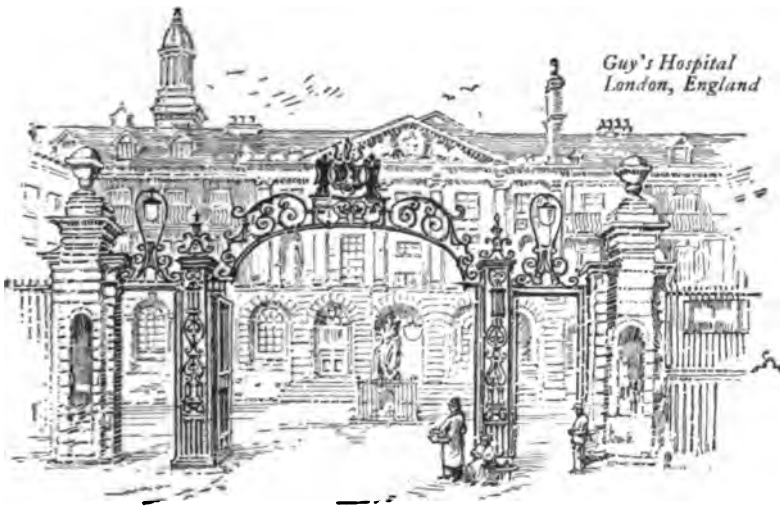
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DIAGNOSIS AND TREATMENT OF SOME OBSTETRICAL TRAUMATIC SEQUALE

(Address delivered by E. S. MERRILL before Los Angeles Osteopathic Association, Nov. 14, 1921.)

The subject of this discussion is related primarily to obstetrical injuries but let me make this warning, namely, that aside from the purely neurological aspect of obstetrical injury, probably 5% of all the children have some lesion of the nervous system such as a change in contour and number of cerebral convolutions, asymmetry of the corpora striata, peduncles, or the pyramids, diminution of the nerve fibers, especially in the frontal and parietal lobes, which seem to be most concerned with intelligence, sclerosis and pencephaly, neoplasms and cysts, change in quantity of cerebrospinal fluid, ductless glands, disturbances and cranial bone changes. And of the above 5 per cent, tuberculosis accounts for 28%, hereditary mental defects 22%, epilepsy 20%, syphilis 10% and alcohol the final 20%.

POSTCONCEPTIONAL

The postconceptional causes of mental deficiency acting upon the embryo and foetus are as prolific as those exerting their influence through heredity and possibly more so. Notwithstanding the purity and normal activity of the parental germ-plasm, it may yet fail in its destiny, if the soil in which the seed is to grow is lacking in the essential prerequisites for healthy growth and development. These causes are:

1. Disease of the uterine tissues surrounding the impregnated ovum preventing uniform contact between the maternal and embryonic structures and facile absorption of nutriment, viz.: Endometritis, atrophy or hypertrophy of the serotina and re-

flexa, anomalies of the placenta, either in size or posture, or degenerative changes therein, such as hemorrhages, white infarctions, fatty, calcareous and pigment deposits and cysts, all of which tend to produce extensive destruction of placental tissue and thus to curtail the blood and food supply of the foetus.

2. Internal or external violence acting either directly or indirectly upon the foetus. The internal use of oxytocics and drastic cathartics to abort, or attempted interference with pregnancy by means of local irritants, instruments or other mechanical contrivances, severe blows, falls, etc., upon the abdomen have from time immemorial been accepted as potent factors in the arrest of normal foetal development.

3. Excessive intra or extra-uterine pressure hampering the commodious and equable expansion of the rapidly growing foetus, viz.: Amniotic abnormalities, twin birth of large size, large intra or extra-uterine neoplasms, maternal dwarfism, with marked pelvic deformity.

4. High degrees of toxemia from febrile affections or poisoning from slow morbid metabolic processes, e.g., typhoid, tuberculosis, and diabetes, especially during the early period of pregnancy, may greatly affect the foetus and finally, serious domestic trouble, grave mental anxiety and extreme fright with prolonged agitation during the early stages of pregnancy may so undermine the general health of the mother as to indirectly disturb the normal processes of growth and mental development.

PARTURITIONAL

There is still another large group of mentally defective infants who though apparently normal until birth, show definite manifestations of mental defectiveness some time thereafter. Traumatism during delivery has always been recognized as a highly potent factor in the production of idiocy and the allied mental deficiencies, the statistics relative to these cases range anywhere between 15 to 30 per cent. Where the cranial bones are fully developed and the maternal pelvis is free from extreme contraction or deformity, it is doubtful whether tedious labor, per se, is responsible for mental deficiency developing during early childhood. On the other hand, forcible instrumental delivery of a soft skull impacted in a narrow rickety pelvis is bound to effect some injury to the brain and leave behind a permanent mental deficiency in the child, more especially if the parietal and frontal lobes sustain the brunt of the injury. Occasionally severe asphyxia neonatorum is traceable as an immediate cause of mental deficiency, undoubtedly owing to suggillation and quite severe hemorrhage of the meninges and even of the brain, that often accompany prolonged asphyxia. Mental deficiency following natal traumatism not rarely makes its appearance several months or years after the injury has been received, and is often preceded by epileptic phenomena which are attributed to all sorts of immaterial causes.

NORMAL VERSUS ABNORMAL

In order to be able to estimate the physical and mental abnormalities we must have a clear conception of the normal measurements and intelligence at different periods of its existence.

The use of a tape and comparison of the figures of the appended table

will readily make apparent any marked changes from the normal. Note that beginning at twelve months the size of the head, chest and abdomen are the same and so continue for about one year.

Age Mo.	Weight Lbs.	Height In.	Head In.	Circum. of Abdo- men	
				Chest In.	In.
1	8	21.75	13.75	13.50	13.50
2	10½	23.25	15.40	14.09	14.09
3	12	24.00	15.80	14.70	14.70
4	14	24.75	16.14	15.30	15.30
5	14¾	25.21	16.60	15.88	15.88
6	15½	25.75	17.00	16.07	16.07
7	16¾	26.00	17.16	16.90	16.75
8	17	26.50	17.37	17.00	17.00
9	17¾	26.75	17.50	17.25	17.25
10	18½	27.25	17.66	17.50	17.50
11	19¾	27.75	17.82	17.74	17.75
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NORMAL INTELLIGENCE

According to the latest investigation a normal baby can hear and see immediately after birth. It feels pain when it is hurt and cries when it is uncomfortable or hungry, and exercises its extremities and the musculature of other portions of the body, if not immobilized by an overabundance of coverings or fancy frocks and frills.

At one month it begins to locate the direction of sound and momentarily to follow a bright light.

At two months it responds to snapping of the fingers, follows bright objects more or less intently, and rejects all ill tasting food or drugs.

At three months it holds its head erect, and can turn it steadily from side to side, it smiles when accosted, shows an inclination to grasp bright objects displayed in front of it, and coos when in good humor.

At four months it begins to recognize its mother or nurse, or those who fondle it, manipulates things put in its hand, e. g., a rattle, plays with

its fingers and brings everything to its mouth.

At five months it knows its mother, nurse or father, and puts out its hands to be taken when they approach. When crying from hunger it stops promptly as the food is brought near and it opens its mouth ready for the food.

At six months it is interested in its surroundings, sits up in a chair, with slight support; shows gratification when taken outdoors.

At from five to eight months the lower incisors show.

At seven months it recognizes familiar faces from a distance. Grasps after objects placed at a short distance, begins to imitate sounds and syllables; laughs aloud, and smiles to everybody, and cries when scolded.

At eight months it attempts to stand if held erect or to creep if placed in the floor. It is often able to repeat "mama" or "papa," to clap the hands, to shake "bye bye" and to perform similar little baby tricks. It understands several words spoken to it and enjoys a game of "bo peep" and the like.

At nine months it knows its name and also turns in the direction of other people who are accosted. It easily holds and carries its bottle to the mouth; is able to bite off and masticate solid food. If properly trained, it indicates its desire to urinate and defecate.

At eight to twelve months the upper incisors show.

At twelve months it stands alone, or by holding on lightly to a hand or chair, and in the same manner attempts also to walk. It knows the difference between the articles of food it is accustomed to eat. It throws a kiss or actually kisses, when coaxed to do so.

At fifteen months it makes itself thoroughly understood either by signs and motions or baby language. It

can point to the nose, eyes, and ears, etc. It is interested in picture books, colors and different toys and can turn pages and scribble with chalk or pencil. It knows the difference between a cat and a dog, and is often able to name them from life or drawings. It can play a toy piano or mouth-harp.

At a year and a half it usually runs about freely and engages in several games, such as throwing balls, marbles and the like. It can imitate all sorts of performances, such as dance, jump, hide, rock a doll and it knows the difference between right and wrong, and obeys or rebels.

ABNORMAL INTELLIGENCE

A normal infant is supposed to acquire the power of seeing, hearing, taste and touch when it reaches the first four months of its life—Attention, voluntary motion and perception during the second four months and imitation, speech and understanding in the third four months, and gradually, from month to month, to unfold and to strengthen these qualities, so that at the age of about three years it has developed into a real human being intellectually. An analysis of these qualities as they are manifested in mentally deficient children and a suggestion of workable mental tests to facilitate their early recognition is as follows:

VISION

As a rule, idiots gaze vaguely into empty space or irregularly rotate their eyes in all directions. They rarely follow a bright object placed before them and it is almost impossible to fix their attention upon one point for more than a few moments. In testing their power of vision, however, we must assure ourselves of the absence of congenital or acquired obstruction to vision, e.g., congenital cataract, large staphylomas and the like for blindness is encountered in

probably eight per cent of idiots. The importance of an early ophthalmoscopic examination of the eyes is strongly urged because by this means only are we able to detect optic atrophy, symmetrical changes in the maculae, and choroid tubercles, which are often decisive in the diagnosis of mental defectives.

HEARING

The sense of hearing is easily tested by starting some sort of a noise such as the ringing of a bell or the clapping of the hands while the patient is unaware. The patient who hears will ordinarily be startled by the noise, at least momentarily, even though he usually fails to turn in the direction of the noise. Some patients (amaurotic) are often violently startled by the slightest clapping of the hands. Deafness is a rare congenital anomaly.

SENSE OF TASTE AND SMELL

One of the very early signs of mental defects is obtuseness or perversion of sense of taste. The patients either chew everything put in their mouths regardless of its disgusting taste or, conversely, spit out the most pleasant delicacies, because of their inability to detect their agreeable taste. They relish quinine as greedily as sugar, or refuse both. This perversion of taste explains why some mental defects are gluttons and others again barely eat enough to sustain life. The sense of smell is equally affected, but cannot be tested with any degree of exactitude until the child has attained considerable intelligence. Some clinicians record lack of local or reflex response to irritating odors, such as ammonia.

SENSE OF TOUCH, PAIN AND TEMPERATURE

Almost all confirmed idiots are insensitive to pain and temperature, hence are frequently seen burnt,

bruised and bitten without showing any signs of discomfort. It is of daily experience to find a mortally defective child squatting on the floor, rocking to and fro, cracking its fingers or biting its hands, and rebelling and howling if interrupted in its apparent state of enjoyment.

There is also a frequent general anaesthesia in congenital patients but in acquired mental defectives anaesthesia is not rarely localized over a large area of the body especially in some paralyses. Tactile sense is not nearly so obtuse as that of temperature or pain, in fact, some defectives, like the blind, show a distinct hyperacuity of tactile sensibility, by mere touch being able to recognize the individuals who take care of them.

ATTENTION

No other defective mental action so readily betrays the mental incapacity of an infant as his lack of power of attention. A normal infant barely three months old shows its power of attention by turning in the direction of the sound of a bell, and watches the course of bright objects moving slowly before its eyes. The defective of a much more advanced age on the other hand, is entirely unconcerned as to what is happening around him. He may suddenly start when frightened by a flash of lightning or he may be aroused from some lethargy by the approach of the one who takes care of him, but he immediately falls back into his betitude just as soon as the artificial agitation has subsided. It is entirely devoid of initiative and spontaneous action and it may for hours sit huddled up in one spot as long as he is not disturbed.

(To be continued in January Issue)

PROTECTION FROM CANCER

By ROBERT D. EMERY, D. O.

If we knew the exact cause of cancer we obviously would know more than we do now about the various agencies which protect against cancer formation in the human body.

Even though we did know the cause of malignancy, we would find that the protective mechanism against this disease would be found to consist of many separate agencies and it would be profitable to study and to understand as fully as possible the changes produced or prevented by these means.

Fortunately research along various lines has given considerable information relative to these factors of defense and it is possible that with more complete knowledge of these protective agencies we shall unexpectedly arrive at the solution of the whole cancer problem.

Standing in the place of first importance in considering the problem of protection from cancer is the great question of food as used by human beings. That food plays an important role in association with cancer no one can doubt. In fact it is almost universally conceded that a diet verging on starvation is a protection against the formation and extension of malignancy. This has been so completely proven by experimentation that it leaves little room for contention or dispute.

The fact leads us to a survey and analysis of the effect of a complete fast as a curative factor in malignancy. It is claimed by some that a complete fast of marked duration is helpful in cancer and that it has completely cured some cases. Without desiring to absolutely contradict the assertion that cancer has been cured in certain cases by fasting, it is advisable to call attention to the fact that complete fasts for the relief of cancer have not been popular and

therefor comparatively little information as to the effects of fasting upon malignancy has been secured. It is unfortunate also that most of the absolute starvation treatment for the relief of malignancy has been conducted without giving the world definite information regarding the type of malignancy or its location and extent. What the effect was upon the pathological field from a five-day fast, one of ten days, one of fifteen, of twenty, of twenty-five and on up to a forty-five-day fast, has not been given, nor have the effects of starvation of varying duration upon the chlorides, cholesterol, creatin and creatinine of the blood and upon fibrinolysis, proteolysis and the morphological configurations of the blood's organized elements been studied and demonstrated. That the effects of fasting, undertaken at different stages of malalignment change and in individuals showing widely different cancer protective mechanisms will be widely different is almost certain and therefor without as complete information as possible on the above points, it will be impossible to determine why fasting in one case seems so beneficial while in another it is conducted without benefit and possibly with detriment.

As is well known, certain cells of the body, through their physiological activities produce varying types of hormones and ferments and in like manner the cancer cells in advanced stages of malignancy appear to produce certain proteolytic ferments which modify blood chemistry and act injuriously upon normal bodily tissues. Some of the physiological hormones or ferments seem to play an active role in protecting an individual against cancer formation and this role appears to be in line with certain

fibrinolytic activities of the blood. Whether this potential factor is secretin or erepsin, or whether it is due to some other entirely unknown agent is a problem for future investigations to determine. However, the fact that a definite line of demarcation between normal fibrinolysis and pathological proteolysis should be drawn is proven, at least in part, by the following experiment: If we take two samples of blood, contained in suitable tubes for the experiment, one sample taken from a normal individual whose fibrinolysis is normal, but who shows no proteolysis, the other sample taken from a cancer patient who is advanced in the disease and shows marked proteolysis, and incubate these two samples of blood at body temperature, we will observe after a few hours of such incubation that the fibrin of the blood clots in both tubes is undergoing liquification. This solution of the clots continues until at the expiration of from 48 to 96 hours the clots are entirely dissolved, but with this difference in the two instances. In the normal blood when the dissolution is complete, it will be observed that the white blood cells are alive and active, but in the cancerous blood showing proteolysis the leucocytes have been entirely destroyed and dissolved. Whether the detrimental proteolytic ferment in a given case will appear during the course of the disease, and if so, at what stage, is at present a matter which has not been definitely determined.

Proteolysis and fibrinolysis must, however, be definitely differentiated if we are to progress favorably with the solution of these problems, and this question must be carefully studied in association with the different diets and the varying types and different stages of malignancy.

At this point I wish to emphasize the importance of recent studies re-

lating to pernicious anemia in this connection.

One of the laboratories has been conducting experiments to ascertain whether pernicious anemia is due to a micro-organism or whether it is the result of certain changes within the body itself.

Formerly it has been supposed that pernicious anemia was due to a hemolytic micro-organism, probably a hemolytic streptococcus. The experiments were conducted to prove as far as possible the truth in this connection. To make the tests as conclusive as possible, several pernicious anemia patients were taken, together with several normal individuals who were to act as controls. Suitable healthy blood from several donors was taken for transfusion to both the healthy persons of the control and to the anemic patients. The experiments were conducted so as to make the tests in the two classes of recipients as nearly identical as possible.

As has been known for a considerable time the blood which is transfused into a person suffering with pernicious anemia is destroyed in a certain period of time so that in order to keep these cases alive, the transfusions must be repeated every few weeks. It was supposed that the disease (possibly the hemolytic micro-organisms) caused this blood destruction, but the experiments seemed to conclusively disprove this theory, for it was found that the blood which was transfused into normal individuals was destroyed just as rapidly as that which was introduced into the anemic patients.

The results of these experiments have led to the belief—held by some of our best investigators—that pernicious anemia is due to a malignant process affecting the blood forming tissues, especially cancer of the bone marrow. The exact morphological and chemical changes produced by the

disease in the bone marrow are not fully understood.

Another laboratory has been conducting some most interesting experiments upon animals in the study of the relation of food to cancer. These experiments seem to prove conclusively that the animal's protective mechanism against cancer can be materially influenced by the character of the diet as well as the quantity. A considerable number of diets were experimented with and the tests were made by attempting to inoculate the various animals with cancer cells and also by noting the tendencies toward metastases among those animals suffering with cancer, when fed certain diets. The full results of these most interesting experiments cannot be reported here, but it is interesting to note that the animals fed exclusively on unpolished rice were inoculated only in the rarest cases and with the greatest difficulty and those cases having cancer who were fed with the rice diet practically never developed metastases while those animals who were fed a concentrated nitrogenous diet were inoculated with the malignant cells with comparative ease and they developed metastases frequently.

Some time ago I presented a cut of the skull of an old Peruvian Incas. This skull which was that of an individual who lived from five hundred to two thousand years ago showed such a perfect condition of the teeth that I was led to comment on the fact. This man, by the decidedly worn condition of his teeth, must have died at an age between forty and eighty years, and yet there was no sign of dentistry, no sign of pyorrhoea or peri-apical abscesses. The things which I believe were conducive to this perfect condition of his teeth were (1) the fact that he lived a life in the open air and necessarily took plenty of strenuous exercise in

his efforts to secure food and shelter, (2) that the food which he did secure was plain, coarse food and of very limited variety at any one meal, and (3) being of this simple coarse nature it required forceful mastication (as the condition of the teeth so graphically portrayed before it could be swallowed. This simplicity in diet, with its freedom from overeating, its lack of great variety of food at a single meal, its relief from refined and emasculated food, but which was so nourishing with its well proportioned admixture of proteins, fats and carbohydrates and so vitalizing with its abundant supply of organic salts and vitamins, is to my mind the reason for this individual's splendid teeth and apparent perfect health, until an old age.

I cannot but believe that there is a very close relationship between peri-apical abscesses of the teeth, infections of the tonsils and sinuses and other focal infections, and the malignant states. Also, a relationship between food, focal infections and many other distorted bodily functions doubtlessly exists.

Exercise in relation to malignancy which I have touched upon above, I wish to elaborate upon a little more fully. While I was in Yosemite National Park recently I took a little walk up the Ledge Trail from the floor of the valley to Glacier Point and I could not but feel that if more people would take such "hikes" every few days, year in and year out there would be much less cancer in the world. As I slowly climbed that steep trail, my heart beat with increased frequency and force, the more or less stagnant blood from every partially used vessel in the whole body was drawn into use and set into active circulation and one could not but note that the lungs and every sudoriferous gland in the

body were functioning to their fullest capacity. That is just what the body needs for its fullest protection against disease. That trip was not hard; it was a joy all the way. I took a little over two and one-half hours (total elapsed time) in making the ascent, stopping about midway of the trail to rest and read for twenty minutes. When I resumed my journey it was like starting on an entirely new outing.

It is a well known fact in the cavalry of the U. S. army that you can easily walk a horse into an unfit condition. All of the life and spirit can be taken out of the animal by walking him constantly instead of urging him into a trot or gallop to give him active stimulation. Of course, it is necessary to give him times to rest between the running periods. The rule in the army is to ride the horses for fifty minutes and then dismount and give them ten minutes of rest before resuming the march. When a day's march is laid out it is known that at the end of the day the horses will be in a better condition if the animals are urged to cover the distance in the shortest time while following the above rules so that at the end of the march the weight can be taken off from their backs and they can thoroughly relax and secure the benefit of their strenuous activity rather than by trying to favor them by letting

them walk all day to cover the same distance.

People react the same as horses. We are "walking" day after day both mentally and physically, lacking the vitalizing stimulus of "speeding up." The result is invariably a de-vitalizing influence which favors stagnation and the establishment and advance of pathological states of various kinds.

In close relationship to these physiological facts lies the cancerous protective mechanism through the agency of the thyroid gland. The active principle of thyroid gland secretion (thyroxin) seems to play an important role in preventing cancer formation and extension and in favoring its recession. There is some reason to believe that this influence is secured in part by the thyroxin causing a reduction of the cholesterol of the blood.

As increased activity of the thyroid gland would cause the formation of more thyroxin, it is easy to note how active exercise might stimulate a freer circulation to the thyroid with augmented function to that gland and consequent acceleration of the body's protective functions.

It has also been noted that the use of radium and the Percy cautery cause a short reactionary increase in cholesterol followed by a decided decrease which should be mentioned in discussing protection from cancer.

(To be continued)

(5)

WILLARD'S TECHNIC

LECTURE FOUR

FIFTH METACARPAL CONTACT

Definition: Fifth metacarpal contact is made by placing the ulnar edge of the preximal hand, if facing the patient's head, transversely across the back, so that the fifth metacarpal bone of the proximal hand touches the lesioned spinous tip. The thumb and fingers of the distal

hand hold the proximal hand against the spinous process firmly, ready to transmit a sudden, corrective shock.

Synonyms: Fifth Metacarpal Contact; Ulnar Edge Contact; The Edge Contact.

Use: This method is specially useful in correcting lesions in a sloping upper or lower dorsal region. It is

also used in making contact in any region with a lesioned spine that does not reach the surface line of contour. That is, it may be employed effectively to correct anterior vertebrae so-called.

1. *Position of Patient*: Patient lying prone, both arms hanging from the sides of the table.

2. *Position of Adjuster*: The adjuster stands at the side of the table facing either the head or the foot.

3. *Placing Contact Hand*: If facing the head of the table the proximal hand is the contact hand. And unless an upper dorsal adjustment is to be made, this is the direction the adjuster faces. When facing the foot of the table, however, as in upper dorsal adjustments, the distal hand makes contact; the placing of the hands being exactly reversed.

Whichever way the adjuster faces, the contact hand is held at right angles to the long axis of the spine, and the fifth metacarpal bone is placed in direct contact with the offending spinous process.

4. *Placing Reinforcing Hand*: The thumbs of the two hands are interlocked. While the fifth metacarpal bone of the contact hand, held firmly between the thumb and middle finger of the reinforcing hand, is pressed firmly against the lesioned spinous process.

5. *Shifting Patient's Body*: Care must be taken to move the patient into a comfortable position.

6. *Final Preparations*: The physician stands close to the patient. If the force is to be directed straight downward toward the floor, the shoulders must be directly above the contact point, the force angle being about ninety degrees with the horizon. But if the force angle is less than ninety degrees, the physician takes a short step backward, keeping the shoulders directly above the spine.

The elbows are locked. *Both shoulders are forced upward out of the socket.* And they press downward very slightly, bearing no weight at all upon the spine as in every contact where a downward force is to be delivered. The slight pressure serves merely to hold the contact firmly in position. *Nor must the slight pressure be remitted immediately before the downward force is delivered.* If pressure is remitted, the contact hand makes a thrust that is very painful. It actually delivers a blow to the spine, and in every instance this must be avoided.

7. *Moving the Vertebra*: The corrective force is delivered with a sudden, downward, throwing movement of both shoulders and hands, the latter being withdrawn instantly. While a simultaneous tensing of the erector spinae muscle throws the adjuster into the erect position.

(6)

PISIFORM EDGE CONTACT

(Contact Os Pisiforme Edge)

Definition: Pisiform edge contact consists, first, in placing the pisiform of the proximal hand directly upon a posteriorly prominent spinous tip; second, in reinforcing the contact by fitting the pisiform bone of the free hand into the depression between the thumb and the radius of the contact hand; and, third, in gripping the contact forearm firmly with the reinforcing thumb and fingers, ready to deliver a sudden, downward force with the distal arm and hand. That is, the reinforcing arm is the force delivering arm.

Synonyms: Pisiform Edge Contact; Reinforced Pisiform Contact.

Use: This contact is specially useful in correcting posterior lower dorsal or lumbar lesions. Especially lesions of the twelfth dorsal or first lumbar.

1. *Position of Patient:* The patient lies prone.

2. *Position of Adjuster:* The adjuster faces the direction that makes contact easiest in the individual case before him.

3. *Placing Contact Hand:* The contact hand held edgewise points at right angles with the spine. It points transversely across the back, the arm flexed at the elbow, the fingers held free of the spine.

4. *Placing Reinforcing Hand:* The pisiform bone of the reinforcing hand, resting upon the contact hand, is fitted into the depression between the first metacarpal and the styloid process of the radius. The rein-

forcing thumb and fingers grip the adjusting forearm firmly, the little finger encircling it above the prominent styloid process of the ulna.

5. *Shifting Patient's Body:* The innominates should be placed so that they rest squarely upon the pelvic support.

6. *Final Preparations:* The elbow of the reinforcing arm is locked; and the shoulder pushed upward out of the socket should be directly above the contact hand.

7. *Moving the Vertebra:* The corrective force is delivered straight downward from the shoulder of the reinforcing hand.

OPPORTUNITY OF THE OSTEOPATHIST IN THE FIELD OF PUBLIC HEALTH

JENETTE H. BOLLES, D. O.

Of all the world movements of today there is not one which is receiving the attention and interest of thinking people more than the subject of Public Health—and of all the factors bearing upon the improvement of public health, no one is of greater importance than Osteopathy.

As has been said there has long been knowledge enough in the world to prevent and cure all the ailments of mankind, but the knowledge has been confined to the few. Our problem is how to get it to the many.

The greater part of the members of our profession are all so busy in doing their individual work and supplying the individual larder, that little thought has been given to the question of getting a knowledge of the scope of Osteopathy to the masses. Now the time is ripe, the opportunity is here. The masses are eagerly seeking for, and asking to be shown the royal road to health along some path that does not lead by the drug route. Osteopathy offers that "royal road" and the Osteopath-

ist must show the way. We who have this knowledge must pass it on. It is our duty to humanity, it is our own contribution to the age in which we live, to make known these principles affecting the life and longevity of the human race. It is our duty to the profession which we represent, and to Dr. A. T. Still, the beloved founder of our science, whom we all desire to honor. But how shall we proceed to present these subjects? Although the public is desirous of knowledge, we cannot force it upon them. Although in a general way everyone wants information upon health topics, it must be given in an attractive form—not too didactic or scientific.

For the use of the Chairmen of Public Health Committees, I have arranged a brief schedule of suggested activities. These suggestions are not simply for the sake of publicity for Osteopathy, the idea is to cover a much wider field, a broader scope, it is for the greater good of the individual, for the betterment of humanity.

It is a sad fact that the education of the average individual has prepared him for the appreciation of scientific knowledge along almost every line except the knowledge of the human body—hence it is important to prepare ourselves to treat of these subjects in a simple, practical way and avoid being technical.

Suggestions for Bureau of Public Health

JENETTE H. BOLLES, D. O., Chairman
1457 Ogden Street, Denver, Colo.

FOR OSTEOPATHIC PROGRAMS

1. Each state or district program should arrange for a Christmas Health Conference.

2. Each program should give at least one number to the subject of public health.

3. Each program should provide for a "Round Table" where each physician may report the public activities of his community and the part taken therein by the osteopaths.

FOR INDIVIDUAL ACTIVITIES

1. Any physician can do, what one physician has done; namely, set apart one afternoon every two or three months for the free examination of children at his office or at any convenient place. With the assistance of two or three interested friends, a teacher for the mental test, a dentist, and an eye, ear, nose and

throat specialist, a complete physical examination may be made which will prove most helpful in educating parents in regard to the physical needs of their children.

2. The individual practitioner may volunteer to serve in various organizations by making physical examinations for groups of young people, such as Camp Fire Girls, Boy Scouts, Y. W. C. A., Gym Class, etc.

3. Every osteopathic physician should be prepared for the following:

1. To give informal health talks.
2. To give public health lectures.
3. To teach first aid classes.
4. To organize physical education classes.
5. To conduct health conferences.

4. Osteopathic physicians interested in public health work should write to the following named organizations for literature which will be found helpful and suggestive:

The American Child Hygiene Association, Baltimore, Md.; Child Health Organization of America, 156 Fifth Avenue, New York City; Playground and Recreative Association, 1 Madison Avenue, New York City; National Child Welfare Association, Educational Building, 70 Fifth Avenue, New York City; Children's Bureau, U. S. Department of Labor, Washington, D. C.

SAN FRANCISCO OSTEOPATHIC CLINICS

The seed of a clinic was planted here about a year ago, at the "Friendly Center," Lombard and Taylor Streets, a settlement undertaking, supported by the Methodist Missionary Societies of the Bay Cities. Dr. Nellie Kramer of Fruitvale was engaged, and for seven months treated the children of the Friendly Center Kindergarten until finding the task too great for one alone, she wire-

lessed the San Francisco osteopaths.

Responding to her S.O.S., the San Francisco Osteopathic Clinic Association sprung into being with the following executives:

Pres., Dr. Margaret Waldo
Sec'y, Dr. Susan H. Hamilton
Treas., Dr. Rose Vanderburgh
and plans were laid for definite clinic work at both Friendly Center and Trinity Center which is at Twenty-

third and Capp Streets, in the heart of the Mission, and Dr. Murray was appealed to for aid in carrying out the proposed program.

At the Friendly Center, a sunny flat has been furnished us for clinic purposes consisting of two treating rooms, a reception room, hot water heater, etc. The hours are from 9 to 5 p. m., daily, various osteopathic physicians being scheduled for certain days.

The publicity program at the exposition somewhat hampered the clinic program, but 163 cases were treated in October and 145 in November, and gratifying results have been obtained in some recent anterior poliomyelitis cases and a great service rendered in the early diagnosis and isolation of diphtheria cases during the present epidemic. While the larger number of cases at the Friendly Center Clinic are children, yet general clinic cases are steadily becoming more numerous.

At the Trinity Center where community church work on an original plan is being carried on, we are furnished with an office, a treating room, and a large adjoining room for further treating space, and everything possible is done by those in charge to make this clinic a success. Tuesdays, Thursdays and Saturdays, from 9 until 6, finds this branch of the clinic work active, and from October 8 to 30th, sixty-six treatments were given; this number being increased to 145 in November.

Dr. L. L. Hull spends Tuesday forenoons in the clinics and has already a number of cases to his credit, in relieved and cured ear, nose and throat conditions.

Altho of recent origin, our clinic movement is growing rapidly, and we shall probably have more of interest to report in our next.

EMILIE VICTORIA SUTTON,

San Francisco Knows How!

A program of the most far-reaching publicity yet put over, was recently engineered by the San Francisco Osteopathic Clinic Association at the California Industries Exposition, November 19 to December 12, at the Civic Auditorium.

A booth was furnished with a splendid picture of "The Old Doctor" in a place of honor, charts, spines (pathological and otherwise), X-ray illustrations of case reports and photographs of work undertaken at the Osteopathic Research Institute, etc., etc. One or more of the local osteopaths were in charge afternoon and evening, and it is estimated that several hundred people visited the booth daily, eager for information and glad to receive the literature distributed.

The following figures speak for themselves as the value of the undertaking educationally: During the three weeks there were 10,000 Forbes leaflets given out, 3,200 copies of "Osteopathic Health," 7000 clinic cards, 30 catalogues of the C. O. P. and S. and about 3000 pamphlets of the Post System for Foot Correction.

About fourteen "prospects" for the college were furnished with necessary information and encouraged to adopt osteopathy as a profession. These were high type individuals, mostly of university education.

All in all, we believe this opportunity to educate the public and spread the Osteopathic creed so much worth while, that we warmly endorse a movement toward making such an exhibit a permanent feature of all similar expositions thruout the State.

EMILIE VICTORIA SUTTON,

Publicity Chairman,

Bay Osteopathic Association.



Booth for Osteopathic Publicity

at

California Industries

Exposition Nov. 19 to Dec. 12, 1921

Arranged and managed by the

San Francisco

Osteopathic Clinic Association

THE ENTIRE WEST TO RECEIVE THE EAST

The Western Osteopathic Association constitutes the "Receiving Line" for the eastern profession.

Each of the twelve states and each of the local societies in the twelve states and each individual of the 1000 osteopaths in these states and local societies constitutes for himself or herself a committee of one to assist in preparing for the professional and social entertainment of the 5000 osteopaths located east of the Montana, Colorado, Wyoming and New Mexico eastern boundary. The publicity chairman, especially, of all of these associations and societies in the Western Association should ask their respective Chambers of Commerce for a half dozen small cuts that would adapt themselves to the various osteopathic magazines, and get in touch with the chairman of publicity of the Western Association at once for use of the same in the osteopathic magazines. Each chairman of publicity should also see that the Chambers of Commerce of

the most populous points in his particular state has a list of the entire eastern profession as well as the western profession, so that each one might be mailed a piece of literature inviting each visitor to the convention to stop over and see the offerings of his particular community. Montana made a great hit last year by asking the Chamber of Commerce of Great Falls to send every member of the profession an invitation. The result was the largest attendance and perhaps the greatest exhibition of enthusiasm shown at any convention recently, even a national. Let each state and each chief city of each local society emulate Montana's splendid plan. This will be the last appeal to the different societies in the West to co-operate in this preparation and reception.

Communicate at once with me for the handling of publicity through our magazines.

T. J. RUDDY,
Publicity Chairman, W.O.A.

SHRINER ORTHOPAEDIC HOSPITALS

T. J. RUDDY, Los Angeles
Committee on Investigation

Shriners, Attention!

All doctors with Shriner patients—Attention!

All doctors who have Shriner friends or friends who have Shriner friends—Attention!

The Board of Trustees of the Shriners' Hospitals for Crippled Children, consisting of Sam P. Cochran, Chairman, Dallas, Texas; W. Free-land Kendrick, Vice-Chairman, Philadelphia, Penna.; Forrest Adair, Secretary, Atlanta, Ga.; Bishop Frederick W. Keator, Tacoma, Washington; Dr. Oscar M. Lanstrum, Helena, Mont.; John D. McGilvray, San Francisco, Calif.; and Philip D. Gordon, Montreal, Quebec, has said the final

word in the beginning of the erection of Orthopaedic hospitals in San Francisco, St. Paul, Minneapolis, Montreal, Shreveport and St. Louis.

Immediately following the completion of the five units named above additional hospitals will be erected at Portland, Ore., one in Virginia, one in the Rocky Mountain States, one in Pennsylvania, and one in the New England States, so that all sections of the country will be provided with these benevolent institutions.

The St. Louis hospital will contain about eighty beds at a total cost of \$500,000.00 including the property. The other hospitals will average

about fifty beds each and the cost of construction, will, perhaps, be limited to \$250 000.00 each.

The method of financing this movement is through appropriations made by the Imperial Palace, which funds are, naturally, the receipts from the entire membership including you and your friends. Funds will also be raised by the local Temples in cities where the hospitals are located. In many instances free sites will be donated by local organizations, civic and otherwise, or by individuals, perhaps, physicians.

Spokane has made such an offer, even to the extent of building and equipping a complete hospital unit according to the standard plans adopted by the trustees, the latter to operate it and maintain it.

In addition to these two sources of revenue the third and largest is a \$2.00 assessment on each member for the years 1921 and 1922. This last fund will run into millions of dollars and insure a splendid success in a most noble work.

The Mystic Shrine has always been a playground of happiness and good cheer and merriment for the overburdened business man. It has very materially, for years, constituted a fraternal organization the purpose of which was to encourage a better and greater service between its members and by its members to all humanity.

This is the first great step taken by the organization to conduct an all-year's charity service over the entire country and for the benefit of all people.

One of the most inspiring events looked forward to by every Shriner is the yearly "Shrine Christmas Tree" and those of us who have had the privilege of participating as Santa Claus to the thousands of unfortunates, bringing sunshine and joy to the little hearts of poor kiddies who

would be cheerless and sad but for such assistance, have memories painted in myriad colors that will never fade.

There are thousands of wistful faces peering out from dark and cheerless homes, whose crippled bodies do not permit them even to look upon, for the tiniest moment, that divine message of cheer, the Christmas Tree, and who are waiting the hand of charity in the form of corrective measures for the overcoming of their infirmities and their restoration to health, happiness and usefulness.

It is your duty and my duty, whether Shriner or not, to do everything possible to assist and support this splendid work and have a part in its organization and the administering of osteopathic service through its splendid institutions.

The Board of Orthopaedic Advisors, organized for the purpose of giving expert advice in the construction of these units consists of Dr. Osgood, of Harvard University; Dr. A. McKenzie Forbes, of Montreal, and Dr. Michael Hope, of Atlanta. Two other orthopaedic surgeons are to be added to the board in the near future.

Do not wait but offer your services at once if you are doing orthopaedic work. If not, place the names of those of your local profession who are doing orthopaedic work before the Potentate of the Shrine Temple in whose jurisdiction you are located and gladly offer your services. You owe it to yourself and to humanity to put away and aside every personal or other prejudice that you may have and join either yourself or assist someone else to do so, in assisting these hospital units to reach the greatest number of crippled children with the best possible service and best possible results.

Dr. R. Kendrick Smith, Director of Press Publicity, I am very sure, will be glad to prepare such educational articles as you may wish and may be necessary on Orthopaedics and which may appear in your local papers or, if they are in the form of case reports, should be brought to the attention of the Temple officers in whose jurisdiction the hospital unit will be located in your section of the country.

The splendid work that has been done by Dr. Forbes, Dr. George Laughlin and others in Orthopaedics should be known to those in charge of creating the local hospital staff as only by such information is it pos-

sible for you to have the opportunity you seek and deserve.

Correspondence between your Chairman on Investigation and Noble Sam P. Cochran, the President of the Board of Trustees of the Shriners' Hospital for Crippled Children, shows the kindly and fair attitude that characterizes the conduct of all members of the Mystic Shrine.

The opportunity knocks at your door, an opportunity to do good in the most benevolent way within the powers of the human hands, the restoring to normal of a crippled child. Don't forget the opportunity is looking for YOU for Osteopathic Orthopaedics. 301-310 Black Bldg.

THE PROBLEM OF THE AMERICAN LEGION

The attempt to initiate a movement to open Government institutions to osteopathic physicians, during the American Legion Convention, held in Kansas City, October 31st to November 3rd, failed because the permanent chairman of the Rehabilitation Committee for Ex-Service Men, Mr. Able Davis, would not permit of any new material to be incorporated in his annual report.

Honorable Hird Stryker of Omaha, Nebraska, delegate to this convention, agreed to take this matter up direct with Mr. Davis, after the close of the Kansas City convention, but at this writing, his personal duties have prevented giving this matter any attention. He, however, has promised faithfully that he will take this matter up with Mr. Davis in the near future.

Every practicing osteopath is in a position to know that he could be of service to ex-service men now languishing in Government institutions and further knows that this service is being withheld from these men unless gratuitously given by osteopathic physician or paid for in person

by disabled ex-service men. It is, therefore, entirely proper that we as a profession, should take steps to make our service available to men who have served in the World War, and with that object in view, this article is written.

Two instances stand out prominently in this relationship. One is the fact that Commander G. A. Bisset, Superintendent Constructor U. S. N. Lake Torpedo Boat Company, Bridgeport, Conn., has suggested the establishment of a corps of osteopathic physicians in the Navy.

Second, unofficially, the American Legion convention, in Kansas City, October 31st to November 3rd, has taken up this question. We, therefore, have two particular instances that show there is an actual demand for our service.

Every osteopathic physician should therefore make himself a committee of one and interview all American Legion men and urge upon them the necessity of pressing this problem for the good of ex-service men. Particularly should those of our profession who have served during the World

War take up this question directly and insist that the men whose bodies have been maimed and crippled during this tremendous conflict, shall be granted the right of securing whatever scientific service is available for the restoration of their bodies to health.

So that every reader of the "Journal" may be informed how to proceed and to instruct ex-service men in the management of this problem,

all that is necessary is to address *Mr. Able Davis*, Chairman of the Rehabilitation Committee of the American Legion at the *Chicago Title and Trust Company, Chicago, Illinois*, and urge upon Mr. Davis that this problem be officially taken up by the American Legion at the next annual convention.

Faternally yours,

C. B. ATZEN, Chairman,
National Legislative Bureau.

MATERNITY BILL

The Sheppard-Towner Maternity Bill H. R. 2366, S. 1039, has been passed by Congress and signed by the President and is therefore the law of the land.

The Board of Maternity and Infant Hygiene consists of the Chief of the Children's Bureau, the Surgeon General of the United States Public Health Service and the United States Commissioner of Education.

The Chief of the Children's Bureau of the Department of Labor is charged with the administration of the Act through the instrumentality of the respective states, and any state having a Child Welfare or Child Hygiene Division shall be authorized within that state to administer the Act.

We will quote Section IX complete for it states specifically what authority the respective agencies that administer the law, may exercise.

"Section IX. No official, agent, or representative of the Children's Bureau shall by virtue of this act have any right to enter any home over the objection of the owner thereof, or to take charge of any child over the objection of the parents, or either of them, or of the person standing in loco parentis or having custody of such child. Nothing in this act shall be construed as limiting the power of a parent or guardian or person standing in loco parentis to determine what treatment or correction shall be provided for a child, or the

agency, or agencies, to be employed for such purpose."

This section clearly defines the authority granted under this act and it further clearly states that every agency will be respected.

This bill, which is now a law, is altogether different from the original Sheppard-Towner Bill. All of the bad features of the original Sheppard-Towner Bill have been eliminated and every safeguard possible has been incorporated in this law so as to make it difficult for the administrators to act arbitrarily and in favor of a single agency, or school of practice.

The amendment submitted to the proponents of the bill by the American Osteopathic Association, passed by the House of Delegates during the Cleveland convention and taken in person to Senator Sheppard and Congressman Towner by Dr. C. D. Swope of Washington, D. C., was not incorporated in the bill by the committee having the bill in charge, but the latter half of Section IX which has been quoted, complete, has in it a thought that is almost identical with the thought contained in the amendment submitted to the proponents. Therefore, it seems to this bureau that the present bill as enacted into law, will in every way safeguard our rights in the respective states.

C. B. ATZEN, Chairman,
National Legislative Bureau.

PROFESSIONAL EDUCATION DEPARTMENT

W. CURTIS BRIGHAM, Chairman

Professional Ethics: Professional Reading, Consultation, Professional Societies, Study Clubs.

Relation to Public Health: Local Health Offices, State Health Offices, National Health Organizations, Voluntary Health Organizations.

Relation to Public Schools: Inspection of Health, Parent-Teachers' Associations, School Athletics, Sex-Hygiene, Phynology, etc.

Relation to Industrial Accidents: Reports, Laws regarding same, Care of industrial accidents.

Duty of Physician to Patient: What constitutes an examination, When should consultation be called, Professional fees, Instruction to patients and nurses, Case records.

Relation of Physician and Professions to Institutions and Other Professions: Hospitals, Schools, Clinics, Research, Nurses' profession, Teaching profession.

Relation of Profession to Social and Religious Organizations:

Duties of the Bureau of Professional Education

By DR. W. C. BRIGHAM

1. To aid members of our profession in parent-teachers' association work.
2. To give suggestions to osteopaths for public addresses.
3. To provide, as far as possible, material for illustrated lectures.
4. To encourage osteopathic physicians in public school work.
5. To encourage conduct of courses tending to greater professional efficiency.
6. To aid in maintaining proper relationship with public health affairs.

By DR. DANIELS

1. Outlining and conducting a practical post-graduate quix course.

2. Providing a simple and adequate case record for the general practitioner, also case record and blanks for the examination and scoring of children.

3. Providing simple detailed sets of instructions for the practitioner to pass on to his patient covering, among other things, the following:

(a) Diet prescriptions for various conditions.

(b) Exercis prescriptions designed to correct certain muscular or postural abnormalities and to maintain the permanency of osteopathic corrections.

(c) Proper method of taking enema.

(d) Proper detained instructions for giving patient a sweat.

(e) Detailed instructions for home care of patient before and after labor, together with list of articles to be procured by patient, etc.

(f) Instructions for the home nursing of each of the types of acute diseases.

(g) Suggestions on the details of the management of both office and acute practice.

(h) Compilation of any new ideas on technique.

(i) Review of medical literature each month with notes on pertinent articles and definite directions for obtaining same for those interested.

(j) The maintenance of a department in the Western Osteopath wherein much of the above can be carried on and contact with the profession maintained.

ANOTHER MESSAGE FROM MR. GRAY

F. E. JOHNSON, D. O.

The Colorado Springs Osteopathic Association was favored with a visit from Mr. Philip H. Gray of Detroit, who talked to the profession here on Thursday, November 10th. Mr. and Mrs. Gray spent a week in Colorado, during which time Mr. Gray talked to the Denver association, looked over the Rocky Mountain Hospital there, visited several offices, met with the Colorado Springs association, and, with Mrs. Gray, enjoyed numerous trips into the mountains of Colorado.

Mr. Gray in his address in Colorado Springs told his audience a lot of things every osteopathic physician should hear, and think about, and act upon. He told of his experiences in other places, and pointed out some of the things that are the greatest drawback to the profession. Most of these, he said, are within the profession itself. Lack of co-operation, failure to support our own specialists, contentment of some of the profession to work in their very limited sphere, failure to attend the conventions, and lack of interest in our osteopathic publications, are some of the things he mentioned as hindrances to our progress.

"From the layman's viewpoint, it is staggering to me when I think of what an osteopath ought to know," Mr. Gray said. "I am overwhelmed with the field of osteopathic knowledge I ought to have. Think of those of us who are contented not to grow; contented to use the same methods and manipulations year after year, with no idea of improving themselves. How many of us never look beyond the four walls of our offices? A proper nourishment of an osteopathic ambition cannot be found within those four walls."

"We find the indifferent osteopath," Mr. Gray continued, "the man who takes no interest in conventions, post-graduate work, osteopathic literature,

or the other members of his profession in his own city. He has a comfortable place for himself, has a good income; he has learned enough in the far past to enable him to build up for himself a good practice. He has no outside interest. In such a man we find a very large note of selfishness. This is the hardest object osteopathy has to overcome."

Mr. Gray talked on the problems met in the establishment of the Detroit Osteopathic Hospital, and the problems met in other places; the opposition of the American Medical Association, and the short-sighted M. D. "It does not seem possible in this age of enlightenment," he said "that in a profession such as that of the healing art, some members take the view that they do toward anyone else in the same profession. It is a pity and a tragedy. You need a hospital here only because of the short-sighted M. D.

"There will be a reaction. The day is not far distant when the public will demand for you equal rights with the medical doctor in all hospitals. In an osteopathic hospital you must have the very best of everything; it costs money, but it is thoroughly justified. In Detroit the osteopathic hospital has proven to be the magnet that has drawn many osteopaths outside themselves. It is enabling the profession there to pull together.

"Osteopathy is on the threshold of a tremendous contribution to humanity," he said. "Dr. Still's theory is sincere, honest, thorough, and reasonable. It marked the birth of a new school that will continue to grow, not one that will live for a few years and then be swept off the map. You need never apologize for osteopathy. It is bigger than any man in it."

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EDITORIALS

Andrew Taylor Still:

(Not for himself did he seek or labor but scorning ridicule and difficulties gave and gave lavishly-touching notes eternal and so achieving immortality).—Editor's Note.

"Live up to the great cause of Osteopathy and let not the weary one fall by the wayside. Lift in sympathy and love the suffering brother from out the depths of disease and drugs. Let your light so shine before men that the world will know you are an osteopath pure and simple, and that no prouder title can follow a human name."

"Know yourself, if you do it in five years, you will do better than I did in thirty-five. Years ago I dug one skeleton after another out of the sand heaps of the Indian burial grounds and studied them until I was familiar with the use and structure of every bone in the human system. From this I went on to the study of muscles, ligaments, tissues, arteries, etc. It has been my life work and yet there are things for me to learn."

THE OLD DOCTOR'S TECHNIQUE

By CARL P. McCONNELL

The greatest feature of Dr. Still's work has always been, in my opinion, his technique. His technique originality was always in exact accord with his scientific and philosophic pronouncements. Here is where he absolutely actualized his theories. If a theory didn't work, he had very little use for it.

Technique to him, as I understand it, meant the actualizing of a distinct problem. It was a distinct operation, exactly after the manner that a sur-

gical operation always presents individual characteristics, depending upon the pathology discovered. There was never any of the sameness of execution in a series of cases, only in so far as common principles were indicated. In other words, his technique never had anything in common with routinism. In fact, it was the very antithesis of such procedure.

First of all, his method of work consisted of a careful search for the abnormal structural irregularities and

malalignments. This was not alone confined to the immediately related nerves and vessels supplying an offending organ, for example, but in addition the search included distant parts as well. For, as he often cautioned the student, the first beginnings of disorder may be remote, which through nature's attempt to compensate the hurt may readily lead to imbalance of structural tension and to disturbance of chemism elsewhere.

This is just what made osteopathy so fascinating under his tutelage. It was a truly inspiring game of life, the discovering and unraveling of problems within problems, based on the concatenation of mechanisms that make up the totality of the living organism. It was a hunt for the first cause, which starts the train of pathological processes, manifestations and registrations, that was always

uppermost in his mind. This elevated technique far above drudgery or any semblance of grinding routine. Something new, something essentially different was discovered in every case, and, indeed, in every succeeding treatment provided the previous treatment secured results and changed the structural complex.

He worked hard to drive home this basic concept of osteopathy for he fully realized the futility, and even the stultifying influence of many treatments given under the good name of osteopathy. Witness his common epithet of such performers, "Engine Wipers."

In order to obtain freedom of performance, one should first know the elements of the underlying problem and the law that governs it. Then the latitude of activity represents freedom.

An Appreciation

RAY G. HULBURT, D.O.

Editor Journal of Osteopathy

The Old Doctor passed on, one December, and with each recurring twelfth month our thoughts go back in a special way to him and his wonderful life, to gather renewed inspiration for the year so soon to begin.

I regret that of all osteopathic editors of today I have probably the least personal knowledge of the founder of osteopathy, for I belong to the new generation. The class of which I was a member went up to the big house on the hill to see the Old Doctor, but he was never able to come down to the school to pour out to us of the riches of his knowledge and experience.

But the range of his genius, it seems to me at this distance, might be stated thus: He saw the obvious, the thing that any one ought to

know, but that none had thought of. He evolved a therapy so simple that those who have practiced it for nearly thirty years are yet amazed at the results they secure by merely moving a bone or two, and so logical that a child can understand that angle of it. And on the other hand, alone on the western plains, without laboratories or libraries, he learned the laws of immunity in principle as they were afterward discovered by the world's leading scientists, but to a degree not yet explained by any laboratory worker.

From the ridiculously obvious facts of anatomy in relation to pathogenesis his mighty mind covered the vast stretches of fact up to the most subtle and intricate things of natural immunity—and he gave to it all an almost miraculously practical turn.

Clinics

"In every city where there are several osteopathic physicians who place service before self there is a great opportunity to spread broadcast the truth of Osteopathy. It is more than an opportunity, it is a duty."—SCOTHORN.

Osteopathy at Industrial Exhibit

Why not have a booth at every such exhibit wherever booths are in vogue? Why not at our State fair and like places? Read the San Francisco page and remember too that the D. O.'s of that city have just started two clinics.

Los Angeles, Pasadena, Oakland and San Francisco all with clinics is a good start. Now for the others and then a few outside D. O.'s to visit them.

Chicago Medicos Bar Dr. Lorenz

No, it won't do, he might pick up a few more notable medical failures and put them right. If a man is a bit irregular and doesn't come under the wire to order, why of course shut him out and shut him up. It doesn't matter what his viewpoint or what his work or that he could save another little child. Such men are always interfering with the program. They are embarrassing to have around. Shut 'em out, away with them, crucify them!

Our Own Lorenzos

We need not wait for the generous Austrian. We have plenty of good men who can do his work and any number of D. O.'s who go beyond him in bloodless surgery and handle a score of more complicated conditions which require more professional skill. With our clinics starting this is our opportunity to let the world know about our work.

Oakland Clinics

A notable report was read at a recent East Bay meeting. Our clinicians, Drs. Whitten, Peckham and Bohm, are making records. Dr. R. F. Robie was the new trustee elected. Drs. Ferguson and Penland re-elected. The clinic space has been divided up into fourteen rooms, all numbered.

Don't overlook the professional educational outline that is offered by Dr. W. Curtis Brigham, our chairman and Dr. Daniels in this issue. Dr. Chandler says, "It is the best idea that has ever been given as a basis for general work both among the members of the profession and the educators of the profession." East Bay Association will start the new year with a series of weekly meets carrying out at least some of these suggestions.

East Bay Association has held two sessions this month. The first a notable treat with Dr. Thompson in lecture and demonstration of his own methods. The doctor has given an immense amount of study to charting cases in conjunction with ten like-minded men over the states. When a series carries 95% they begin to feel they have formed a basis for some logical conclusions. The doctor is furnishing at cost charts for members of the association to work with him. Here is an opportunity for some osteopathic research.

Dr. R. K. Smith as A. O. A. representative offered Dr. Lorenz the privilege of making a circuit of our entire profession without expense to the doctor and California made a strong second of this offer.

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Four food tables are given, with a complete analysis of all common articles of food and how they are used by the laboratory process of the body to build new vital life cells. The secret of life is within the tissue cell. In many instances, wrong foods and food combinations are productive of the most serious irritating poisons, which gradually poison the body and destroy life. This book explains in brief, what to eat, how to eat and when to eat, to obtain and retain long life, health and happiness.

Disease is the result of mal-adjustment, which may be either mechanical, chemical or mental. Corrective treatment may adjust the mechanical and at the same time the chemical may be overlooked. The chemical mal-adjustments require corrective adjustment (this can not be done through the use of drugs.) Vital chemical foods are required, for this is Nature's way. Foods are the only real and natural medicines. Hundreds of thousands are suffering from accumulations of body poisons, due to improper use of foods. They are digging their graves by the knife and fork method. The osteopathic physician may correct the mechanical mal-adjustments, but to correct the chemical mal-adjustments, the patient must co-operate with the physician's instructions as to the food selection. This book will help the patient to understand the truths and great importance of the body and food chemistry, and if they will follow directions, results will come quickly.

This book is different from the usual book on food instructions, as it is to the point, covering all important scientific facts about foods, in a plain, simple A. B. C. manner.

Help your patients to know more about health principles and you help yourself to greater success.

157 pages, cloth binding; price, single copy, \$2.00 net. \$2.10 by mail. Six copies, \$8.50; twelve copies, \$16.00, postpaid. Send for a copy and if you are not satisfied with the contents, return the book and the price will be cheerfully refunded. Descriptive circular on request.

DR. JOHN J. HENDERSON,
Charleston, W. Va.

Talk No. 2 on the Milk Diet Treatment

In Talk No. 1 last month we were wondering why the M. D.s were sending us patients more frequently than the D. O.'s. We still wonder, but have not solved the problem. If we have fallen down in some part of the service we love to render we will be pleased to have it called to our attention and give it our unbiased consideration.

We tell all medical practitioners that our institution is an osteopathic sanitarium and one M. D. in another city who confines his work to diagnosis, wrote us that he thought well of osteopathy and sent patients without any strings attached to get the best possible result by our Sanitarium method.

It must be that osteopathic physicians have not learned that a discouraged patient, after a more or less long course of treatment, can only be saved for osteopathy by referring the patient to an osteopathic sanitarium or to the specialists within the osteopathic profession who are trained to give the needed service the general practitioner is unable to render.

The skilled services of a D. O. who specializes in diagnosis can not be emphasized too strongly. If you will have him take an inventory of health resources and know the actual pathology of the body organs, then the battle for health is half won for you know what to do. Fix the body structure. If the recuperative resources do not respond, if you have a cesspool of infective material somewhere in the body why not have the best osteopathic specialist in your section diagnose by X-ray and other means? Do anything necessary to make as sure as possible of the nature and extent of the diseased process. Then use good horse sense and advise the thing that is going to remove the accumulation of disease products. If there is a pus pocket, get it; if there is an abnormal mass which will not permit recovery of health, let the man who does practically nothing but surgery, operate. There is sufficient left for you to do with osteopathic skill to adjust the body structure and release Nature's forces of recovery.

If perchance your patient still fails to respond, our Milk Diet Treatment with osteopathic care and the health stimulating influences of a well-run sanitarium may be the needed agency. If you have reason to suspicion an obscure source of disease within the body and are unable to call upon the services of examination specialists you may send your patient to us and we will have John Talbot, D. O., who devotes his work to diagnosis, go into the case and give us his exhaustive findings, also J. A. VanBrakle, D. O., do likewise in his specialty, the X-ray.

If it is an eye, ear, nose or throat case we will submit it to H. F. Leonard, D. O., or Charles C. Petheram, D. O. If it is a general surgical case you may go the country over and not find a surgeon who will surpass in skill Dr. Otis F. Akin.

Now we are ready to build health and with all the osteopathic knowledge we have accumulated in twenty years' experience and six years' training in Milk Diet Treatment your patient is going to get a comeback if he has any at all. The above doctors have no knowledge of our mentioning here the confidence we feel in their particular departments of work. We tell these things in letters, so just please consider this a letter to the doctors who read it. We select the best men we know for the special work needed and then proceed to give the patient the benefits of our Milk Diet plan of treatment. This way of winning back health is an appeal to reason. Perhaps we may have the chance to demonstrate it to you some day. Anyway we want you to know about our work. Office now located at Sanitarium.

Personal Direction

Drs. F. E. & M. C. P. Moore

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Perhaps T. J. Has Another

"Since that November W. O. went out with that page six containing the reproduction of the very fascinating bathing beauties as a Los Angeles attraction I have received word that Drs. Geo. Riley, C. C. Teall, Chas. Hazzard, Arthur Hildreth and Joe Sullivan would positively be at the convention next July. There was a doubt about their coming before they saw that picture. I congratulate you on your wisdom. Better run the same picture again. Maybe Woodall and Art Evans will see them and come."—ASA W.

Dr. McCole is Montana's program man and assures us that following our National Convention, Bozeman, Montana, will put on a four-day P. G. course equal to the best. They have a right to say so for they did it last year.

The Big T-C Circuit

I am anxious for the Trans-Continental Circuit Clinic to "go over the top" with a bang. You, perhaps, are familiar with my ideas, they having been printed in the various magazines, and that is to start the profession from Boston having a little blow-out there on favor of the local college, then go down to New York and at least to Philadelphia, having a big blow-out at the Philadelphia college; the "mob" then to come west and hit the Chicago college for a big event which means thirty thousand newspapers, by Associated Press and otherwise, recording same. On the way over have a big splash at Detroit and show up Gray's wonderful work; then the "bunch" go down to Kirksville and Des Moines and put these two schools before the American public, coming west, Kansas City, Omaha, Denver, and espe-

cially have the Rocky Mountain Conference as usually held, finally reaching Los Angeles, where, of course, seven thousand will be present to bring the Los Angeles College and the science before the world.

Then to slate the "gang," or a great many of them, by way of 'Frisco, perhaps, Portland, Seattle, then down the short cut via Boise to Salt Lake, others via Milwaukee and Northern Pacific through the Glacier Park country down to Butte, Montana, holding convention at Bozeman, where they are making great preparations now, then on eastward to hold a big convention in Dakota and Minnesota, already in process of preparation, and from there on scatter to the four winds of Heaven, etc., etc.—
T. J. RUDDY.

the Mary Louise for dinner. Pasadena was well represented by its women osteopaths who are members of the club, they being Drs. Clara J. Stillman, Harriet E. Hinds, Emma E. Donnelly, Kate Holmes, Marie B. Grunewald Fitch, Olive Bondies, Lillian M. Whiting, Lillian Whiting, Jr., and Josephine Finley.

Dr. W. Curtis Brigham was the speaker of the evening, his subject being "Nervous Fatigue Often the Cause of Spinal Lesions."

He called attention to the fact that spinal curvature often was the result of the habit of skating on one roller skate. The lecture was well illustrated with lantern slides which showed curvatures and their effects. The same effect is found when a child sits on one foot in school, he said.

The Pasadena Osteopathic Society held its next regular meeting December 16, with a dinner at Hotel La Carmelita.

Women Osteopaths Hear Spinal Talk

Fifty of the sixty-eight members of the Women's Osteopathic Club of Los Angeles met on December 6th at

<p>WILLARD'S Low Table Technic</p> <p>Let Dr. Earle Willard Teach You His Standardized Contacts</p> <p>This post-graduate, course, including nine separate and complete drills in Direct Leverage Adjustment With Speed, in over 50 contacts, contains only clear, concise information; and by consistently following the printed instructions, you can double your practice, yet actually lessen your work.</p> <p>Others Have Done It, Why Not You?</p>	<p>For the Complete Course Dr. Walter J. Novinger 202 Academy Street Trenton, N. J.</p> <p>Doctor: Will you send me particulars and enrolment blank for Doctor Willard's Post Graduate Course.</p> <p>Name</p> <p>Address</p> <p style="text-align: center;">MAIL THIS COUPON</p>
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Dr. O. R. Meredith, President of W. O. A., of Nampa, Idaho, is planning to drive to Los Angeles for the A. O. A. meeting. Dr. Holmes of Spokane suggests that we plan a veritable caravan that will meet up along the way to Los Angeles. Somebody ought to take this in hand and help make it a running ad for Osteopathy down the west coast.

Golf! Golf! Golf!

The American Osteopathic Golf Association, which has been organized during the past month, will hold a tournament during Convention Week. Valuable prizes will be offered. Send your handicap based on the N. G. A. Rules. Also send a photo of yourself in action for a publicity campaign on golf to T. J. Ruddy, 301 Black Bldg., Los Angeles.

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In our editorial page we offer you contributions from two leading editors, Dr. McConnell, who is bringing our national magazine into line with the ablest journals of medicine, and Dr. Hulbert, the efficient editor of our oldest osteopathic publication, The Journal of Osteopathy, at Kirksville. Note their views of the Old Doctor. Others later.

To Dr. Horace Ivie of Berkeley we are indebted for a chance to run thru some of the earliest publications of Osteopathy. Dr. Jennette H. Bolles, who writes for this number, was the first editor of The Journal of Osteopathy.

To two men are we indebted for an immense amount of work in bringing to our attention important matters that require immediate action on our part. One, the opportunity thru the American Legion to have all government hospitals open to all physicians. The other, the Shriner's Hospital.

But why an osteopath should not be allowed to administer alcohol for carbolic acid poisoning, or to give whiskey for snake bites because some individual (not entitled to determine officially) is of the opinion that osteopathic precepts are opposed to liquid relief, we do not understand.—
ATZEN.

It Takes

That picture publicity is already developing pulling power according to our observing correspondent, Dr. Asa Willard. The W. O. November picture guarantees to deliver at Los Angeles next July at least a dozen of our eastern notables.

Note the "Saturday Evening Post." The issue will come out about January 7th. We are informed that the first half-page ad on Osteopathy will be in that issue. Do not look for complete story of Osteopathy in each ad, but there will be something worth the public's reading.

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Osteopaths Want Hospital Practice

Protesting that they are being denied the right to practice in the new Murphy Memorial Hospital at Whittier in violation of the terms of the trust deed donating the institution to the Whittier municipality, five osteopaths have sent a signed statement to the Board of Trustees of that city. The protest was referred to a committee.

The hospital, erected and equipped at an expense of \$150,000 was donated to Whittier by Col. Simon J. Murphy of Pasadena. It was provided in the trust deed that "no persons, who may be legally authorized to practice medicine, or other means of healing or alleviating human suffering shall be excluded from attending patients."

Doctors, who signed the protest communication were Dr. M. Louise Davis, Dr. M. B. Starbuck, Dr. Adelaide C. Lewis, Dr. Charles Milliken and Dr. Charles C. Bennett.—**LOS ANGELES EVENING HERALD.**



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Osteopaths Gather for Fall Meeting

The Pasadena Osteopathic Society held its first fall meeting at The Bassett, 464 East Colorado Street, November 18th. Covers were laid for thirty-five. After the dinner the president, Dr. Stewart J. Fitch, introduced the guests, among them being Dr. and Mrs. Paul R. Kohlmeyer, formerly of Lincoln, Neb., who are now visiting Mr. Kohlmeyer's parents, Mr. and Mrs. J. H. Kohlmeyer of 1081 Elizabeth Street. It is hoped that Dr. Kohlmeyer will fall in love with Pasadena and make it his future home.

Dr. J. Strothard White and Dr. Stewart J. Fitch, trustees of the College of Osteopathic Physicians and Surgeons of Los Angeles, reported that \$800 had been raised by the Pasadena osteopaths as a gift to the college to pay for the wing called the Pasadena wing. This small addition to the college will cost \$1000. It was hoped to raise the balance within the next few days. This wing will add 250 feet floor space to the college.

Dr. Lillian Whiting, also a trustee of the college, has raised \$1000 to pay for the South Pasadena wing, which will also add a similar amount of space to the college.

Los Angeles and Glendale are each giving a wing to the college to make it complete. Several donations have been received from appreciative patients.

Dr. Clara J. Stillman, chairman of the program committee, promised a fine program for the next meeting, which was held December 16.

The guest of honor and speaker of the evening was Dr. Lorenzo Whiting of South Pasadena, who gave a most instructive talk on "Blood Chemistry and Its Relation to Scientifically Applied Osteopathy."

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His statistics on his observations of the blood in 2500 cases of pneumonia, during his service in the army laboratories in Georgia were very interesting.

that it will be comparatively easy to find information.

Cards have been printed, and if these are filled out, announcements of recent literature upon any chosen subject will be mailed as soon as received.

A New Osteopathic Library

The opening of a new osteopathic library is announced. The books of The A. T. Still Research Institute have been sent to Los Angeles, for the use of those working for the institute, especially in the preparation of the new books. Several personal collections of books have been added to these, making a library of about a thousand books. These include almost every osteopathic book ever published. Books of interest to osteopathic physicians, however published, are also included. Osteopathic and medical periodicals are on file; the 1922 periodicals will include many not now on file. All these books and periodicals are being classified, so

In order that space might be provided for reading, several osteopathic physicians of Los Angeles and vicinity have subscribed nearly enough money to pay the rent of the room so used, 914 Consolidated Realty Building, 607 South Hill Street, Los Angeles. The library is for reference, and present facilities do not permit lending books. The library will be open to readers all day, and certain evenings each week. At present, arrangements are made to accommodate anybody who wishes to read up on any osteopathic subject, at any convenient time. Dr. Burns, Dr. L. D. Whiting and Mrs. Armour will give whatever help is needed in finding desired information in books and magazines.

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“The philosophy of rule by force, by tyranny, by autocracy and militarism has been swept out of the world.”—SAMUEL GOMPERS.

“Defeat may serve as well as victory
To shake the soul and let the glory
out.”

—EDWIN MARKHAM.

In Her Ninety-fourth Year

With every faculty alert to the last, Mrs. Margaret Sisson, mother of our Drs. Effie, Ernest and Ada Sisson, died December 18th after a brief illness. Not only length of days were hers, but a buoyant, abundant life that made all who knew her love her.

“Never was the spirit born.
Spirit shall cease to be never
Birthless and deathless and changeless forever.

Death hath not touched it at all,
Tho' dead the house of it seems,
For end and beginning are dreams.”

—Edwin Arnold.

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PERSONALS

Already on the Way to California

Clayton, Ohio, Sept. 30, 1921.

Am leaving for California in about two weeks. Just returned from Battle Creek, Mich., where I spent a month with Dr. Conklin. He is doing a fine work for Osteopathy and glad for the information I gained from him.

DR. HERBERT T. COOKE,
Clayton, Ohio.

work completely. Dr. Harvey has traveled over 46 states and three nations driving his car 76,000 miles without an accident or a cop contact.

Errata—Page 8, Nov. issue, line 18, word "palpitation.. should have been word "palpitation" should have been left column 10th line, word "Not" should have been omitted after "I do."

This office just received word that the death of Dr. Clifford L. Archer of Pullman, Wash., occurred last May. He was a student of the C. O. P. & S., year 1919-20, and made an excellent record. His father, Dr. E. A. Archer, is an osteopathic physician and surgeon practicing in Pullman, Wash.

Dr. Frank C. Clark is president of the Southern California Academy of Sciences, Dr. John Comstock, secretary. Many of our physicians including Dr. Bowling, Dr. Crist and others have addressed this club on scientific subjects.

Dr. L. V. Harvey, formerly of Upland, Calif., is now located at 1136 Ogden Street, Denver, Colo. Dr. D. C. Perry has taken over his Upland

Dr. Floyd L. Hanes has removed to 318 Ferguson Bldg., Los Angeles, where he is associated in practice with Dr. W. C. Clark.

DR. R. D. EMERY
DR. J. W. SCOTT

DR. LORA B. EMERY
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Dr. Goodfellow is the social chairman of the Western Association, which will meet at Los Angeles this year. Among the public speakers for the W. O. A. circuit next year Dr. Freeman has the following: Dr. Carl J. Johnson of Louisville; Dr. Young, Grand Junction; Dr. Gerdine; Dr. Edmiston.

During the fall the Boise Valley Association held the following meetings: September, Dr. Logan Larsen who talked on X-ray and Osteopathy; October, which was held at Boise, November, at Nampa with local speakers each time.

Drs. Louisa Burns and Lorenzo Whiting have opened a new laboratory in the Consolidated Realty Bldg., Los Angeles. They have a remarkably attractive place to work where visitors are always welcome.

Dr. Wallace C. Clark and Dr. Floyd L. Hanes announce the removal of their offices to Suite 318 Ferguson Building, Los Angeles.

Dr. W. A. Gravatt announces change of offices from 720 Reibold Building to 922-923 Reibold Building, Dayton, Ohio.

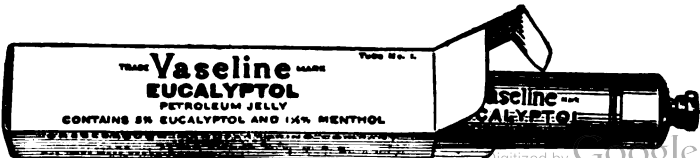
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Dr. Lillian P. Wentworth has moved to 358 Spreckels Building, San Diego, Calif.

Dr. C. C. Reid of Denver, while attending the National Lion's Club Convention at Oakland in the capacity of its National President, incidentally discovered one of our able doctors who was superintending the osteopathic clinic, Dr. Myrtle B. Laird. Dr. Laird has quite a notable war record. She was appointed reconstruction aide in the medical department, with the approval of the Secretary of War, served in the Letterman General Hospital, San Francisco, from which she was honorably discharged. Later she organized the Patriotic Mothers of Sons in Service in Los Angeles. As part of Dr. Reid's group she will specialize in orthopedics.

Dr. R. M. Roberts, formerly of Corvallis, Oregon, announces that he has returned from special study in New York and has opened offices at 323 Joshua Green Building, Seattle, Wash. Practice limited to diseases and surgery of the eye, ear, nose and throat.

Dr. Hewitt of Corvallis, Oregon, is another D. O. who got first page notice with a full column write-up about that "perfect back."

There are all sorts of opportunities for publicity but we don't get it many times simply because we don't think it worth while to make the effort to see that our local papers get it. What are we doing with the pages that are being sent out to us every week or so by the National Association?

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DR. W. J. MULRONY, C.S.C.
Yuma, Ariz.

Dr. C. L. Nye is now located in his new biological laboratory at 334 Citizen's National Bank Bldg., Los Angeles, which is completely equipped for giving accurate diagnostic service to the profession.

Dr. Dana L. Weed, the organizer and club advisor for the "40" Club, which had its beginning about a year ago, has resigned from its leadership on account of the heavy demands being made upon him by his work.

Dr. Weed, who is a graduate of two colleges and a medical university man, was also assistant surgeon stationed at Washington during the war. This last position was resigned in order that he might take up his work of private practice after an absence of eight years from Calexico.

Dr. Carwin Hancock of the firm, Norwood and Hancock, Mineral Wells, Texas, on December 3 was elected president of the Mineral Wells Kiwanis Club. Dr. Hancock says that his club is going to give a Christmas dinner for the poor children of their city, December 23.

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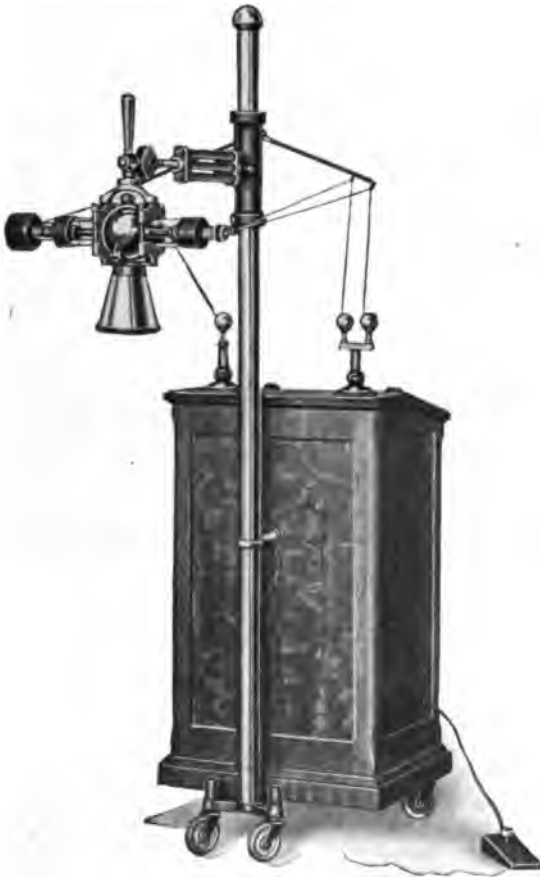
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LOS ANGELES, CAL.

THE WESTERN OSTEOPATH

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CALIFORNIA MEDICAL SCHOOL

VOL. 16

JANUARY, 1922

No. 8

*Dr. L. van H. Gerdine, of Still Hildreth Sanitarium,
W.O.A. Clinician for February*



Lake Merritt, Oakland, famous for tame wild ducks; pageants are danced among them.

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Dr. C. _____

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The Western Osteopath

Vol. 16

JANUARY, 1922

No. 8

WHAT IS A LESION?

By DR. MARY L. LECLERE

When I had decided to take up the study of osteopathy, a medical doctor told me rather scornfully that a dislocation of a vertebra would either paralyze or kill the patient. I knew enough anatomy to realize that she was right, yet I had felt with my own fingers a spinous process off to one side of the middle line. So I decided that there was a partial dislocation, which caused a pinching of the nerves. To my dismay, after entering school, I was told by the osteopaths themselves that it was impossible for the nerves to be pinched between the bones. They talked constantly of irritation to the nerve trunks caused by the lesion, but it took me most of my four years to get through my stupid head just how and why the lesion caused irritation to the nerves.

It still seems to me when I hear osteopaths talk of the lesion, that they are rather vague in their terms, but I gather that there are some decidedly different opinions on the subject. A few actually speak of lesions as dislocations and assure you that that vertebra must be gotten back, because in that position, it is pinching the nerves. Of course, when it goes back into place there is a pop—the pop is absolutely necessary! Every once in a while a patient tells me glibly of spots in her spine which have a habit of going out of joint. Some of them can actually put them back into joint themselves!

Most osteopaths talk about slight displacements. The idea seems to be that the joint is so loose that it flops around more freely than it should and every once in a while flops a little too far for comfort.

Still others speak of the lesion as a tight joint, "a joint partially or completely immobilized in any one of its normal positions". It is with this last group that I am going to cast my lot. To be sure, we find lesions that are easily corrected and quickly recur again, but I wonder if these are not merely secondary lesions and recur because the original lesion has not been corrected.

Why, or how, does a joint become immobilized? It seems to be especially hard for us to visualize what takes place around a vertebral joint. A man comes in complaining that his shoulder joint is stiff—he can't reach to do certain things. On examination, the doctor finds a limited amount of movement in the shoulder. Probably the patient gives a definite history of having had acute pain in the shoulder as the result of a cold, or a strain, or of overuse. The doctor tells him he had tendo-Synovitis, which left adhesions around the joint. Now these adhesions must be stretched. Or perhaps the trouble is in the foot and the doctor finds a rigid joint there, which he says is the sequel of tendo-synovitis. Now don't we have the same process occurring in the spinal joints? If the vertebra is immobilized in the position of rotation, or flexion, or extension, the spinous process will be out of its usual relationship, so we speak of it as being out of place.

Why does this rigid joint cause trouble? Because if the joint does not move, the little muscles around it are not used. But the flow of blood through the veins is dependent on muscle action. Therefore, there is an

accumulation of venous blood and of lymph around the joint. This accumulated fluid and the thickened connective tissues press upon the nerves passing through the area, while the local acidosis, which results from the congestion chemically, irritates them.

How is such a lesion to be corrected? By the use of movements which tend to stretch the adhesions. Given a rigid shoulder, we do not concentrate our efforts on giving it a jerk which will produce a grand and resounding pop, and then quit, telling the patient that we have "corrected the misplacement". We determine what movements are necessary to stretch the particular adhesions and then we attempt to put the arm through those movements. Neither, if the adhesions are extensive, do we expect to stretch them completely in one treatment, but plan to take a number of treatments for it. Why not apply the same reasoning in the correction of spinal lesions?

We would have a hard time popping the shoulder joint before we stretched the adhesions and restored its normal mobility. After that, no one seems especially interested in popping it. We are told by these osteopaths that a spinal joint also which is in lesion, is too tight to pop.

Some osteopaths tell us that a lesion is due to muscular contraction and that relaxation of the muscles is all that is necessary. That is often true at the beginning of the process before adhesions have formed, but not later.

Other osteopaths tell us that in the course of time the body adapts itself to spinal lesions and then it would be foolish to try to correct them. I don't believe the body ever fully adapts itself to limitation of joint movement, because of the fact that the circulation depends on that movement.

THE IMPORTANCE OF CORRECTING CHEMICAL MAL-ADJUSTMENTS

DR. JOHN J. HENDERSON, D. O.

Charleston, W. Va.

In the analysis, diagnosis and treatment of disease, there are three kinds of mal-adjustments which should be considered in the osteopathic corrective treatment.

The body should be considered as a mechanical, chemical and mental machine, and each division requires special attention. As a rule, most diseases result from mechanical and chemical mal-adjustments, and in many cases the chemical mal-adjustment may be secondary to the mechanical. There are very few pathological conditions in which chemical mal-adjustments do not play a part in the cause of disease.

Osteopathic corrective treatment should be applied to the chemistry of

the body, with just as much care and skill, as to the mechanical. A very large percentage of the laity have gotten an erroneous idea that the Osteopathic physician is but little more than an osteopath, and they are often surprised to know that he possesses a most thorough knowledge of the chemistry of the human body. This false idea is due to the fact that, as a rule, the Osteopathic physician lays most stress on the structural adjustment and often says but little about the chemistry of the body. The truth is that he is the one physician who should know most about the chemistry of the body, and the chemical requirements of Nature.

The chemistry of the body is com-

posed of the vital chemical elements which are obtained from the air, food, water and the vital rays of the sun. These are the only natural chemical elements which should ever enter the chemical laboratory of the human machine. The most vital elements, which are supplied through the air we breathe, are supposed to be automatically supplied in the normal amount, but those who have made a study of the chemistry of the body, know that few breathe as they should, and that many diseases may be traced to a deficient supply of the vital oxygen. The laity give very little attention to the subject of proper breathing and its relation to the chemistry of the body. However, when the subject of food supply is mentioned, we will find that people are especially interested in the matter of feeding the body. The subject of food chemistry in relation to the chemistry of the body, is one of the most important to be considered in the study of the cause of disease. There are millions of people who are afflicted with chemical mal-adjustments due to improper foods and food combinations. They suffer from all manner of pathological conditions as the result of accumulations of waste, toxins and body poisons. There may be mechanical mal-adjustments present, and the Osteopathic corrective treatment may correct the lesion, but the chemical mal-adjustment should be given the same attention, if a cure is to be expected.

If the chemicals which we derive from the foods which we consume, are required by Nature to build and maintain life and health, then naturally the same materials should be used for repair when the body becomes diseased. Chemical mal-adjustments require natural chemical adjustments, and the natural chemicals are derived from the natural foods, water,

air and sunshine. To try to adjust chemical mal-adjustments by the use of uncongenial, harmful drugs, which act as stimulants, sedatives, anodynes, hypnotics, etc., is but the practice of an uncongenial and unnatural system. It is accepted by many, from the fact that it has become a custom and practice. We are today discovering that there are many theories, customs and practices which are being discarded, for the light of science has proven them wrong.

However, let us get back to the subject of foods and food chemistry. If we, as Osteopaths, will impress our patients with the importance of the chemistry of the body, we will soon be considered real doctors or physicians by many who only come to us for some spine or rheumatic trouble, and think that "rubbing" is good for such conditions. Of course, there are some few millions of the laity who know that the Osteopath is the real physician, but there are many more millions who consider him as only a "rubbing" doctor, and not a real doctor. When Osteopathic literature and teaching give more attention to the real truth of the chemistry of the body, and the requirements of Nature, they will then gain a firmer hold on the laity.

There is now another school which lays all stress on spinal adjustment. They usually tell the patient to eat what he pleases, that all he needs is to take adjustment daily. I have had many of their patients who were afflicted with Bright's and other constitutional diseases, come to me, after having followed their advice as to eating what they wished for. I know several of these who had passed beyond earthly help, as the body chemistry had been neglected, and the chemical maladjustment was not recognized in time to be adjusted. In many such cases, with

the proper mechanical adjustment, and the correction of chemical mal-adjustments, through the use of the proper food selection, the patient could be restored to health.

For this reason we should give special attention to the adjustment of the chemistry of the body. We should familiarize ourselves with the science of food selection and its vital relation to the chemistry of the body, both in health and disease. We should instruct our patients how to gain self knowledge of the chemical requirements of the body, and what foods

should be selected and used in each particular case.

Improper food selection and improper food combinations are productive of all manner of body poisons. Many foods should be avoided entirely in certain conditions. Foods are required to supply certain chemical elements, and each has its medicinal value. Foods are the only real and natural medicines. Foods possess all the chemicals required by Nature's laboratory, within the human machine. Let us give more attention to the chemistry of the body.

DIAGNOSIS AND TREATMENT OF SOME OBSTETRICAL TRAUMATIC SEQUALE

Continued from last issue

PERCEPTION

This utter incapacity of attention, of course, goes hand in hand with dullness of perception. The less attention, the fewer the impressions that reach his brain, consequently the less perception. This again makes a memory which is very flighty, consequently mental defectives are hurt over and over again in the same way.

VOLUNTARY MOTION

Profound defectiveness is almost invariably associated with muscular insufficiency and inco-ordination. Not only are mentally deficient infants lacking in initiative to grasp objects displayed before them but even if objects are placed in their hands, they are usually incapable of getting a firm hold of or to manipulate them. Mental defectiveness is frequently accompanied by any one of several kinds of paralysis, depending upon which part of the brain is involved in the function. These patients very rarely learn to walk before three years.

SPEECH

Marked delay in learning to talk is almost as pathognomonic as his failure to learn to walk.

INTELLIGENCE

Because of the lack of proper conceptions and ideas upon which is built the mental life the intelligence of these patients is very limited. To be sure they may develop along some one line or other but their store of thought is so limited or so one-sided that they are not able to draw therefrom good judgment, consequently they are not able to meet the situation adequately.

STANDARD MENTAL TESTS

For six months. Move bright object in front of child, note if it follows it. Ring a bell at a distance of about two feet from baby, note if it turns around. While the baby drinks its milk, remove the bottle from its mouth and substitute a bottle containing a trace of quinine, salt or nux vomica, or warm water. Note how it takes any of these solutions. The normal baby shows the possession of sense of taste by promptly refusing even the plain water.

Prick the baby's skin lightly with point of needle, watch for prompt facial expression of annoyance.

Hold the baby's food at a short distance, watch baby's facial expres-

sion of satisfaction and desire to grasp the bottle or breast. Let the mother leave the room and return from another direction, note the promptness of attention. Put the baby on its mother's lap and note how it holds its head erect and sits up with slight support.

MENTAL TEST FOR TWELVE MONTHS

While unawares, call infant from a distance, note if it turns in the direction of the voice.

Put a colored object in baby's hand, then place in front of it some article of food baby is especially fond of, note if it drops the toy and reaches out for the food.

Let mother encourage her baby to clap hands, shake "bye bye" and perform similar "baby tricks" and note its power of imitation.

PROPHYLAXIS

In addition to personal hygiene and the correction of whatever structural defects may be present, there is a mental hygiene in training which is very valuable. The infantile brain, like potter's clay, needs molding while it is fresh and pliable, but it must be mastered skillfully and gently to avoid exhaustion of the brain cells or their disarrangement. The mental training should begin when the infant is about three months old. It should be picked up a few times a day, put on the lap and supported with the forearm, and shown a few lustrous things to stimulate its power of vision and attention. Gradually some objects should be put in its hands to train them to grasp. As it gets a little older, it should now and then, for a few minutes at a time, and properly supported, be sat up in its carriage or bed, and allowed, as it were, to make a general survey of the beautiful world around. At six months, if strong enough, it should be put in a baby chair, given a few harmless little toys to play with and

be permitted to be accosted by some intimate friends of the family, in order to get the child accustomed to distinguish strange faces.

Another few months later it should be gradually taught to perform some simple "baby tricks," such as clapping the hands. But let it be understood that this should be done by the same individual most of the time in order not to exhaust the child's nervous system which is easily fatigued, irritated and indisposed, and should not be overtaxed even by the simplest methods of training. This holds true also of older children, for many a supposedly nervous, naughty, intractable, listless or morose child, on careful inquiry, is found to be suffering from the effects of overtaxation of its mind by injudicious entertaining, training or education.

THERAPY

Owing to the tendency of mental deficient children to contract tuberculosis and the frequency of respiratory embarrassment as a result of nasal disease or deformity, the element of outdoor life, cleanliness, and personal hygiene enter in strongly.

In the study of the normal baby it is noticed that immediately after birth the child with the instinct of suckling, of fishing or reaching for food, crying when hungry or thirsty and this instinct is as strongly developed in the idiot as in the normal child and by taking advantage of this irresistible force to quench thirst and to appease hunger, it is often possible to awaken even the total idiot from his mental torpor, and to induce him, as it were, to struggle for his existence. This is designated as the "incentive" method of training the mental deficient and by using it we make use of his desire for food to teach him how to look, listen and to pay attention, how to grasp, how to imitate personally and with objects, how to

walk and how to talk, all in the order in which the normal baby acquires these faculties, except, of course, at greatly delayed periods as compared with the age of the normal baby.

The sooner the training is begun, the more promising are the results, principally because in mental defectiveness of long standing the brain cells usually entirely lose their regenerative quality.

Mental defectiveness is recognizable at six months and training as a rule can be begun at that time.

When the baby is given the bottle and starts to pucker up its lips when it sees the nipple and the bottle is pulled back, when this maneuver is kept up from time to time most of the babies struggle to get a good hold of the bottle and gradually learns to recognize the bottle, we next endeavor to train the baby to follow the course of the bottle, by slowly moving it before its eyes in all directions, before allowing it to get a hold of the nipple as it comes near its mouth.

After the baby has acquired the power of grasping the bottle, we place the child in semi-recumbent position and then when the baby has the bottle in his hand and is about to suck, we pull the bottle back in order to make him come to a sitting position by hanging onto the bottle. This strengthens the arms and spinal muscles and teaches the child gross movements.

When the baby is older, feed him some egg, for instance from a spoon, and make him wait for the next spoonful until he shows anxiety to get it. By using different smelling and different colored food you can gradually get him to move in different directions to follow the objects. Hold some scraped apple near his nose and let him smell it and teach him how to reach for it. After a

while place the child near the side of the crib and put his hands on the upper cross bar, and teach him to reach for it holding on to the bed with one hand. By using hunger and persistent training it is possible to get a child to feed itself and learn to move around and to perform useful movements.

These methods can be kept up until the youngster can walk, with support and without, until he can recognize sentences, different music for different lines of activity such as marching, and he will gradually develop a surprising amount of ability to take care of himself.

In those cases of degenerative brain tissue such as total idiocy, hydrocephalus, microcephalus, or amaurotic type no amount of training will be of avail. In as much as most of them die young they will hardly come under our care.

Of the several physical measures organotherapy, up to the present time, has probably gained the widest recognition. The use of these ductless gland products has made up one of the most brilliant chapters in all of the therapeutic realms. Thyroid transplantation has been tried using the graft in the bone-marrow, the peritoneal cavity, the reperitoneal tissue, the omentum and in the spleen, with but indifferent success because the effect seemed only to last for short periods of time and oftentimes a complete retrogression takes place. Drugs are of little value and while adjustment methods have wrought wonderful cures in many cases either by stimulating the ductless glands to a proper activity or by bringing about a more normal circulation to the brain tissue, Dr. Ira Drew of Philadelphia has had some spectacular results with these cases and the writer has had several cases of myxedema and cretinism which have responded remarkably to manipulative procedure.

Those cases which are a definite history of difficult labor with or without the use of instruments in which an ophthalmoscopic examination shows signs of intracranial pressure, such as dilated retinal vessels and blurring and haziness of the optic disks, very brisk results are gotten from cranial decompression in cases of spastic paralysis. Harvey Cushing of Boston has performed quite a

number of craniectomies and is of the opinion that the newly born will stand a cranial operation well. Roswell Park maintains that where there is a reasonable integrity of brain structure there is no reason why cranial craniectomy or decompression should not be done as an opportunity for the imbecile to a more normal development.

RESEARCH DEPARTMENT

The Pacific Branch of A. T. Still Research Institute, Louisa Burns, Dean

Typical Inflammatory Changes

Several small bits of material were sent for examination. All show practically the same pathology.

All tissues show rapid multiplication of cells—epithelial, glandular and connective tissues, and the blood vessels.

Typical pearls are absent, though the epithelial cells are often arranged in whorls which suggest the initial stages of cornification.

Fuchsin bodies are absent, though there are occasionally very small areas of hemorrhage per diapedesis which suggest Fuchsin bodies.

Karyokinesis is very abundant, but no irregular forms are found after very careful search.

Although there is marked cellular reproduction, the cells of every type retain normal relations, and show no tendency to invade other tissues.

This tissue suggests inflammatory reaction of long standing, and with acute exacerbation.

The history of the patient, secured at a later date, verifies this conclusion.

For the privilege of examining this tissue, I am indebted to Dr. R. D. Emery, Baker-Detwiler Bldg., Los Angeles.

Acanthoma

(Epithelioma; epithelial carcinoma, etc.)

Specimen was removed for sake of diagnosis, from area of cervix uteri. This area is brilliantly red, bleeds easily and appears to cover site of very small, irregular tumor.

Sections show many epithelial "pearls". Epithelial cells are undergoing very rapid multiplication. Long strands of cords invade the deeper tissues. Vascularization is very profuse. Connective tissue reaction is scarcely to be found. Karyokinesis is abundant and irregular figures occasionally occur. Russell's fuchsin bodies are not present. Glandular hypertrophy is not present.

For the privilege of examining this tissue I am indebted to Dr. E. E. Brostrom, Black Bldg., Los Angeles. Ovarian Papillary Adeno-Carcinoma

This is one of the rarest, as well as one of the most malignant of tumors.

Specimen includes ovaries with cysts and adherent abundant masses of papillary tumors; uterus with subserous, subcous and intramural tumors.

1. Ovarian tumors are all of same tissue — papillary carcinoma. The cancer cells are arranged in a somewhat cord-like manner, suggesting embryonic glands; karyokinetic figures are abundant and often erratic construction; blood vessels are abun-

dant, with thin and often ragged walls; cell very variable in size, shape, arrangement and staining.

2. Largest subserous uterine tumor is typical fibro-myoma. Several tumors, much smaller, subserous, are composed of the carcinoma, probably metastases from the ovarian growths.

3. Intramural tumors are all small and include several fibromyomas of the usual type, and several cancerous masses, apparently metastatic.

4. Subserous tumor is single, soft and papillomatous. It fills the uterine cavity. It is composed of the same cancerous neoplasm as that of the ovary, and is probably metastatic.

For the privilege of examining this tissue, I am indebted to Dr. C. H. Phinney, of the Black Bldg., Los Angeles.

Infection of Papillary Carcinoma

Specimen sent is one of many papillary tumors from bladder wall.

Sections show typical papillary adeno-carcinoma of the bladder, a tumor neither very rare nor, fortunately, very common. In this case, the cells show rapid fatty degeneration. Throughout most of the tumor abundant mycelial threads appear. No ripe sporangia are present. The hyphae are long and twisted, not transversely divided, not branching, with only a very few immature sporangia. Tendency to conjugation occasionally noted. Entire arrangement resembles rather small form of mucor.

Whether the mould invaded the carcinoma, or whether the mould infection provided irritant resulting in cancer, cannot certainly be determined.

For the privilege of examining this tumor I am indebted to Dr. E. T. Abbott, College of Physicians and Surgeons, Los Angeles.

Yeast Infection

A number of slides prepared from scrapings from an open ulcer on the

leg were sent for examination. The slides from the superficial areas show usual infectious agents from open and infected wound.

Slides taken from the deeper regions show a single infectious agent, an abundance of blastomycoses.

Ulcers of this type and of the "cold" type are rarely painful, invade surrounding tissues very slowly, and are very reluctant to heal.

For the privilege of examining this material I am indebted to Dr. N. G. Stewart, Baker-Detwiler Bldg., Los Angeles.

Pelvic Tuberculosis

Both ovaries and both tubes and uterus sent for examination.

1. Both ovaries congested, with several small cysts upon tubes and parovarium. Tubes congested, edematous, tortuous, contain muco-purulent secretions. Uterus congested, edematous "logy", slightly larger than usual in woman of this age. (65 years.)

1. Ovaries. Sections show small tubercle-like masses, with some caseation. Usual evidences of chronic inflammation are present. No giant cells found.

Smears show—Inspissated pus, abundant. Giant cells, none.

Bacilli of tuberculosis, abundant.

Leucocytes, present.

Erythrocytes, few.

2. Cysts. Several contain clear fluid, and walls appear to be of usual developmental type.

Several contain purulent semi-fluid materials. These contain pus, partially inspissated; bacilli of tuberculosis; rarely trace of blood.

3. Tubes—Walls show usual evidences of chronic inflammation. Contents of tubes show pus, small amounts of blood; bacilli of tuberculosis, few.

4. Uterus. Sections of walls from many areas show usual evidence of chronic inflammation. No evidence of tumors are to be found.

Smears from several areas of uterine wall show bacilli of tuberculosis. No microscopic signs of tuberculosis are present,

In this case the tubercles showing greatest age are within the ovaries.

Apparently both ovaries were invaded at about the same time. The tubes are infected later, and the uterus shows invasion of the tubercle bacilli without the formation of actual tubercles at this time.

For the privilege of examining this specimen I am indebted to Dr. R. D. Emery, Baker - Detwiler Bldg., Los Angeles.

PROTECTION FROM CANCER

Article No. 2

By ROBERT D. EMERY, D. O.

In reviewing the history of medicine, it is interesting, at least, to note that Stahl (1661-1734) considered cancer to be due to stasis and thickening of the blood, while Hoffmann (1660-1742) held that life and health depended on normal movements of the tissues; cancer and other diseases resulting from atony, stasis and abnormal fermentation of blood and lymph. He constructed his anodyne as a panacea to restore tissue tone. Paracellus (1413-1541) stands out as the first successful opponent of Galen's theory of *alra bilis* as the cause of cancer. He claimed that the disease was due to mineral salts in the blood. He seemed to think that cancer developed where various animal salts became concentrated and sought an outlet.

It must appear to the unbiased reader that these theories or their modern counterparts should be given the most careful scrutiny by our research workers. Stagnation of blood, atony of tissues, constipation with absorption of toxins, malnutrition, poisoning and perversion of the nervous system, *collemia* and colloidal precipitation, acidosis, accumulation of various waste products in the system, apart from the purin bodies,

lowered and otherwise disturbed functions of the endocrine glands, tissues weakened and irritated in endeavoring to eliminate excessive amounts of various salts and katabolic products, among them unoxidized sulphur compounds (which seem to be especially irritating to the tissues) the lack of vitamins and essential organic salts; these are some of the modern much discussed subjects bearing upon the subject of cancer which hold a very close relationship to the theories of the three authors cited above.

Protection from the immediate ill effects from the causes enumerated, and protection from the later effects, manifested as cancer, can be brought about, in my judgment only through simplicity, temperance and comprehension in diet, together with physical culture taken in such a manner as to cause an intensive flow of blood through every blood vessel in the body at frequent intervals. This last is best accomplished by very active exercise taken either in the form of work or play, at least once daily. Many of my patients have accomplished this by bending forward and then straightening the body to the erect posture, repeating this movement faster and faster for from one to several minutes until the

heart action is greatly accelerated. This effort of exercise should be immediately followed by a period of relaxation of variable duration in the recumbent posture, to permit of the most lasting and most far-reaching benefit.

In summarizing the investigations into the so-called carcinoma of the thyroid of brook trout, these conclusions were drawn by Maine and Lenhart: 1. "That the so-called carcinoma of brook trout is, in its early stages at least, nothing more than severe endemic goiter. The possibility that this physiological hyperplasia may go over into carcinoma is not denied, and is in harmony with more modern views to cancer development." 2. "Overfeeding, overcrowding, and a limited water supply are in a very important but still unknown manner associated with the development of thyroid hyperplasia." 3. "Prevention and cure is favored by adjusting the amount of food and the number of fish to the water supply or by the addition of iodine containing substances to the water passing through the ponds."

Having these conclusions in mind it is interesting to read the following from the body of the same monograph: "As to the cause of this disease the same views are held as in mammalian goitre. These may be divided into two groups (1), Infectious; (2) Metabolic."

In speaking of this disease as due to infections, note the following: "It is certain that it does not obey the laws of water borne infections for the reason that fish placed in the tail-race immediately below the last pair of tanks are able to recover from any hyperplasia they had at the time of putting them there, or if their thyroids were normal at the time of placing them there, they were able to maintain normal glands

even though living in the theoretically most polluted and infected waters."

The attention is directed to the above citations from historical hypotheses and experimental study to give added weight to the suggestion in my former paper that stagnation might be an important cause of cancer and very intensive physiological exercise is an important protective agency.

The fish when placed in the tail-race were obliged to meet the swift current at times by very active exercise and as a result the tumors of their thyroids (some of these tumors nearly one-fourth as large as the head of the fish) rapidly melted away and the fish regained normal health and tone. It is furthermore worthy of note that only fish in captivity develop these tumors while the fish living an active wild life are apparently free.

As is well known, there are some medical observers who claim that every case of cancer is due to syphilis, either hereditary or acquired. Although it appears to me that this view is entirely untenable, it is a well known fact that cancer and leues are frequently found in the same individual and the cancer often appears to develop from an old syphilitic lesion. Unquestionably, the thorough cleansing of the body from syphilitic taint is one of the problems in relation to cancer protection. This does not necessarily mean that arsenic or mercury must be administered to the individual to remove the acquired or inherited leues. Opinions differ as to the effectiveness of these remedies, but whether these antisiphilitic remedies are used or not, it should be universally agreed that diet and exercise which maintain the most normal function and tone for the body are among the most important essentials in curing syphilis and in removing leuetic taint.

Some years ago, while conversing with a physician in Philadelphia who had acquired a syphilitic lesion on one of his fingers, he told me that he had secured a world of information regarding the treatment of syphilis since he had been treated for the disease himself. They just filled me full of salvarsan and mercury without paying any attention to my bodily functions until I was a wreck and nearly dead; was the sum of what he told me. He said that if he ever got over the effects of the treatment enough to resume practice, his technique in the treatment of lues would be modified to maintain the highest fighting efficiency in his patient throughout the entire course of treatment. This statement came from a member of the regular school of medicine who stands high in his profession and who at last recognizes some of the limitations of luetic treatment as administered by his colleagues.

The next factor in cancer protection which I wish to mention is fibrinolysis.

After a close study of my cancer cases, I am convinced that at least some protection from cancer can be secured by keeping the fibrinolysis of an individual's blood up to normal. If the fibrinolysis is below normal, it can be benefitted by having the person receive an intra-muscular infusion of blood from a donor whose fibrinolysis is normal.

Many of our cancer cases bring in donors who are about to contribute blood to the cancer patient, but upon testing for their fibrinolytic ferment, it is found to be absent or deficient. Such an individual whether suffering from cancer or not is not as safe from malignancy as an individual with a normal fibrinolysis would be. It is very important that not only the fibrinolytic ferment lack, but also that other blood deficiencies and per-

versions as shown by chemical, morphological and biological (or biochemical) tests should be recognized and corrected early.

I believe that everyone, especially individuals past the age of thirty, should have a careful and systematic blood examination made once every year to determine abnormalities. Such a procedure would go far toward protecting against cancer development at a later period of life.

It is very probable that suitable diet and exercise will do much toward establishing or re-establishing blood normality in individuals showing deficiencies, and studies in this connection will be conducted in future. It has already been noted that individuals who are very tired or who are suffering from some drain on the system will have a lowered fibrinolysis. Rest or relief from the unnatural drain in such cases will often quickly re-establish the normal.

In speaking of diet, I am convinced that some protection from cancer is afforded by minimizing the ingestion of salt. Whether some sodium and chlorine are necessary for the body in the form of mineral sodium chloride is still a mooted question, but certain it is that under no circumstances is there justification for the use of such amounts of table salt as are often consumed with daily regularity. Unquestionably, most of the sodium and chlorine should enter the body in the form of organic salts found in various food stuffs.

The avoidance of an excessive meat diet and probably physiological economy through a lower nitrogenous intake generally has a salutary effect in normalizing cholesterol formation, in minimizing the accumulation of sulphur compounds in the blood and in these and in other ways affording protection from cancer.

Recognizing the relationship of heredity to cancer, it seems probable that by early blood studies any causes predisposing to cancer may be ascertained and removed. Heredity is a very doubtful etiological factor at best and in ways that have been suggested, it should be possible to make that influence inoperative.

As to senility as a cause of cancer, it seems as though this disease is not due to a true senility, but to a premature or induced senility. As has already been cited, cancer is a disease appearing in the prime of life and usually afflicting those who are strong and robust. The appearance of malignancy in such individuals then is due to irritation of the cells by substances which the body would like to eliminate, but cannot—at least not sufficiently rapidly to afford the necessary protection.

As it is everywhere conceded that irritation is a very real cause of cancer, it seems obvious that the senility of which we speak is a condition of the cells due to prolonged stimulation or over-stimulation—largely due to overindulgence in food or in certain kinds of food, and of the neglect of suitable and adequate physical exercise.

If one will take the opportunity to review the investigations made by W. R. Williams, F. L. Hoffman, J. Wolff and others, realization will come that cancer is a disease of civilization, and that it is rapidly increasing in the civilized countries. This unquestionably must be due to our habits of life. Therefore, our greatest protection against cancer is for us to go back through choice to those methods of eating and exercise which primitive peoples through force of necessity were compelled to adopt. Of course, it is understood that many modifications to meet present day needs should be adopted, but temperance and judgment in eating and

adequate exercise can be taken even by the busy city man. His sense of values must lead him to avoid foods which civilization has altered and emasculated.

The use of white sugar, white bread, polished rice, the ordinary table syrup, sterilized food, excessive carbohydrates and an over-abundance of meat is sure to cause trouble in time. Even the use of the most natural and most healthful foods in the world, if taken daily in excessive quantities will result in disease eventually, and that disease may be cancer.

Especial prohibition should be directed toward tea, coffee, tobacco, alcohol, vinegar and strong condiments of all descriptions.

Cancer, however, is not the only disease which comes from the above causes, and the application of the principles for the protection against cancer as suggested will also go far toward protecting the individual from asthma, cardiac disease, arteriosclerosis, enlarged prostate, hemorrhoids focal infections of teeth, tonsils, sinuses, gall bladder and appendix, Bright's disease, apoplexy, constipation and many other diseases.

Furthermore, it must not be forgotten that mastication of the food as well as the selection of the food is of greatest importance. If the unbiased reader will review the experiences of Horace Fletcher he will appreciate the value of the contributions of that layman to medical knowledge.

CONCLUSIONS

1. We now have sufficient knowledge to afford a real basis for the application of protective agencies against cancer formation and spread.

2. Food; quantity, variety and mastication is important.

3. Condiments and irritant foods should be eliminated.

4. Salt and sulphur compounds should be studied carefully for each case.

5. Exercise: This should be taken in a manner to eliminate as completely as possible every area of stagnation in the body.

6. Syphilis should be intelligently treated when present in the body.

7. The fibrinolysis of every individual should be normalized.

8. Periodical blood studies should be made.

9. Sufficient thyroid secretion should be maintained in the blood, and any deficiencies should be made up either by toning the thyroid gland to more perfect function or by administering thyroid extract.

10. Collemia and colloidal precipitation must be overcome as thoroughly as possible.

11. Acidosis must be met effectually.

12. The relation of certain environmental conditions to so-called cancer in brook trout was mentioned and deductions drawn. Similar studies could be made with rats, mice and other animals.

13. Especial attention should be called to the fact that cancer most frequently attacks the robust and healthy. These cases continue to evidence perfect health for a considerable period after the disease has commenced to invade the tissues.

14. Cancer is a disease of civilization and reversion to primitive methods of life would afford a marked protection.

15. Protection from cancer means also protection from many other diseases.

16. In fields where cancer has already appeared, some protection against the spread of the disease is secured by the induction (if possible) of round cell infiltration and of cell differentiation.

17. Hereditary tendencies toward malignancy should be met in a general way as suggested.

18. It is the author's belief that the senility of the cells which favors cancer is an induced and premature senility which can be recognized, either directly or indirectly, during the precancerous period, and eliminated.

EXCERPTS FROM RECENT MEDICAL LITERATURE

By DR. ROLAND F. ROBIE

The Osteopathic Practitioner, who has caught the vision of Osteopathy as applied to anatomy and physiology, should be encouraged, if, indeed, he ever becomes discouraged in his practice, by articles appearing in recent months in such conservative journals as *The Journal of the A. M. A.*

These sentences are taken from recent numbers of *The Journal*. In Vol. 77, No. 14, P. 1061, we read: "For true perspective we must return to Hippocrates. The father of medicine practiced prevention and cure. He was a general man. His therapeutic platform comprised several planks, among them surgery,

drugs, dietary regimen, physical and psychic therapy. Recognizing the limitations of his day, he sought to assist Nature, the *Vis Medicatrix Naturae*, and through the control of the vital functions of the body to promote the natural processes of repair, thereby compelling the patient himself to participate in the cure." Also we read on P. 1064 of the same number, "Recognition of the functional factors in disease is rapidly obtaining a strong foothold in medicine and is replacing the structural conception which, by virtue of its very nature, is entirely unsympathetic to drug therapy". On the next page is this

significant sentence, which seems a tacit admission of past omissions: "The physician must be brought to feel the responsibility for treatment as well as for diagnosis, and to accord treatment the same time and effort accorded diagnosis."

Some of the sentences written by the famous Dr. Crile of Cleveland in *The Journal*, Vol. 77, No. 15, P. 1156, could well come from an Osteopathic writer, so long have they been set forth by men in our profession from Dr. Still to the present. He says: "The increasing tendency to consider as the final criterion of a therapeutic measure its value in protecting the working cells of the body against fatigue, as compared with older methods, may be compared to the contrast between antiseptics and asepsis, for the former importance of antiseptics has been largely replaced by the promotion of the natural defenses against infection, which are present within the organism itself. The surgeon today knows that the key to the defense against infection possessed by any part of the organism is its blood supply; that abundant blood and normal blood augmented by physiologic rest supply the natural 'asepsis'."

Those who still have faith in stimulants might well ponder Dr. Crile's words, "In general, with the exception of the employment of digitalis to stimulate a weak myocardium, the use of stimulants is scarcely worth while and may be harmful".

Dr. Osler

Dr. J. M. T. Finney of Baltimore pays his associate, Dr. William Osler, a beautiful tribute in the December 24 copy of *The A. M. A. Journal*, P. 2013. Biography is always interesting for it lays bare, consciously or unconsciously, the tap roots of a man's character and shows the principles that actuated his life and the discussion of such a great physician's

life and works holds something of especial value to us as Osteopaths. Finney brings out in clear relief the man's great love of human kind, making him beloved by all who came in contact with him, his punctuality, taciturnity, equanimity, sense of humor, love of his work, his wonderful ability to inspire visions in his students. One splendid suggestion for all of us is the necessity to cultivate a hobby aside from our work and the effort to read widely from such classics as Shakespeare, Marcus Aurelius, Don Quixote, Emerson, and the Old and New Testament. If this were done no one could say as Dr. Reid of Denver has recently said, that he has met able Osteopaths who could carry on no conversation whatever about any topic not connected with their work.

Every one of us can read and remember with profit this advice: "Never let your tongue say a slighting word of a colleague. It is not for you to judge. Let not your ear hear your voice raised in unkind criticism or ridicule or condemnation of a physician. If you do, you can never again meet that man face to face. Wait, try to believe the best. Time will generally show that the words you might have spoken would have been unjust, would have injured a good man and lost you a friend, and then, silence is such a powerful weapon." These words fittingly summarize Osler's actions all through his life.

Don't cry down the man who has an idea. Attack the idea if you will. It may be wrong or may be he has struck something, and if he hasn't, give him a chance—he will.

"Where there is no vision the people fail."

WILLARD'S TECHNIC

(Continued From December Issue)

*Lecture Four***SUMMARY**

In this lecture the following matters are repeated for emphasis:

1. In Thumb-Semilunar Contact the distal arm delivers the corrective force.

2. In first Metacarpal Contact the proximal arm delivers the force.

3. In Fifth Metacarpal Contact both arms simultaneously deliver the force.

4. In Pisiform Edge Contact, and also in Pisiform Flat Contact the distal arm delivers the corrective force.

5. In Proximal Scaphoid Contact, and in Distal Scaphoid Contact, named respectively from the hand touching the spine being either near or far from the patient's head, the arm of the contact hand delivers the force.

6. In each of the contacts described in this lecture, as well as in the one preceding, whether correction requires single or double straight arm delivery, the force delivering shoulder plays the all-important part.

7. In single straight arm delivery one shoulder is forced upward out of the socket; in double straight arm delivery both shoulders.

8. In all of the contacts thus far described, the corrective force is transmitted through the adjuster's sudden spring into the erect posture. The point of contact in the lesioned vertebra is the point of resistance, receiving the impact from the upward spring. The transmitted shock and the spinal rebound releases the tension holding the vertebra malposed.

9. To permit of unimpeded rebound, the contact hand must in-

stantly dart away from the patient's spine. The secret of painless, effective adjustment is speed, not only in delivering the force, but also in getting away from the spine.

10. In the following contacts already described, the force is delivered from the shoulder of the contact hand:

Semilunar Contact, Pisiform Flat Contact, Os Magnum Contact, Proximal Scaphoid, First Metacarpal, Distal Scaphoid.

11. In Fifth Metacarpal Contact both arms simultaneously deliver the corrective force; but one hand, the proximal, makes contact with the spine.

12. In the following contacts, already described, the corrective force is delivered from the shoulder of the reinforcing hand, being transmitted through the contact hand to the lesioned vertebra:

Thumb-Semilunar Contact, Pisiform Edge Contact.

BILATERAL SCAPHOID

DEFINITION: Bilateral Scaphoid Contact is a method for correcting antero-posterior spinal conditions in the dorsal and lumbar spine. It consists in making scaphoid contact with each lamina of the lesioned vertebra; the elbows and shoulders placed as in Bilateral Scaphoid and held ready to deliver the corrective force.

SYNONYMS: Bilateral Scaphoid Contact. Scaphoid-Laminae Contact.

USE: This contact is specially useful for correcting lesions in patients of heavy build, while bilateral Pisiform fails to move the vertebra.

1. **POSITION OF PATIENT:** The patient lies prone, arms hanging from the table.

2. **POSITION OF ADJUSTER:** The adjuster stands at the side, facing head of table.

3. **PLACING DISTAL HAND:** The middle finger of the distal hand rests on the lamina opposite the adjuster; the middle finger of the proximal hand on the lamina next the adjuster. Each thumb presses its respective index finger out of the way underneath the palm. Likewise each ring and little finger are folded under the palm, leaving each middle finger unhampered in its work of indicating or marking the contact point. This small matter makes for efficiency wherever the middle finger holds a surface point for manual contact.

The middle finger of the proximal hand, marking the lamina next the adjuster, is withdrawn and substituted for the distal middle finger on the opposite side. At this point the scaphoid bone of the distal hand, laid flat on the back, fingers pointing straight outward at a right angle with the spine, is placed over the lamina marked by the middle fingertip, on the opposite side of the spine from the adjuster.

4. **PLACING PROXIMAL HAND:** The scaphoid bone of the proximal hand, laid flat upon the back, fingers pointing straight away from the spine at right angles with it, finds the corresponding point over the lamina next the adjuster.

ELECTRONIC REDUCTIONS OF ABRAMS

I. N. MCMANIS, D. O.

In an article of this kind it would be possible only to touch a few of the most interesting high spots. The work is far too broad and covers too great a scope to explain it properly in one article even though I were capable of doing it.

In making a diagnosis by the E. R. A. (Electronic Reactions of Abrams), a drop of blood taken from the patient, on a piece of filter paper, is used. This is placed in a little instrument called the dynamizer. A wire connects the dynamizer to a reflexophone or rheostat, another wire leading from the rheostat has on the end of it an electrode which is placed on the subject's forehead. The subject stands facing west, with his feet grounded. Dr. Abrams sits in front of the subject and percusses the abdomen, if certain areas yield a dull percussion note when the rheostat is set at certain figures (vibratory rates) he knows what diseases are present. For example, if the patient whose blood is in the dynamizer has T. B., a definite area on the subject's abdomen will yield a dull percussion

note when the rheostat is set at 42. By means of this rheostat he is able to tell the ohmage or intensity of the disease. T. B. in the latter stages may reach as high as fifteen ohm. Two or three ohms is considered incipient. The usual methods of physical diagnosis cannot detect T. B. where the ohmage is less than five or six.

By the same method Dr. Abrams is able to tell what tissues are involved. For instance, he first detects that pus is present, then by further percussion in various areas on the abdomen and by the use of another electrode he is able to detect the exact location of the infection. Such as sinus, tonsil, teeth or appendix. He can also detect through a man's clothing the exact spot where he has been vaccinated. We have seen him do it a number of times. He does this in the following manner. The patient stands on ground plates facing west and behind a curtain where Dr. Abrams cannot see him. An assistant passes a pointed electrode over the patient's arms, during which time

Dr. Abrams percusses subject's abdomen (the subject and patient being connected with an insulated wire leading through dynamizer and rheostat) when the pointed electrode touches the vaccination scar, the syphilitic area on subject's abdomen yields a dull percussion. Dr. Abrams says that all persons that have been cassinated yield a reaction of Bovine Syphilis.

It is interesting to watch the patients in Dr. Abram's clinic. Nearly all of them show a reaction of syphilis in some form either acquired, congenital or bovine. He claims that one hundred per cent of us have syphilis in one form or the other. If the ohmage is less than one it is not likely to cause any trouble. It is interesting to watch these patients get well as the syphilis is eliminated from their system by means of his Oscilloclastic treatment. The Oscilloclast is a machine Dr. Abrams has invented. He has discovered that certain vibratory rates are destructive to disease that the current put through the Oscilloclast at three over the spleen after concussion of the 7th cervical and 2nd dorsal spines is destructive to syphilis. Apparently no one but Dr. Abrams knows what the Oscilloclast does to that current to make it destructive to disease. Different rates destroys different diseases.

The following may give you an idea as to how results are obtained with the Oscilloclast. For illustration, we will take a case of T. B. Tuberculosis is an active process. We will all admit that. If this is true, it is a form of energy. If it is a form of energy it must have a vibratory rate. It is common knowledge that soldiers are not permitted to march over a bridge in step because the vibratory rhythm of their step breaks the bridge down. This has been a rule in military tactics since the destruction of the Manchester bridge in England years ago in that

manner. Now the Oscilloclast seems to be an electrically stepped-up machine, which can be set at the vibratory rate of various diseases, thereby producing the same effect upon the diseased condition as the soldiers had upon the bridge.

It is a fact that this Oscilloclast will destroy certain diseases and can rid the body of Syphilitic infection. This new method of treating disease is certainly a world beater. Add to this specific Osteopathic adjustments and it seems to me the possibilities of the combination would be limitless.

A word about concussion. We have learned here that concussion of the spine of the 7th vertical vertebra enlarges the spleen. That concussion of the 2nd dorsal maintains this enlargement for several hours. That concussion of the 2nd lumbar spine constricts the spleen. Dr. Abrams has demonstrated this to us in his laboratory a number of times. What message does this carry to you as Osteopaths regarding a general spinal treatment. It simply means that we should find it, fix it and leave it alone.

Dr. Abrams is able by his methods to measure the functional activity of the thyroid and other glands in ohms. We have seen him do this more than once. Now since these measurements can be made it opens up to us the manner in which the results of Osteopathic treatment can be shown in figures. I sincerely hope that many of the serious minded and deep thinking Osteopaths will investigate the E. R. A. and trust that they will find it as profoundly interesting as I have.

"When we know that courage has become the inalienable instinct of all classes why should we be lured into hell to prove that we have courage?"

WESTERN OSTEOPATHIC ASSOCIATION CIRCUIT CLINIC

Preliminary Announcement

Dr. L. van H. Gerdine, alienist and neurologist of the Still-Hildreth Osteopathic Sanatorium (Macon, Missouri), will make a Circuit Clinic Trip beginning February 1 at Portland, and ending February 17 at El

Centro (Imperial Valley). Dr. Gerdine will examine mental and nervous cases, and will address the members of the Local Societies on diagnosis and treatment. There will also be a public lecture for the Local Societies which desire it.

TENTATIVE SCHEDULE

(Subject to Revision)

Wed.	Feb. 1	Portland	.....	9 a. m. to 10 p. m.
Thurs.	Feb. 2	Portland	.....Lv.	1:00 a. m.
Thurs.	Feb. 2	Eugene	.....Ar.	5:00 a. m.
Thurs.	Feb. 2	Eugene	.....Lv.	11:33 p. m.
Fri.	Feb. 3	Medford	.....Ar.	9:05 a. m.
Fri.	Feb. 3	Medford	.....Lv.	3:40 p. m.
Sat.	Feb. 4	Sacramento	.....Ar.	8:40 a. m.

Dr. Gerdine will probably leave Sacramento early Sunday morning for San Francisco.

Mon.	Feb. 6	San Francisco	.....	9 a. m. to 10 p. m.
Tues.	Feb. 7	Oakland	.....	9 a. m. to 10 p. m.
Tues.	Feb. 7	Oakland	.....Lv.	11:37 p. m.
Wed.	Feb. 8	Fresno	.....Ar.	6:45 a. m.
Wed.	Feb. 8	Fresno	.....Lv.	10:45 p. m.
Thurs.	Feb. 9	Long Beach	.....	10 a. m. to 10 p. m.
Fri.	Feb. 10	Orange County	.....
Sat.	Feb. 11	Riverside	.....
Mon.	Feb. 13	Los Angeles	.....
Tues.	Feb. 14	Santa Barbara	.....
Wed.	Feb. 15	Pasadena	.....
Thurs.	Feb. 16	San Diego	.....
Fri.	Feb. 17	El Centro	

Further details will be given in printed bulletin later.

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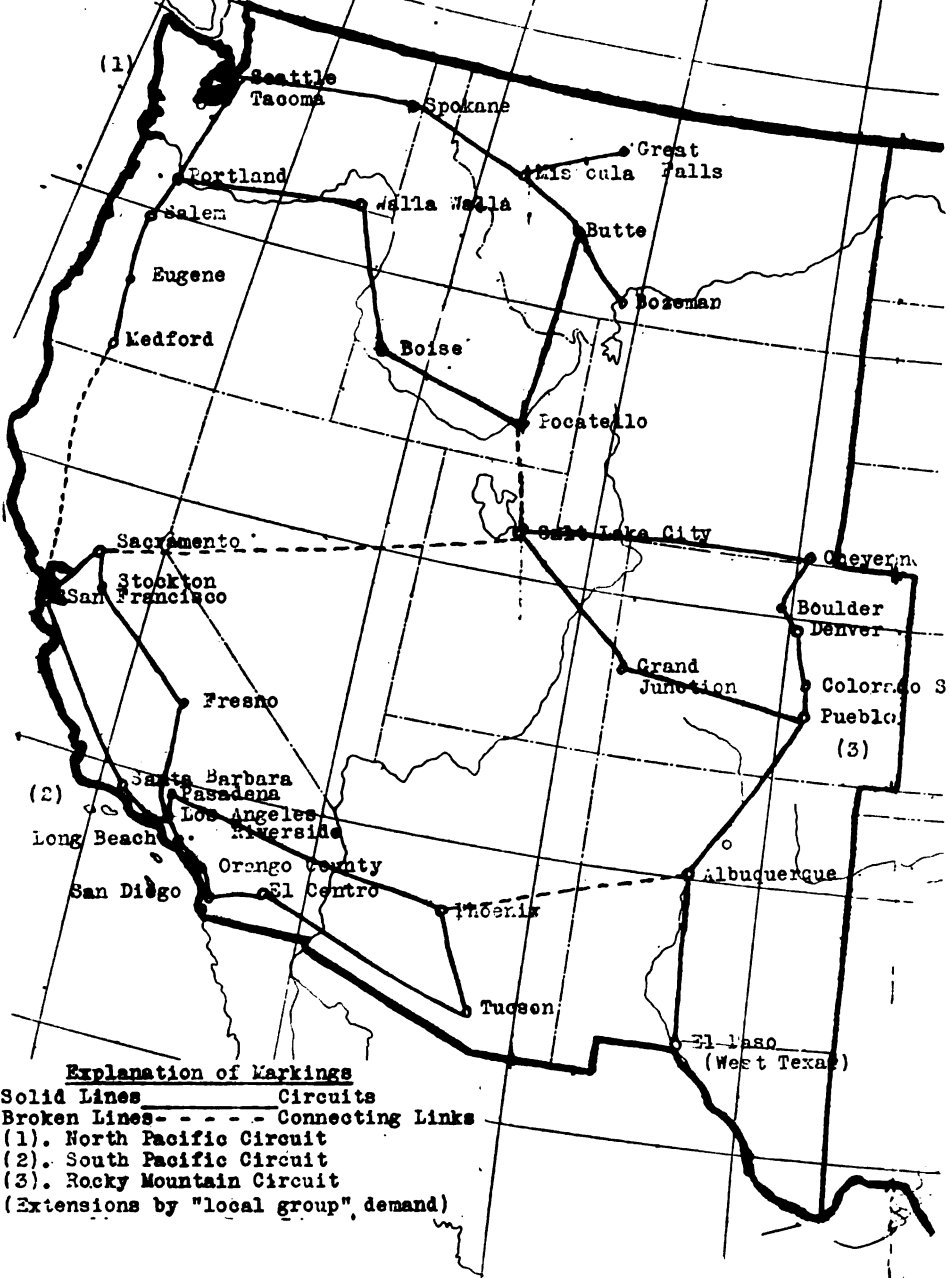
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Explanation of Markings

- Solid Lines — Circuits
- Broken Lines - - - - - Connecting Links
- (1). North Pacific Circuit
- (2). South Pacific Circuit
- (3). Rocky Mountain Circuit
- (Extensions by "local group" demand)

The success of the "Circuit" depends upon the activity of each officer and Committee Chief in each "local" Society. The "North Pacific Circuit" or "Circuit No. 1" is next (Jan.-Feb.) Will it be success? You answer!

The Western Osteopath

Owned and Published Monthly by the
CALIFORNIA OSTEOPATHIC ASSOCIATION

C. J. GADDIS, D. O., Editor and Manager.
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SECRETARY-TREASURER, DR. C. B. ROWLINGSON, 796 Kensington Road, Los Angeles

Subscription \$2.00 a year in advance.

EDITORIALS

(Here are two more editorials from leading editors. Dr. Williams, editor of The Osteopath and a lot of good literature, and Dr. Elfrink, the energetic secretary and the editor of one of the best state bulletins.—The Editor).

Co-operation

By R. H. WILLIAMS

Editor The Osteopath

About two years ago the Osteopaths of Blank decided they needed an Osteopathic hospital, so they banded together, pledged eternal co-operation and goodfellowship and sold stock to their best friends and patients, also to other members of the profession.

They were fortunate enough to buy a palatial residence at a fraction of its value. They equipped the institution and patients began to come in—business improved and all seemed well until a cloud appeared in the form of jealousy; other clouds formed and the storm broke.

Stock was sold through promises of co-operation and support of every member of the staff. Were the promises forgotten when petty differences arose? Will osteopathy stand in

any better light if \$38,000 is not raised and the institution hits the rocks and founders? Will the medics get the place? And, if so, what of the stockholders who had nothing to do with the internal disturbances?

Talking about co-operation is one thing. Co-operation is another one. We are struggling along just barely able to keep our heads above water, when we should be riding on the crest of the highest waves of popularity and public opinion.

Hating a fellow Osteopath is manufacturing just that much poison in your system; envy and jealousy are deadly toxins; co-operation is food and sustenance, a mental stimulant and a destroyer of poison and doubt.

Try it and see!

Kansas City, Mo.

Why Have Any Associations

By WALTER E. ELFRINK, D. O.

We have been making something of a study of the psychology of the members of our profession who do not belong to our association. If the problem of the non-member were a local one, we would not venture to say

anything about it in The Western Osteopath. But it seems to be a problem which is more or less universal. It is just as true of the other professions as it is of ours. There are always a large minority who will not work with the organizations and will

not become members and pay their dues.

Recently we have had a man interview a number of these people largely for the purpose of finding what their point of view might be. It is an axiom that most people do have some form of mental self-justification for their conduct, no matter how reprehensible it may be to the rest of humanity. The worst criminals seem to use some mental legerdemain, which may be quite incomprehensible to most minds, by which they are able to satisfy their own sense of reason or logic. Of course, we do not class our non-members with such people, but we have often wondered how it was that members of our profession could go on year after year enjoying the fruits of large practices without in any visible way contributing anything to the common good of the profession as a whole.

The reasons given in these interviews are many. Some of them have a real foundation; most of them are mere efforts to excuse a selfish inertia. Some of these people have, or think they have, personal grievances against some fellow practitioner. Some of them think the associations are not accomplishing anything. Some think the dues are too high. Some say that the officers are too autocratic. Some say they cannot afford it. Some do not believe in associations at all. Reasons might be multiplied, but these are the ones we hear the most.

It goes without saying that none of the reasons will appeal to those of us who have always been in and of the associations. But they do serve to enable these people to justify themselves at least in their own eyes. And so long as these non-members are allowed to hide behind their excuses we will be less strong than we should be.

Is there any way to convince these people that our associations are im-

portant and necessary, not only to the members, but to the non-members? It is a difficult problem and must be met in many ways. We used to think that the United States could get along pretty well without much of any reference to the world at large, but no greater fallacy was ever proposed. We need many things which are not produced in the United States at all. Among these are rubber. Just think how many things depend on rubber. Another thing is silk. Think again. Then there are tea, coffee, cocoa, sisal, hemp, some of the metals; in fact, most of strictly tropical products.

And just as we are dependent on the rest of the world so is the rest of the world dependent on us. And in the same sense are all of the members of our profession dependent on our associations. They are our only means for collective activity. It may be true that they are not what they should be, not what we would like to have them, but they are infinitely better than no organization at all.

Osteopathy as a science and a profession has built up a good will and a prestige which is of vast benefit to every one of us. As recipients of this benefit we become debtors to the rest of the profession. The way to meet that obligation is by supporting the collective activities of our profession. The men and women who develop good incomes and do not join our associations and take active parts in them are dodging an obligation which they cannot escape. Everyone who enters this profession and stays in it expects to receive a portion of the benefit of the work which has been done by other members of the profession individually and collectively. If he stays out of the associations, he is simply trying to get something for nothing. And usually the man who tries to do that gets the worst of it in the long run. If these people could be induced to read a little book, en-

titled "The Cost of Something for Nothing," by John P. Altgeld, it might serve to convince them how essentially dishonest, though possibly unconsciously so, they are.

The Law of Compensation works all the time. As recipients of the good will and public favor which the Osteopathic profession has achieved, the non-member cannot keep faith with his conscience unless he does all in his power to further the general welfare of his associates. And after all, in this world so full of paradox, is there any truth which is much more self evident than the saying which goes to the effect that, "altruism is merely a form of enlightened selfishness?"

The ones who benefit most from Osteopathic good will are the ones who put the most into it. There are exceptions of course, but as a general rule it is not true that the ones who do the most for the profession and its organizations are also the ones who enjoy the largest amount of personal and public favor? And thus once more do we see that the Law of Compensation is still in operation.

"No excess of waste is found in the body when the machinery is perfect. All excesses vanish before the manipulations of a thoroughly educated Osteopath."—A. T. STILL—July, 1894.

"If there is one profession in the world which calls for bigness, fairness, generosity, it ought to be the medical profession." — One Who Knows, in the Safety Valve.

Every man owes some of his time to the upbuilding of the profession to which he belongs.—Theodore Roosevelt.

Governor Appoints Osteopath on State Board



Fortunate is our profession in having a man like Dr. Chandler to succeed so able a representative as Dr. Dain L. Tasker. No one could in every way fill Dr. Tasker's place, for he has a length of service, a wealth of experience, a ready command of detail equalled by no physician in the state, and no man stood higher in the estimate of his associates on the Board than he.

In Dr. Louis C. Chandler the profession has upon the Board, as one of our state officials recently said, a scientific scholar and a man who will represent us with dignity.

Dr. Chandler's frank openhanded methods in presenting our problems to the Board have always commanded respect. His courage and tact auger well, not alone for our college, but also the statewide interests of Osteopathy.

"Where there is no vision the people fail."

One of the best meetings yet held at the Oakland Clinic was that of Jan. 10th, with Dr. Francis Cave, of Boston, and Drs. McManis, of most everywhere. The neat bits of Osteopathic technique were new, practical, and most of us are testing out several of them to our satisfaction. The other matter of interest was their story and demonstration of the Abrams method. Few men who profess to be scientific searchers for truth have more enthusiastic supporters and scoffers than Dr. Abrams of San Francisco. "Wonderful beyond all expectations," and "bunk." Drs. Cave and McManis say "Come and see."

Whatever the final analysis may prove, all honor to any man who is honestly probing into the mysteries of life to find that which shall make for the well being of the race. Soon or late such minded men discover something—the landmark is passed and the new era entered.

Dead is the man who isn't groping for more light. The scientific mind may well question and doubt, but often our very charyness of the unusual make us lose the good, "as if it were somehow perilous heresy to welcome and use fresh scientific truth." Where there is no vision—no disturbing untouched hillcrest—the people perish.

A business man who visits all the leading cities every year or so and incidentally sees a D. O. in most of them, said on asking what suggestions he had to offer us, said among other things, "If you would give one five minutes to rest after treatment before he had to get up and go you would make us feel that we had gotten a big percent more out of the treatment." You have relaxed, released, adjusted, quited, now why not indulge nature with the thing nature wants—rest? There's a reason.

The Science of Food Selection

A book containing common sense, simple, easy to understand instructions and explanations of the science of food selection. How to use all manner of foods and food combinations, to meet the requirements of the chemistry of the body, both in health and disease.

Four food tables are given, with a complete analysis of all common articles of food and how they are used by the laboratory process of the body to build new vital life cells. The secret of life is within the tissue cell. In many instances, wrong foods and food combinations are productive of the most serious irritating noisens, which gradually poison the body and destroy life. This book explains in brief, what to eat, how to eat and when to eat, to obtain and retain long life, health and happiness.

Disease is the result of mal-adjustment, which may be either mechanical, chemical or mental. Corrective treatment may adjust the mechanical and at the same time the chemical may be overlooked. The chemical mal-adjustments require corrective adjustment (this can not be done through the use of drugs.) Vital chemical foods are required, for this is Nature's way. Foods are the only real and natural medicines. Hundreds of thousands are suffering from accumulations of body poisons, due to improper use of foods. They are digging their graves by the knife and fork method. The osteopathic physician may correct the mechanical mal-adjustments, but to correct the chemical mal-adjustments, the patient must co-operate with the physician's instructions as to the food selection. This book will help the patient to understand the truths and great importance of the body and food chemistry, and if they will follow directions, results will come quickly.

This book is different from the usual book on food instructions, as it is to the point, covering all important scientific facts about foods, in a plain, simple A. B. C. manner.

Help your patients to know more about health principles and you help yourself to greater success.

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DR. JOHN J. HENDERSON,
Charleston, W. Va.

Talk No. 3 on the Milk Diet Treatment

For seventeen years before establishing The Moore Sanitarium we practiced Osteopathy and nothing else. We always have believed in the special knowledge and skill of the doctor who practiced a specialty.

Few doctors are endowed with ability to do more than one thing well. Osteopathy would not have been given to the world if our beloved Dr. Still had not devoted his entire thought and life to the one thing of correcting body structure to remove the cause of disease.

So it is that the man who is excelling in one line of professional work is doing his bit in rounding out a profession of balanced proportions.

In the early days of Osteopathy the average D. O. was often in a predicament if he competed with the M. D. in treating all diseases because there were no specialists in Diagnosis, Surgery, Eye, Ear, Nose and Throat; no opportunities for laboratory and X-ray diagnosis by osteopathically trained minds; no hospitals or sanitariums to help us in the battle for health. If you were so unfortunate as to have a death, your problem then was how to supply the death certificate without great embarrassment.

Now it is all so different—we have the legal recognition, the specialists, the laboratories, the sanitariums and hospitals directed by Osteopathic Physicians and well scattered over the country. They can increase in number and be brought within reach of practicing osteopaths everywhere IF the Osteopathic Profession will support the Osteopathic Institution, but this sanitarium and hospital privilege for local communities can only come by the Osteopathic Physician referring patients and using the institutions we now have so that others will be encouraged to start sanitariums.

The doctor practicing in a small town cannot specialize. He is a general practitioner of the Osteopathic school of training and, in many states, he is licensed to practice surgery also. All glory to him and we hope he practices the "Old Doctor's" axiom of "Find it, fix it and let it alone." But he would be a lot bigger doctor and competition with the medical practitioner would be less keen if he had access to a high-class Osteopathic Hospital or Sanitarium within one to three hundred miles.

Think it over! Ponder on it first in what it means to you selfishly, we will say; then what it means for your patient's welfare; and then devote the rest of your consideration to what it means to the development of Osteopathy as an independent school of practice if you refer cases to Osteopathic Sanitariums, Hospitals and Schools.

Next month we will tell you something about our Milk Diet Sanitarium work now in its sixth year.

Personal Direction
Drs. F. E. & M. C. P. Moore

The Moore Sanitarium
828 Hawthorne at 27th
PORTLAND OREGON

Encourage patients to talk over their conditions and treatment. Most of them want to understand (there are exceptions that must be acceded to). They may be wrong and you then have opportunity to correct. Sometimes they know why a treatment did or didn't help them, and so they may help you. Better let your patient suggest something he doesn't like to you rather than to an unsympathetic neighbor.

This office has received some very strong words of endorsement for Dr. Le Clere's article in the November issue of the W. O. Did you miss it? Let her tell you what she thinks of the habit some fall into of snapping the neck one way and then the other on all occasions without reference to diagnosis or scientific adjustment. It is nothing more or less than the kiro yank which sometimes happens to do wonders, but more often strains or injures ligaments and adjoining tissue.

Note another article in this issue by Dr. Le Clere. Would you like to hear more from her? Have you a different idea about the matter? If so send it in.

Every one so far seems to agree as to the dignity and merit of the Saturday Evening Post ad. If some one doesn't like it let him write a better one. There will soon be some interesting matter to announce. Why not get the ad in your local newspapers? It's too good to use but once.

Dr. Gerdine

And now our circuit clinic again! Everybody has the schedule. Let the doctor know the jumping joy of a circuit rider. He has a lot to give. Everybody come and get his.

When a doctor will take himself away from the close turmoil of work for six months for rest and study and the correlation of facts we may well stop a moment to look up and listen to the summary and the conclusions. Dr. Emery's series on cancer is creating interest and he has yet other summaries to offer. All real leaders and healers of men must somehow get the mountain vision and where there is no high vision leaders and people perish.

Talent

Why the whole profession oozes with it. Scribes? Some one will have to classify and index them for the convenience and protection of busy men and women.

In spite of print and paper price there is a flood of journalism in our profession just now, and it is a hopeful sign, too, for when individuals begin to think, to observe, to compare and note down these facts some real knowledge is close at hand. Every doctor ought to grow in order to have something to pass on.

States are getting out sizable publications of merit and so with societies and individuals and we are sure the end is not yet. Every one serves a purpose and stimulates the other. Let Osteopathy bud and flower and rejoice in her strength, but the while let her rootlets be ever grouping toward living water.

The Epitaph of a Misser

Here lies the body of a "sixty per cent,"

Who seldom to his conventions went.
One day when his conscience troubled him most,

He sighed in despair and gave up the ghost.

And now, it's a fact, since that sad event,

His society's been scoring a hundred per cent.

—With Apologies.

**From Clinic of Wm. Engelback,
Nov. 1920, Medical Clinics
of North America**

(Published bi-monthly by W. B. Saunders Co.)

Every baby over ten pounds in weight or of an unusual size at birth should be suspected of having been influenced by prenatal deficiency of the thyroid. Instead of a fourteen-pound baby being the pride of both the obstetrician and father it should be one in which thyroid treatment should be given from the first few weeks of life. This treatment would probably help to prevent many of the early so-called gastro intestinal upsets and the peculiar nocturnal insomnia to which these infants are subject. Another suspicious abnormality which should attract the attention of the general practitioners and obstetrician is that of late healing of the cord or so-called infection of the naval. For instance, the speaker has records of a certain child fourteen years old in whom the naval had never healed. This patient had been subjected to many examinations and various treatments from local applications to X-Rays and Flinsen light without any effect upon the infected navel present since birth. The condition healed within two weeks after the institution of thyroid treatment. The next significant happening of a hypothyroid infant is the late appearance or eruption of the teeth. Every baby whose first teeth do not appear he suspected as having a degree of insufficiency of the thyroid gland. The speaker has noted an opposite condition in the pituitary infants. A at the end of the sixth month should great many of the babies have the teeth appear before the end of the sixth month. The next event in the life of a baby indicating insufficiency

of the thyroid gland is late walking and talking. If at the end of twelve or fourteen months a child is not able to stand alone or walk a few feet at a time or begin to say monosyllables deficiency of the thyroid should be considered. It will be noted in the history of case four the statement that rickets was present in the first few years of life delaying the active locomotion until the age of three. This history is a very common occurrence in these individuals, many of them have been treated with braces and other mechanical treatment by competent orthopedists who have never suspected the underlying cause of the osseous lesion. The next age during which the thyroid cases should be apprehended is that of school inspection. These defective children are easily recognized by the unbiased instructor in the kindergarten or primary grades of school, where an opportunity is presented for comparing the mentality and the development of children of the same age. The retardation of progress during the first school year is frequently due to some blunting of sound or of sight perception and not to lesions of the sense organs. The retardation in the special sense perceptions should at least suggest a possible hypothyroidism and the previous history detailed is usually sufficient for a diagnosis.

“Osteopathy cures nothing. It adjusts the machinery of man and nature does the work.”—A. T. STILL

“Where there is no vision the people fail.”

Why Is It?

“The guy that’s always kicking,
'Bout what other folks should do,
Is the one that’s always missing,
When his turn to do is due.”

—Toronto Rotary Voice.



Presbyterian Hospital
New York

Intestinal Stasis and Lubrication

"Liquid petrolatum in a large number of cases gives most excellent results, and so far as we know, may be used indefinitely and in large amounts. Its results are particularly gratifying in the dry or rectal types of stasis."

Harold Barclay, M. D., Attending Physician, Knickerbocker Hospital, New York, and C. A. McWilliams, M. D., Presbyterian Hospital, New York.

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Name

Address

Good Work

New Directory W. O. A.

The new directory of the Western Osteopathic Association now being distributed, in addition to giving the names and addresses of members indicates the number of non-members in each city or town, but without giving their names. Under Pasadena, for example, appear the addresses of 27 members, followed by the words, "Also 9 non-members," thus indicating that Pasadena has 36 osteopaths in all. Every town with a population of 2000 or more is listed, whether an osteopath is located there or not. This and the feature of indicating the total number of osteopaths in the various cities were introduced with a view to making the directory a better guide for osteopaths seeking locations.

Besides listing members in Califor-

nia, Colorado, Idaho, Oregon, Utah, Arizona and New Mexico the directory contains the population of cities and towns according to the 1920 Federal census, officers and committee chairmen of State associations and local societies, the constitution and by-laws of the State associations, and the constitution of the Western Osteopathic Association.—*Team Work.*

L. A. Getting Ready

"We are getting into shape here looking toward the National Convention. Tuesday, the Fourth of July, is going to be a big day. We are also planning on two special trips, one Friday afternoon after the convention is over including Friday evening, and one, an all-day Saturday and if desired, Sunday trip. These will be arranged for and special rates gotten for those who care to take them. It

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is going to be what I believe all of our visitors will consider a wonderful entertainment for them. The three days will show them all of the principal points of interest and at reduced cost. Dr. Forbes has charge of publicity and will, no doubt, be sending you some items for publication relative to our plans. We want every osteopath to know that big plans are being made for the entertainment of visitors."—W. V. GOODFELLOW.

Osteopathic Shriners

Our plan to co-operate with the general Shriner organization to do everything in our power to effect the greatest possible success for the Orthopedic Hospital for crippled chil-

dren will be in vain unless we are organized.

It is my desire to secure the names of all of the osteopathic members of the Mystic Shrine throughout the world and the Temple to which each one belongs. If you are a Shriner will you take this up at once with your recorder and furnish me a list of the osteopaths, their addresses and the name of the Temple, so that we may have a local group in each Temple territory that will have charge of the plans above referred to?

It is also planned that we have a parade of all the osteopathic members of the Shrine at our National Convention with banners floating for the Orthopedic Hospital for Crippled



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 (See Journal of A. O. A.)

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Heat vs. Cold IN PNEUMONIA

The application of cold packs to the thoracic wall as a remedial agent in the treatment of pneumonia is rapidly being discarded by practitioners.

The application of heat is again in favor and physicians in every part of the country are now convinced that the logical, safe and sane method of treating pneumonia includes the application of prolonged moist heat over the entire thoracic wall.

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not only offers the best known method of continuously applying moist heat of equable temperature for a long period, together with the advantages attendant upon its physical properties, hygroscoy, exosmosis and endosmosis, but it offers the pneumonic patient exactly what he absolutely requires—EASE and REST. When Antiphlogistine is once applied it can advantageously remain in place for a long period, usually from twelve to twenty-four hours, all the time performing its soothing and effective service.

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FOR SALE—A small cash deposit and terms will buy a good practice and furniture in a good oil town in Texas. Practice best suited for a woman. Box 105, Lloyd, care Western Osteopath.

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Children; also that we have a banquet, etc. The local osteopathic Shrine organization in Los Angeles will act as host. Do your part now. Send me your name, the names of the other Shriners in your Temple, their addresses, and the name of the Temple.—Dr. T. J. RUDDY, Chairman, 301-310 Black Building, Los Angeles, California.

The King County Osteopathic Association held its monthly meeting in the office of Dr. Crofton, in the Leary Building. Program: Dr. Crofton, "Therapeutic Advantages of the Kromayer Light"; Dr. A. B. Cunningham, "Professional Ethics"; Dr. Hattie Slaughter, "Current Events."

The osteopaths of Seattle have recently conducted an Essay Contest for high school students. The subject was: "Why is Osteopathy a Science?" and prizes amounting to \$65 have been awarded for the three best essays.

Seattle Locals

At the December meeting of the King County Osteopathic Association Dr. T. Oren Watson gave an illustrated lecture, "A Possible Explanation of Telepathy", using slides of nerves and other anatomical plates.

In December the Seattle Osteopathic Association gave three prizes for the best essay on "Why Osteopathy Is a Science". Any high school student could compete. Marjorie Thole won the first prize of \$50.

The Seattle Osteopaths have organized an Efficiency Technique Class to meet four hours once each month. December 28th.—Drs. A. B. Ford and Elizabeth Hull Lane—Cervical regions. Dr. R. M. Roberts—Indications for Eye, Ear, Nose and Throat Specialist. Dr. C. A. Porter—Better Eyesight Without Glasses.

ROBERTA WIMER FORD, D. O.

Corresponding Secretary.

"Where there is no vision the people fail."

Building Up the College Library

Two acquisitions to the Library of the College of Osteopathic Physicians and Surgeons have increased considerably the value of the Library to the students and others who may use the same in the future. The first is a gift from Dr. T. J. Ruddy of books. This gift was a bit different from gifts that are frequently made to college libraries, in that it was not the turning over to the college of a lot of professional books which were so old as to be obsolete and which would not, therefore, strengthen any library, much less that of an up-to-date college.

Second, the College has recently, through funds coming in from the College Book Store, been able to have bound the complete volumes of recent years of several professional publications. It is planned to keep the more important publications in substantial bindings, together with indices to the same, so that students and members of the profession may have access to these shelves for reference.

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At the last faculty meeting of the C. O. P. & S., Dr. S. C. Edmiston, in his talk on "making lesions stay connected," proclaimed that every experienced Osteopath should be compelled by law to record his observations for the benefit of the coming generation. Then he gave us some of the unique products of his own observations and his records of them. They were so good that those present wanted more, and Dr. Edmiston has "come through" and will conduct a class for faculty and clinic staff members to teach them his well-developed ideas on spinal mechanics and how to apply them.—LOUIS C. CHANDLER.

Edmiston-isms

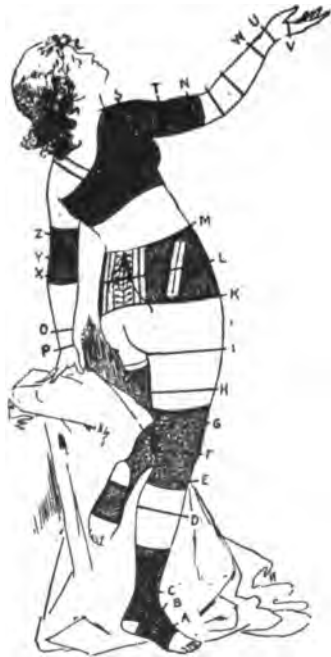
(From Faculty Meeting, C. O. P. S., December, 1921.)

"Can a Corrected Lesion Be Made to 'Stay Put'?"

- Correct early simple traumatic lesions at once, if possible. They will stay.
- Don't try to correct other lesions without finding their cause—most of them are secondary or compensatory.
- When primary lesions have been corrected, secondary lesions are easy.
- If a compensatory lesion could be made to stay corrected without correcting the primary, your patient would die.
- You may have to build up physical tone to make an old primary lesion remain corrected.
- If your old man patient sits in a cane-bottomed chair with a hole worn in one side of the seat, the "lesion" is at home, not in the old man. Burn the chair!
- The cause of most troubles seen in children is that they have no place where they are comfortable. The chairs are all built for infants or for adults.

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The use of Nujol is widely advised because of its established purity and correct viscosity. In determining its viscosity many consistencies were tried, ranging from a watery solution

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My Dear Doctor:

The Western Osteopath has been such a joy to me during my time here in China. So far the work here has been treatment of chronic cases mostly, but it is good to keep in touch with what other osteopaths are

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doing, and we shall hope to be ready for a wider scope of work when it is ready for us.

Dr. Emma S. Cooper, who practiced in Kansas City, and I from College of Osteopathic Physicians and Surgeons in Los Angeles, both came to Shanghai last fall. So far as we can find out there are four practicing osteopaths in China—Dr. Eda L. Johnson from C. O. P. & S. is at Sienyu, under the Methodist Mission Board and giving whole time to osteopathic work among Chinese. Dr. Jeanette Beall, Central College of Osteopathy at Kansas City is under the Baptist Board at Lanchowfu. She is studying the language and will do hospital work among the Chinese.

The greater part of the work of Dr. Cooper and myself here in Shanghai is among the foreign population. We have an occasional English-speaking Chinese patient. There are two large hospitals for foreigners here, and

people go there for all ailments, major and minor. Almost all foreigners are on some doctor's "list," and they pay him by the year.

Of course, we have met antagonism from some doctors, indifference on the part of many and with a very few, co-operation. Among some doctors, and a great many laymen here, osteopathy is an entirely new method of therapeutics, but when people have had treatments in the homeland, they are very happy to find they can continue here.

We wish the osteopaths in the western states could know we are here and would tell any of their patients who are coming to China how to find us. Dr. Cooper and I occupy adjoining offices at 34 Nanking Road.

With continued good wishes for the success of the Western Osteopath in its good work.

Sincerely yours,

ELLA E. KAMPHEFNER, D. O.

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Miss Sisson

(From Journal of Osteopathy, 1896)

Dr. Effie Sission was one of the first and best known D. O. in California. No one did more than she and her brother to make Osteopathy appreciated among the leading families of this State.

Dr. Effie has recently been persuaded to take charge of the central office for Post System in Oakland.

The following is a clipping from Kirksville Journal of Osteopathy, 1896:

"Miss F. E. Sisson, of Genoa, Ill., has cause to be a good friend of Osteopathy. On the first of September last, she fell from a bicycle, and as she supposed injured her knee. The home physicians treated her without success, and called several of the finest surgeons of Rockford in consultation. Miss Sisson grew no better under their treatment, and finally went to Chicago, where she placed her case in charge of one of

the finest surgeons in the city, Dr. Hyde, who had charge of the Cook County Hospital for thirteen years. The universal diagnosis of physicians and surgeons was that there was a fracture of the thigh bone at the knee joint. In Chicago, the injured limb was incased in a plaster cast for four months, and was worse when the cast was taken off than before it was put on. Miss Sisson went home from Chicago thoroughly discouraged.

"I arrived in Kirksville one Saturday morning," said Miss Sisson to a reporter Thursday. "I could not walk without my crutches. I had to wait a long time, but my turn finally came and Dr. Chas. Still examined me. He said the trouble was in my hip, but that rather amused me, for I had read of a number of such cases cured here, and was certain that mine was not one of that class. I told him he could go ahead and treat me, but that I knew my trouble was at the knee."

**DR. R. D. EMERY
DR. J. W. SCOTT**

**DR. LORA B. EMERY
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"Well, he treated me, and the result was I walked all around the operating room and office that morning without my crutches. After ten days I was able to lay aside my crutches for good and have never used them since."

"I am not feeling very well this morning, though," continued Miss Sisson. 'I am taking treatment for my general health now, and have been getting along nicely until this week. They are so awful busy at the Infirmary this week that they couldn't pay especial attention to any case, I suppose, and I don't feel so well. I expect to go home as soon as my month

is up. I should like very much to come back and study Osteopathy this fall, but haven't fully decided yet.'

"Miss Sisson is telegraph operator at Genoa, her brother having charge of a railroad station there."

"Dr. Henderson has recently returned from a month's vacation with his folks in Canada. He has resumed his work as one of the regular operators in the A. T. Still Infirmary."—Sept., 1896.

"Where there is no vision the people fail."

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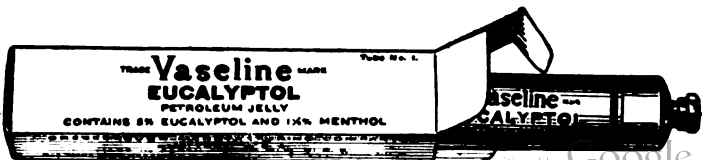
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Honeymooners on Way to Convention

Miss Daisy L. Williams was married on December 27, 1921, to Dr. T. E. Childress at Durango, Colorado. Miss Williams was a graduate of the University of Kansas and Dr. Childress of A. S. O., 1911. They expect to spend their honeymoon in touring to the National Convention at Los Angeles and are looking forward to a big treat.

Dr. Pearl Oliphant of Santa Cruz met with an accident Sunday evening while getting off a car. Dr. Phillips was called in attendance.

Few successful professional men or women would accept graciously being dubbed "boot black," yet too frequently do we see these same "aesthetic folks" pursuing the dishonorable occupation of "character blacking."—T. J. R.

Married

Dr. E. Gertrude Smith, of Alameda, to Mr. Theodore Thomsen, Dec. 14th. The doctor will continue a part of her practice. Mr. Thomsen specializes in orange ranches.

Glen D. Gaylor, D. O., is acting as assistant health commissioner, Los Angeles Board of Health and is in charge of the Maternity Service during the absence of Dr. L. G. McNeil.

Dr. F. F. Engstrom, of Marysville, spent a few days in Oakland. Mrs. Engstrom has just returned from Los Angeles, where she visited our new college location and never found a more interesting or enthusiastic body of students.

Don't miss the Moore Sanitarium talks. They will fit into many a case which is puzzling you and give you a bit of light.

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MENTION THE WESTERN OSTEOPATH

Dr. Mable Anderson, formerly of our Oakland Clinic, is now in Glasgow, Scotland, located at No. 2 Darnley Road, Pollokshields W. She says Osteopathy is fairly well known but needs several more D. O.'s. The Drs. Lawson, who are now located in San Francisco, left a good practice there and the three Kirksville graduates in Glasgow are doing remarkably well.

Many friends have received word from Dr. Etha B. Hemphill telling of her wonderful trip, stopping at Honolulu where she was met by Dr. Emily Dole, who took her for a day's outing on that happy isle. China and Japan were other points of interest and now she feels sure she will be most contented in her chosen city, Manila. Anyway, we know Manila is fortunate to have an osteopath like Dr. Hemphill.

Dr. John J. Henderson, who writes in this issue, will offer us something more of interest on the food question. Diet is a factor we must consider and Dr. Henderson has some facts of specific interest to doctors.

"Here's my New Year's resolution—Please see that my subscription starts with the January issue."—
CHESTER W. LOSEE, Hackensack, N. J.

"I get both pleasure and profit from the pages of the W. O."—H. F. CALISCH, Danville, Va.

Saunders Co. publish a lot of good things, but perhaps nothing of greater practical value than Medical Clinics of North America issued monthly.

The California State Board of Medical Examiners meets in Los Angeles, February 13, 1922.

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Should some friend recommend something that would save you much time and hard work in your practice would you investigate it, WOULD YOU?

If they should tell you that you could obtain much better and quicker results by using it, would you investigate it, WOULD YOU?

If they should tell you that your patients would be much more pleased by your using it, would you investigate it, WOULD YOU?

If they should tell you that by using it, your life, as a practitioner, would be materially lengthened, would you investigate it, WOULD YOU?

Then you should investigate the McManis Table now, for any friend who has ever used it will so recommend it to you.

Start the New Year off right by installing this, the most efficient aid possible for an Osteopath to procure.

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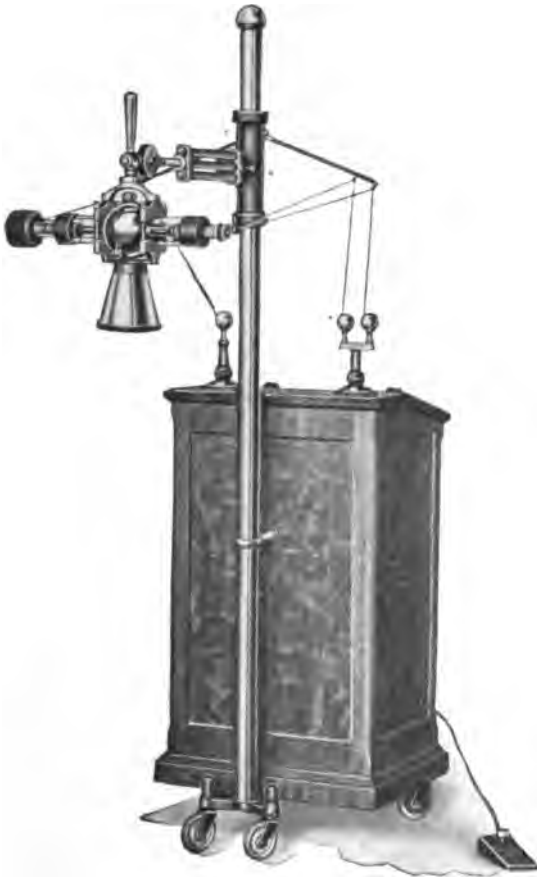
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THE WESTERN OSTEOPATH

Published by the California Osteopathic Association

VOL. 16

FEBRUARY, 1922

No. 9



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Every Technician an Expert

ALL CASES REFERRED BACK, WITH REPORT, TO OSTEOPATH REFERRING CASE.

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The chances are that the healthy, happy baby you saw—just today, perhaps—the one that looked so bright and intelligent, was raised on Dennos Modification. Dennos is gaining in favor each year. The healthy, happy Dennos Babies and the steady sales increase are two of the many reasons why we believe so thoroughly in the efficiency of the Dennos Modification. Samples Free.

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P.S.—Remember, the Dennos Modification is DIFFERENT.

Talk No. 4 on the Milk Diet Treatment

Our first experience with the Milk Diet Treatment was in referring several patients, who were not responding to our satisfaction, to Dr. Charles Sanford Porter, at Burnett, California. The splendid results surprised us.

About this time F. E. Moore was striving throughout a year's time to recover his usual standard of health and finally decided to seek the benefits of the Milk and Rest Cure and regained his health so quickly and so far beyond his expectations that we decided to establish the Moore Sanitarium and devote our efforts to a practically new field, the Porter method of the Milk Cure combined with Osteopathic treatment.

So it was we discontinued private practice and entered the sanitarium work nearly six years ago. Our experience has been so satisfying and our enthusiasm regarding the treating of chronic diseases by this combination has become so great that the hard work and the confinement associated with a growing Milk Cure Sanitarium are more than offset by our gratifying results.

We have the right environment, the healthiest climate in the world, an ideal building which is perfectly equipped for this particular line of work, and two and a half acres of beautifully parked grounds.

The Moore Sanitarium is carefully organized and well-trained nurses carry out every direction. It is worth commenting upon that we are happy to applaud the success of other doctors in whatever they may excel, and we ourselves confine our own work to doing one thing as nearly perfect as we can train ourselves to do it.

We are now publishing booklets on the Milk Cure and our Sanitarium regime and will be pleased to send them to any one who is interested.

Personal Direction
Drs. F. E. & H. C. P. Moore

The Moore Sanitarium
828 Hawthorne at 27th
PORTLAND OREGON

The Western Osteopath

Vol. 16

FEBRUARY, 1922

No. 9

WHAT IS THE W. O. A. GOOD FOR?

O. R. MEREDITH, D. O., Pres., W. O. A.

For more than two years the Circuit Clinic Speakers have been the center of attraction for the local societies. This is pie. This is pudding with froth. This is a hilarious good time. This is intelligence. This has been a stimulant to the individual practitioner. This has brought an inspiration to many a local D. O. This has disseminated a great deal of technique. This has whetted our appetite for osteopathic pathology. But is that all? Has the W. O. A. done nothing else? Can the W. O. A. do nothing else? Will the W. O. A. do "nothing" else? Is the work of the eight committees solely for the Circuit Clinic? Are they good for something else? What are they good for? Has the Social Committee extended a glad hand to each guy as he came to the meeting? Has he been just a little effusive, to the fellow from out of town? Has he usually arranged to place the bunch where they can get together with their feet under the table? Has he arranged for the gang to go to the picture show or some other festivity? On these occasions what has your legislative committee presented? Has it had an ideal law for the local societies to discuss, whether the Circuit Clinic speaker arrived or not? Has your Committee of Professional Education or your Committee of Public Education put on any stunts, that the newspapers would dish up to the public, if they were properly handled by the Press Committee? What are your committees doing anyhow? Has your Clinic Committee succeeded in establishing any local clinics for the treatment of the poor? Have they furnished any patients for local clinic meetings, in the absence of the

clinic speaker? Has your Committee on Public Health done anything for your community? Has this committee outlined anything for you to do for the good of your community? Would you do it if it were outlined? The Circuit Clinic Speaker is not the end of the W. O. A. local meetings. A great value of W. O. A. is the opportunity it gives to you to study and to express yourself for the good of your fellow physicians. The W. O. A. is for your personal good. God's Word says, "It is that which comes out of a man which defiles him." The infant kicks and squirms, this activity is growth. Your professional activity means your professional growth. The biggest thing the W. O. A. can do for you is to give you a vision of your own possibilities and then grit and gumption to express the same. For you realize that genius is 90 percent drudgery.

Lincoln

"The kindly-earnest, brave, foreseeing Man;
Sagacious, patient; dreading
praise, not blame;
New birth of our new soil, the
First American."

"I do the very best I know how and the very best I can, and I mean to keep on doing so until the end. If the end brings me out all right, what is said against me won't amount to anything. If the end brings me out wrong, ten angels swearing I was right won't make no difference."—
ABRAHAM LINCOLN.

THE SERUM PIGMENTS

By LOUISA BURNS

The A. T. Still Research Institute

In examining blood the variations in the tint of the pigment are often marked, and of considerable interest. While certain causes of color-modification are recognized and fairly well understood, there are several other conditions in which the etiology is very uncertain. Certain pigments are, indeed, absolutely unknown so far as chemistry, origin and destination are concerned.

The changes in the tint of the serum due to the setting free of hemoglobin from the erythrocytes is one of the most interesting of these conditions. The stroma of the erythrocyte is composed chiefly of cholesterin, itself one of the most interesting of the substances found in the body. Anything which lowers the surface tension of liquids, or which increases the solubility of cholesterin in the blood plasma, must by this very fact facilitate the passing of the hemoglobin from the cholesterin meshes of the erythrocyte into the blood plasma. Such factors are many, and include the bile salts, heat and cold, certain bacterial products, the saponins and certain other glucosides, most venoms, and several pathological states not yet well understood. The hemolysis occurring post mortem and in hyperpyrexia is probably complicated in nature, including the related action of several factors. In all these cases, the hemoglobin set free in the plasma undergoes modification, giving color to plasma and to the serum.

The destruction of erythrocytes, such as that caused by malaria, is another cause of increased pigmentation of the plasma. The pigment found within the malarial parasite is now supposed to be one of the hemoglobin products, though some

of its relations appear to link it with melanins. This pigment may be set free in the plasma as the result of the death of the parasite. The hemoglobin of the injured erythrocyte also adds to the depth of color of malarial plasma or serum.

The presence of minute traces of bile in the blood plasma or serum is often important. It gives a slightly greenish, slightly opalescent appearance to the serum, and this serum, subjected to the Gmelin or any other delicate test, gives a faint reaction for bile. This reaction may often be jaundice. Patients with lesions affecting the lower thoracic spinal column, or those with lesions of the eighth to the eleventh ribs, very often show such traces of bile in the serum, and this may usually be cleared up within a few weeks by osteopathic correction of the lesions.

The coloring matter of certain plants, corotin and related pigments, is usually readily excreted from the body by the liver and kidneys. It occasionally happens, especially in individuals with lesions involving the liver and kidney centers, or those in whom inactivity of the liver is present from any cause, that this pigment is not readily eliminated. It does not appear to be profoundly poisonous, yet its constant presence is somewhat hurtful to the cells of the body. Patients with corotinemia are usually somewhat thin, nervous, and present symptoms of chronic and mild toxemia. The blood serum in such cases is deeper in tint than normal, has rather a brownish than a greenish tinge, and does not give the reaction for bile:—or, if it does give a reaction for bile, this reaction is less strongly positive than the depth of the color suggests.

In patients with symptoms of low-grade anemia and a mild, chronic toxemia, it is rather customary to advise plentiful eating of green vegetables. If these symptoms are due to inactivity of the liver and kidneys, with retention of carotin and related pigments, such advice is not well judged, and tends to increase rather than to diminish the toxemia. Such patients may well be given diets rich in cellulose, but not vegetables rich in color. After such treatment as may be indicated for the inactivity of liver and kidneys, the patients may again return to ordinary diet, with moderate but not excessive use of colored vegetables.

The blood plasma may contain small amounts of melanina, especially when certain sarcoma-types are present. Tumors affecting the

adrenals, the solar plexus, certain ductless glands, and tumors of certain glandular types rarely found, may produce pigments which may be recognized in the blood plasma of serum, or may be found only in the tissues of the body. In some of these cases it seems that the progenitor of the pigment is carried in the blood, and that through the action of tyrosinase or some other similar ferment the pigment is produced within the tissues.

This short and superficial discussion of the pigments of the serum and plasma may serve to emphasize the need for more careful study of the subject, and especially of greater care in the treatment of those patients in whom vague symptoms of toxemia and malnutrition are found, without recognizable cause therefor.

THE RELATION OF THE SPECIALIST TO THE GENERAL PRACTITIONER

By R. M. ROBERTS, D. O.

(Read before the Pierce County Osteopathic Society, Tacoma, Wash.)

The specialist, be he one who centers his work upon Gynecology, G. U., Obstetrics, Eye, Ear, Nose and Throat, X-ray or what-you-will, devotes his time and energy, his study and work, to the development and advancement of that particular branch of the great Art and Science of Medicine which he has chosen. Medicine is here used in the generic sense of the word and not in the limited meaning of the laic mind.

The General Practitioner is one who embraces the whole field of practice, not centering his attention upon any one particular phase of the Healing Art, but studying and examining cases brought before him as a whole.

Today is the day of specialization. That the pendulum is swinging eccentrically, and too many are dropping the general harness for this or that specialty lighter harness, is only too self-evident. We find our graduates of today are more or less laboratory men, or you might say semi-specialist, not fully trained as good general practitioners, nor sufficiently trained to be specialists. We merely mention this observation to emphasize the aforementioned statement of the eccentrically swinging pendulum of specialization.

The work of the Specialist and that of the General man should be cooperative and correlative; each working with the other; for the general physician gets to looking at cases thru his telescope of general

knowledge and deductions, often overlooking the finer points of causes and effects that would be picked up by a Specialist; and, too, the Specialist too often sees causes and effects thru his limited telescope of specialization, forgetting the possibilities of causes far remote from his particular field, hence the need of a closer cooperation between the general man and one who is specializing. Allow me to degress at this point a moment to call attention to the general public opinion regarding specialism. We find the general public is not cognizant of the fact that within the ranks of the Osteopathic Profession there are those who are specializing, performing surgery when indicated, and it is up to the general Osteopathic Physician to educate his patients and the public that we have within our ranks men and women specialists, and thereby retaining within our profession a vast number of our patients who now pass over to the medics when they require specialism, and by educating the public to the fact that we have specialists it will build up confidence for the whole profession by enhancing the respect due Osteopathy. This latter thot was forcibly brought to my attention the other day, when I saw a patient referred to me for Tonsillectomy, the day following the operation and was giving her post operative Osteopathic treatment. She was evidently surprised, and remarked that she was greatly pleased to learn that the Osteopaths had within their own ranks Surgeons and Specialists, as the only criticism she had to offer on Osteopathy was the fact that if surgery or specialism was needed, the Osteopath had to turn his cases over to the medics.

The thot that Osteopaths are not trained for any of the specialties and surgery is only too evident among a great many people, and the sooner

we educate the public that Osteopathy is a complete system of therapeutics, and that the profession can call from among their own men and women trained in surgery or any of the specialties, we shall then surely keep and maintain the respect due Osteopathy.

The specialist can be looked upon as a cusultant, and the general man who has his patient's interest and his own advancement at heart, will be only too ready to seek assistance from him. That our own profession is growing is quite evident, for we have among the Osteopaths men who have and are devoting their attention to the advancement of the profession thru their particular line of work, whether that be surgery, specific osteopathic technique, osteopathic obstetrics, or what you will.

The cry we hear only too often that Osteopathy will be or is going by the wayside, or will soon be a part of the Allopathic profession, because we are aping them by having a few men specializing, is really either the echo cry of a disappointed practitioner, or else the cry of a too zealous or fanatic general practitioner.

We can not imagine the ultimate fate of Osteopathy had the profession remained stagnant, and had not the various investigators improved and enlarged upon the findings of the Old Doctor. By specializing, and even entering the domain of surgery, does not necessarily mean an abandonment of the teachings of the Old Doctor, nor the proselytism of the profession.

Take any of our big specialists, and you will find them to be ardent supporters of the Osteopathic concept of causes and effects. We know there are certain causes and effects not ameliorable by Osteopathic treatment alone, and, too, there are cases the general man is handicapped in

or incapable of handling, when such cases should receive the attention or cooperation of a specialist. He has devoted more time to the study of cases falling under his specialty; his armamentarium is complete for the treatment of such cases, and he uses specific osteopathy when needed.

A proper comprehension of the relation of eye, ear, nose and throat to general osteopathy and surgery will be facilitated by a brief analysis of the interdependence of the various organs and parts of the body.

The upper respiratory tract is the channel in which the air is prepared for the interchange of gases, which takes place in the air vesicles of the lungs. The nose is especially concerned in the process of humidifying, warming, and filtering the inspired air, and it is obvious that any disease or obstruction that interferes with these physiological processes will effect the transfusion of gases thru the capillaries of the walls of the air vesicles. The absorption of oxygen by, and the elimination of carbon dioxide from the blood will not occur in normal ratio. The blood will be deficient in oxygen and surcharged with carbon dioxide. As oxygen is essential to the processes of assimilation and nutrition, its lessened quantity in the blood gives rise to certain disturbed conditions of the digestive, the assimilative and the nutritive functions. The presence of carbon dioxide also adds to these disturbances. The combined effect, therefore, of an increased amount of carbon dioxide and a diminished amount of oxygen in the blood is to produce general anemia, indigestion, malassimilation, malnutrition and infectious processes.

The digestive disturbances are still further increased by the ingestion of the infected secretions from the epipharynx and the tonsils. Putrefactive as well as pathogenic bacteria

are swallowed with the secretions from the nose and throat, and give rise to what is commonly known as chronic dyspepsia or indigestion. The conditions of the nose and throat which most commonly give rise to this kind of discharge are nasal stenosis, atrophic rhinitis, chronic rhinitis, sinusitis, epipharyngeal catarrh, and chronic pustular tonsils.

The presence of dyspepsia or other functional disturbances of the stomach and the intestines should lead to the examination of the nose and throat, with special reference to the discharges from them which may be swallowed by the patient. The primary treatment should be addressed to the relief of the diseased condition of the upper respiratory tract, rather than to the stomach and intestines.

The close proximity of the organs of the head favors a correlated pathological activity. The eye is near the nose and has intimate communication with it thru the tear duct, as well as thru the lymphatics, the blood vessels and the nervous system; hence disease in one often gives rise to certain symptoms in the other.

Faulty pressure within the nose can cause asthenopia of both the ciliary and external ocular muscles. That is, mechanical pressure in the nose can cause muscular asthenopia, which means the impairment of the efficiency of the ocular muscles in the performance of their ordinary functions. The pressure referred to is confined chiefly to the middle turbinate bone. A concomitant symptom usually occurring in conjunction with the asthenopia is a browache or headache referred to the frontal region or to the occiput in rare instances.

There are also certain constitutional diseases that are often diagnosed by the specialist that has been overlooked by the general physician. Take the eye, for instance; it is a well-known fact that Bright's disease

is often discovered by an ophthalmoscopic examination, the patient and his general physician ignorant of the fact that he is the subject of a serious organic malady. Then again we have the significance of a choked disk almost invariably pathognomonic of intracranial disease, and a number of Amblyopia cases are traceable to general maladies, as reflex amblyopia caused by the presence of parasites in the intestinal canal; uremic, often associated with acute nephritis, glycosuric, in connection with diabetes; and a number of related conditions could be mentioned in reference to the relation of the eye, ear, nose and throat to general practice.

Altho the practice of Ophthalmology, Rhinology, Laryngology and Otology is regarded as a specialty,

you can see by our meagre attempt in this short paper that because of the interdependence and coordination of the various organs and parts of the body, in their relation to the eyes, ear, nose and throat, that the pursuit of the practice as a specialty cannot be narrowed merely to the head alone, but must be regarded with special reference to the diagnosis and treatment of diseases in general, and those of the eyes, ear, nose and throat in particular. The same can be said of the pursuit of general practice. A close cooperation between the general practitioner and the specialist is needed if the patient is to receive the best attention possible.

323 Joshua Green Bldg., Seattle, Wash.

EXCERPTS FROM RECENT MEDICAL LITERATURE

By DR. ROLAND F. ROBIE

Hyperthyroidism in Men and in Women

More rational treatment for any disorder follows a closer study and a differentiation into its types. Hyperthyroidism is one such disorder or syndrome which is much better understood since Dr. Plummer and his associates at the Mayo Clinic have been working at it; in fact, in Vol. 5, No. 2 of the Medical Clinics of North America, pages 425-438, they have progressed to the point where a comparison is made between its manifestations in men and in women.

The summary of their findings follows:

"1. The importance of a high calory diet and large fluid intake is emphasized by two careful quantitative dietetic experiments which show that patients with a moderate degree of

hyperthyroidism at rest in bed require a higher caloric intake than a man doing moderate muscular work. The total food requirement of one patient with hyperthyroidism was 70 per cent. above her basal heat production, and of that of the second 90 per cent.

"2. Three hundred and sixty-six patients with adenoma with hyperthyroidism and 1036 patients with exophthalmic goiter have been studied according to sex; 16 per cent. were men and 84 per cent. women.

"3. In exophthalmic goiter 18 per cent. of the patients studied are men whose average age was forty-one years, as compared with the average age of thirty-six years in women. The duration of the goiter in men in the several cases of exophthalmic goiter is somewhat shorter than in women. In the severer cases women

show a greater tendency than men to have exophthalmos; this is reversed, however, for the group of mild cases. A larger percentage of women than men suffer from cardiac decompensation. The basal metabolic rate in each group of patients operated on is somewhat higher in men than in women. Men not only have exophthalmic goiter less often but also seem to stand up under the stress and intoxication of the disease better than women.

"4. In adenoma with hyperthyroidism 12 per cent. of the patients studied are men in whom the duration of the goiter is thirteen years, compared with nineteen years in women; otherwise there is no noteworthy difference in the two sexes."

The Treatment of Dysmenorrhea

In the same Mayo number of the Medical Clinics of North America, Page 473, it is stated that while dysmenorrhea may be divided into the two general types, one with and one without definite pathological changes, those with definite pathology number only seven per cent. of the whole series of cases studied.

"A series of 541 cases of dysmenorrhea in the Clinic from 1917 to 1920 inclusive have been reviewed. Of this number, 342 patients have been traced. A comparison has been made between the medicinal and the surgical treatments and between the relative therapeutic values of the various drugs.

"In 71 cases in which dilatation and curetage had been performed, 20 patients (28.17 per cent.) were permanently relieved. In 45 cases of dilatation and curetment with insertion of Baldwin's tube 6 patients (13.33 per cent. were relieved. In 24 cases of dilatation, curetage, and Pozzi's operation, 5 patients (20.83 per cent.) were relieved. In 24 cases of dilatation, curetage and Alexander's

operation 8 patients (33.33 per cent.) were relieved. The statistics for the group in which the Baldwin's tube was used are probably not as favorable as they should be, for in some cases the tube was removed within three weeks after the operation.

"In the group in which only medicinal treatment had been given the results were more successful: 36 (57.57 per cent.) of a group of 66 patients to whom benzyl benzoate was given were relieved; 11 (52.38 per cent.) of 21 patients given corpus luteum extract were relieved; 6 (37.50 per cent.) of 16 patients given ovarian extract were relieved; 5 (45.45 per cent.) of 11 patients given thyroid extracts were relieved; 9 (36. per cent.) of 25 patients given dysmenorrhea tablets were relieved.

It is too bad there are no figures at hand of the results of Osteopathic treatment in this condition; however, the clinic records at the college would surpass the benzyl benzoate record above, no one can doubt who has seen the results of our treatment. These statistics confirm what has been taught by our teachers for a long time, viz., non-surgical treatment is superior by far in the cases not showing pathological changes.—

Taylor Bldg., Oakland, Calif.

A large majority of physicians from six States, replying to an alcoholic questionnaire, sent out by the Journal of the American Medical Association, asserted they did not regard whisky, beer and wine as necessary therapeutic agents in the practice of medicine, while two-thirds of them said they believed there should be restrictions in prescribing whisky, beer and wine.

Care of the Nose and Ear a Two-minute Speech

By DR. T. J. RUDDY, Chairman
ROTARY HEALTH DAY—1921

The nose consists of two bony cavities into which open ten bony spaces—each one with the capacity of the contents of an egg—namely, the two frontal sinuses, two ethmoids, two antra, two sphenoids and two middle ears, the last two spaces containing the malleus, incus and stapes, or hammer, anvil and stirrup of the ear, which move and give us hearing.

The nose is lined with mucous membrane continuous with the mucous membrane in the sinuses and in the middle ears, so that infection and disease in general may extend from the nose to the sinuses or from the nose to the ear, resulting in abscesses or deafness. The mucous membrane is also continuous down into the throat, into the bronchial tubes and into the stomach, where disease may extend.

In this mucous membrane is the great blood stream carrying life-giving nourishment or disease-producing poison. Every three minutes this lake of blood flows through the entire body. Three minutes from now the poison-laden blood from the colon will bathe the mucous membrane of the nose and sinuses and ear. Three minutes from now the poison-laden blood from the bladder, from a catarrhal stomach, from a diseased kidney, from a pus tonsil, from diseased teeth, from a chronic bronchitis, bathes the mucous membrane of the nose, and the nose, as a protective organ, will throw off the poison or become diseased.

Three minutes from now the blood surging through the mucous membrane of a diseased nose is bathing the middle ear in catarrh, is bathing

the lung with pneumonia, is bathing the gall bladder or the appendix with infection, is bathing the lining of the heart with poison, or producing Bright's disease in the kidneys, bathing the nerves into a neuritis, bathing the brain with a resulting mental dullness, and bathing the body, in general, with a lowered physical efficiency.

Will all of you stand? Take your kerchief in your right hand. Place it on your nose, the thumb and index finger resting on the lower end of the *bone*. Press the kerchief against the lip with the third, or ring finger, thus—do not pinch the nose—now—blow! (Ha-e-i-oush). Do this and you won't blow disease into the ears on sinuses.

Moral: Keep your nose clean and you will help keep your blood clean.

The Osteopathic Library

This library, announced last month, continues in interest. The room has become more attractive by the addition of paintings of Washington and Lincoln, representing the pioneer spirit, loaned by Dr. Clara J. Stillman.

Pictures of the Still-Hildreth Sanitarium, of Dr. A. T. Still and of Dr. A. G. Hildreth, whose names have been given to this institution, have been given to the library through Dr. Hildreth; these pictures are nicely framed and are very attractive. It is hoped that every institution which honors osteopathy may be represented in this same manner.

Several new books have been added to the shelves during the last month; among these may be mentioned the new "Diseases of Infants and Children," by Griffith, in two volumes. The new Yearbooks give abstracts of all important papers published along medical lines during the year.

Subscriptions to several new magazines are the gift of Dr. R. D. Emery; these will be announced as they begin to arrive.

A gift from Dr. Isabel Morelock to the work of the Institute will be divided between the library, the laboratory, the animal ranch, and the publications of the Institute.

Several persons are giving help in carrying on the work of the library and of the other affairs of the Institute; these include Dr. Lillian Mofatt, Dr. Katherine Cherrill, Dr. C. F. Yerkes, Dr. W. D. Emery, Mrs. Eleanor Armour, Mr. Robert Whiting.

Of all gifts, perhaps none could be more welcome than the most interesting bust of Dr. A. T. Still, sent us by Dr. Jennette H. Bolles, of Denver, Colorado. This bust shows very plainly the characteristics which made the Old Doctor the beloved and the honored man of the century; it shows the far-seeing vision, the pioneer urgency in progress, the humor and the sweetness of soul, which always have endeared him to his students and friends.

In addition to the gifts and provisions for the rent of the room occupied by the library, as previously reported, the following contributors have been added to the list:

Dr. Wm. Bartosh, Los Angeles; Dr. Olive Clarke, Los Angeles; Dr. Louise P. Crow, Los Angeles; Dr. C. F. Fingerle, Covina; Dr. Katherine E. Gibson, Los Angeles; Dr. Clara B. Hardy, Los Angeles; Dr. John O. Hunt, Los Angeles; Dr. Ione S. Ingles, Long Beach; Dr. E. M. Olds, Los Angeles; Miss Bertha L. Smith, Los Angeles; Dr. Chas. H. Spencer, Los Angeles; Dr. Lillian M. Whiting, South Pasadena; Dr. Grace Wyckoff, Los Angeles.

Important Notice to the Profession

Judging from the press reports, Postmaster General Hays will resign his office in the near future.

The most likely successor is the First Assistant Postmaster General, who is an ex-president of the American Medical Association and consequently an M. D. with strong views opposed to Osteopathic practice.

In May, 1921, an order was issued by the Postal Department excluding Osteopathic Physicians from giving service to the personnel of the Postal Department. This order was rescinded by means of appeals directed to Postmaster General Hays, as you know, but it gives us an experience which shows what may be done by a department head in Government service.

If now, a man is appointed to succeed Mr. Hays who is known as an opponent of our system of practice, the rulings of the Postal Department will no doubt reflect the attitude of mind held by the man in control.

It is therefore the duty of each practitioner to use his political influence at Washington, D. C., by writing to Senators and Congressmen from his State and urge the appointment of a disinterested individual to succeed Mr. Hays as Postmaster General. Also have your friends and patrons do likewise.

Fraternally yours,

C. B. ATZEN,
Chairman, National Legislative
Bureau.

Another written and oral examination will be held in April, probably in Los Angeles. The February meet brot out numbers of our Osteopaths for the written and also the oral.

Executive Committee Appointed

President Daniels has appointed the following Executive Committee: Dr. Dayton Turney, Los Angeles (Chairman); Dr. Stewart J. Fitch, Pasadena; Dr. Warren B. Davis, Long Beach.

The Constitution delegates to the Executive Committee such of the duties of the Board of Trustees as may require immediate action. The geographical location of the three Trustees comprising this Committee is such that they will be able to meet and transact business on short notice.

Preliminary Announcement

Circuit Clinic Trip by

Dr. C. W. Young

Dr. C. W. Young of Grand Junction, Colorado, will make a Circuit Clinic trip covering Colorado and Utah beginning March 1. His schedule will be as follows:

	Wed.,	March	1	Ar. 10:05 a.m.
	Thurs.,	"	2	Lv. 10:10 a.m.
Denver:				
	Thurs.,	"	2	Ar. 12:45 p.m.
	Thurs.,	"	2	Lv. 5:55 p.m.
Fort Collins:				
	Thurs.,	"	2	Ar. 8:10 p.m.
	Fri.,	"	3	Day of Meeting
	Sat.,	"	4	Lv. 7:45 a.m.
Denver:				
	Sat.,	"	4	Ar. 10:00 a.m.
	Sun.,	"	5	Lv. 8:15 a.m.
Salt Lake City:				
	Mon.,	"	6	Ar. 12:25 p.m.
	Tues.,	"	7	Lv. 4:25 p.m.
Grand Junction:				
	Wed.,	"	8	Ar. 3:10 a.m.
	Fri.,	"	10	Day of Meeting

A more detailed announcement will be mailed later. The cost of this trip to the Local Societies visited will probably be on a basis of about \$2.00 per capita. To find the quota of your Local Society, count the members whose names appear in the Western Association directory, and multiply by \$2.00.

Letter from China

Nanking, China, Dec. 7, 1921.

Dear Friends:—No matter how long people live in the Orient they are always finding new words to express themselves, and new and interesting sights to keep life from being monotonous.

I think all will agree with me when I say that life here is in no wise like the life in the homeland. Foreigners are busy, but not with the same things that occupy them at home. Servants are very cheap, and they adapt themselves to any kind of work in which a routine can be carried out. Never expect them to think out things, but teach them to obey. Everybody has a gateman, a cook, and a boy. Some have amahs for sewing and taking care of their children, and the number of "boys" varies according to the size of the family, usually. Coolies are employed for the roughest work. Some families hire a wash-man. But since they charge only three coppers Mexican for each piece, whether a handkerchief or a bed-spread, one can very easily get along without their one wash-man.

One day I went into the kitchen, and all the servants in the house seem to be having a meeting! It is warm there, and they do like to talk things over. Some understand a little English, and we say in China the walls even seem to have ears.

This morning for breakfast we had cakes instead of biscuits. Upon investigating we found the wash-man had been left to get breakfast. He wants to learn to cook, while he stays in this family, and then he will leave and hire out as a cook, for there is more money in that than washing. It is very handy for our cook, for while he can make the most delicious dishes, he does like to have time off. He gets the gateman to help peel potatoes, and number two boy is new and willing, so he gets many odd jobs.

When my washing came back all clean, I asked number one boy how much to pay. He figured a little, then said five cents a piece. Luckily we were both in a hurry and I delayed paying him. The landlady said three cents. Gu Hei was getting a "squeeze" of two cents a piece. Every servant learns to get his portion of everything that it paid out for the household. When peddlers come to the door, one after the other of the servants finds something to do in that room. Dust sifts in and on to things in a remarkable manner, and chairs seem all out of place, and must be straightened. The amah wanders in with the baby. They even come and admire what we are selecting, and pick the pieces up and always listen for the price. And when that peddler goes out the door, he must pay the servants a commission. One salesman last summer refused to pay "squeeze." Our number one boy struck him over the head, and bruised him up generally. Of course that meant trouble, and said servant spent one bitter day in jail.

Tailoring is done by the men. We send a servant out to his shop, and he comes and brings all the latest fashion books, and takes our measure. He comes again in a few days, sometimes in a remarkably short time, and tries it on. It is very good if you can see for yourself and explain to him what it needs to make it have style. But even so, the dress comes back finished, and you sigh, and think that everybody else is in the same boat, so it will do. But it is not American make. You may have given him four yards or six. In either case he gets the garment out and there is nothing over. If you talk very short, and say you must have this sewing done tomorrow night, it will come at the appointed time. But if you state no

time, it may be weeks before the tailor appears again with the explanation that he has been sick, or busy, or his helpers left him. Any excuse is as good as another.

This seems to be all about the working class, those who dress in cheap calico, even just putting padding in them for the winter. But in Nanking we very seldom see men in satin and silk garments on the street. And so far we have not been invited to their homes. There are about three hundred eighty-five thousand people in Nanking, and always the greater majority of Chinese are of the coolie class.

Next time I will write more about the people, their occupations, and possibly their diseases.

ELLA E. KAMPHEFNER.

The New College

Dr. George M. Laughlin, who is erecting the big building at the corner of Elson and Jefferson streets for the new College of Osteopathy, has begun the selection of his business staff for the operation of the school. The first member to arrive is J. T. Burns, of Denver, Colo., a publicist and lay student of osteopathy, who is to be secretary of the new institution.

Announcement is also made today of the name under which the new college will operate, "The Andrew T. Still College of Osteopathy and Surgery."

"The new college will be ready in time for the September commencement and under the guiding hand of Dr. Laughlin, surrounded by many leading men in the profession who are being invited into the faculty, will at once become an international institution and an added source of pride to Kirksville, which in itself is a monument to Andrew T. Still."

MODERN VIEWS ABOUT CURING TUBERCULOSIS

(Unable to find author's name. Let us have other view points of this subject. What are D. O.'s doing for such cases?)

The forms of tuberculosis are so various, the issue of this "Scourge of Humanity" often so surprising, that no physician may, with clear conscience, recommend one and the same remedy in each individual case. And yet, the difference in the methods of curing this disease is not so much dependent of its location in the human body, as of the intensity and pace of its progress. Certainly the prognosis is better the earlier the patient trusts himself to real specialistic treatment, as non-specialists seldom command sufficient knowledge and experience in applying the complicated ways of curing. Regardless of the topic situation of the process to be cured, there are two possibilities of the therapeutical treatment, which, properly applied, both promise good effect; the serological and the surgical way.

Principal conditions of success in both methods are nourishing food, clean air and tranquillity of mind, so that the sojourn in a country nursing home during the cure must be warmly recommended.

Speaking of the serological way the diverse preparations of tuberculine must be mentioned as the oldest and most approved remedies. Old Robert Koch, the discoverer of the tuberculosis bacillus, invented it and nobody can deny the fact that excellent success has been obtained frequently by using it, when applied in not too serious or too inveterate cases.

A few years ago Friedman in Berlin published a method of curing tuberculosis by vaccination with a certain bacillus, which sets tuberculosis in turtles, but not in men. Friedman asserts that this bacillus is capable of immunising the human body without

making it ill. This interesting idea reminds much of the one forming the foundation of pox-vaccination, in which cow-pox are used to vaccinate men. The author's successes are striking enough, though many authorities, after more or less short trial, have finally declined to apply the remedy.

The newest and most up-to-date method is one of Deycke and Much, which, in its theoretical consequences, and, as the authors state, in its practical results, is capable of revolutionizing all our knowledge of immunity. Up to the time of their publications Albumine was looked upon as the only virulent substance in microbes, and the only one, against which the human body could be immunized. Their discovery goes as far as stating, that the poison in the bacillus of tuberculosis does not solely consist of Albumine, but also of fat and similar substances, and, that in many cases were able to observe through immunisation against the above mentioned substances.

The second, i. e., the surgical way of curing, requires the utmost accomplishment on the part of the physician as to diagnosis and surgical skill! anyhow where the lungs are concerned. The principal is the same, no matter, whether a bowel or an extremity is attacked: it consists in putting and keeping the befallen organ in a quiet position for months or years or—forever. With an arm or a leg this is a rather easy matter; we use plaster of Paris or other kinds of bandages in order to prevent the inflamed joint or bone from moving, giving it, in this way, time to recover. If there is no other way, there is always the "ultima ratio" of amputating the "limb that vexes us." This,

however, is impossible where the lungs are concerned. Of course, it is impossible to put both lungs out of action, so the possibility of curing a pthisis by surgical means is limited to those cases in which either of the lungs is perfectly intact. When this is stated without any doubt we may venture to fix the sick part. This can be done by blowing nitrogen into the excavation of the chest, thus compressing the sick lung, or by pumping liquid paraffine on to it. The newest method is the one proposed by the Swiss surgeon Sauerbruch. He removes two or three inches of every one of the twelve ribs, by which operation those muscles, which normally widen the chest, loosen their hold to such an extent, that they cannot fulfill their physiological purpose any more. Thus the chest remains quiet on the attacked side, and with it the respective lung. The two former methods have the advantage, that nitrogen as well as paraffine can be removed easily, while the destroyed ribs and muscles can never again regenerate, but even this is rather an advantage; pthisis is such a chronic and malignant disease, that one should never try to use the attacked limb again.

There remains one form of tuberculosis which cannot be cured by any surgical means, the tuberculosis of the skin, the so-called "lupus." The principal remedy for this form of the disease is the light-treatment discovered by the Danish physician Finsen. Since its first publication, some twenty years ago, his method has been accomplished in more than one respect, and applied to in any other form of tuberculosis too. The most important result, however, in studying the effect of sunlight upon sick organs was the discovery that the sun on mountains of some thousand feet height offers the greatest suc-

cesses. Especially Dr. Rollier of Leysin in Switzerland has thus saved a great number of hopeless looking cases. Heliotheraphia is such an exquisite remedy against every form of tuberculosis, that lamps have been constructed giving a light very similar to the sunlight on high mountains. Although this fact is of great help, particularly for the poor, we cannot but confess that genuine sunlight, especially when accompanied by fresh air and good food, can be matched by no lamp on earth.

Preventive Vaccination Against Typhoid

Morquio's experience warns against the danger of typhoid fever developing in healthy carriers when they are injected with the vaccine, in prophylaxis, as another member of the family presents the disease. Some of his experiences in this line were mentioned recently. Among those related here is the case of a family of seven children and six adults, all vaccinated when one child developed typhoid of unknown origin. One of the other children developed symptoms of typhoid directly after the first injection of the vaccine, and two of the other children directly after the second injection of the vaccine. These three children had all been apparently healthy, and he is confident that they would not have developed the disease if they had not been vaccinated. His conclusion is that it evidently is unwise to vaccinate the contacts in a focus at the moment of an epidemic.—A. M. A.

A Place to Make Over D. O's

"Haven't felt so well for years. A few weeks at Moore's Sanatorium did wonders for me." The above statement is by one of our well-known osteopaths.

Post Graduate Clinic

Beginning Thursday, Dec. 1, 1921, from 4 to 6 o'clock p. m., Denver held a Post Graduate Clinic at the Rocky Mountain Osteopathic Hospital, which was the beginning of a course to be continued on each Thursday afternoon thereafter, at the same time, for a period of six months, and which all are cordially invited to attend.

Further, those attending this course at least 80% of the time, will be granted a Post Graduate Certificate executed by the Hospital Association.

This Clinic will consist in courses in Osteopathic and Differential Diagnosis, Osteopathic Technique, Minor and Major Surgery, Eye, Ear, Nose and Throat Work, Dietetics and Obstetrics. You are invited to bring to this Clinic any patient you may wish to have examined or treated.

There will be a registration fee of \$2.00 for every case, excepting surgical cases, which will require a registration fee of \$5.00. There will be no charge for operation and a flat rate of \$12.00 per week, or \$2.00 per day for any time under or over one week that the patient is in the hospital.

The practice of Osteopathy is making you a living and you owe it to your hearty co-operation that it may continue to advance to the head of the healing art where it belongs. The hospital is one of your tools. You are a member of its staff in good standing and you should support it to your uttermost, so that we can point with pride to the fact that this institution, and every progressive act undertaken by the Osteopathic profession in this city are successes. It is only a matter of time and we believe a short time, until the laws of this state will be such as to compel every physician to take a short post graduate course each year in some institution. Doc-

tor, we do not want to wait until we are drafted, but let everyone be a volunteer, and equip ourselves better to treat the public and safeguard its health.

There will be a writeup in the papers in this city in regard to this course, and the necessity for it, and also a list of the Osteopathic physicians taking it, so that the public may know that his or her Osteopathic physician is progressive and is continually striving to fit himself or herself to safeguard the health of his or her patients.

MARTHA MORRISON

As an M. D. Sees It

There is seldom ever a case of actual "sacro-iliac slip." It would be hard to find ten cases in the entire United States. What is called by that misnomer is actually due to disturbance of the muscular balance in the lumbar region. There is a tilt of the lumbar spine on the sacrum, causing one hip to protrude and one leg to appear a half inch or more shorter than the other. There is a rotation of the shoulders in the relation to the pelvis. The muscles of one side of the lumbar region will be found tense while on the opposite side they are relaxed. Some painful points on pressure will be found over the posterior gluteal region. Pain is anywhere from moderate to most excruciating. A properly constructed corset with a raise under the apparently short leg is sufficient to equalize the length of the legs will relieve these cases effectively.

"Putting the slipped joint back" either with or without an anesthetic is bunkim, as the joint was never out and does not slip. A belt around the pelvis with a pad over the sacrum is worse than useless. It is of no more use than a single strap buckled around a fractured leg."—*The Pacific Coast Journal of Nursing.*

Can Cure Deformities

"Most of the hideous deformities that disfigure children and adults can be cured or avoided if the proper precautions are taken to prevent or cure," Dr. Frank Holmes told an audience in the assembly of the Old National Bank yesterday afternoon. His lecture on "Deformities" was one of a series of semi-monthly discourses being given by the Osteopaths of Spokane.

Dr. Holmes discussed congenital deformities, deformities induced by soft bones in children, spinal deformities and other common forms of the disease. He urged his auditors to watch children with especial care to see that their soft bones were not allowed to bend unduly or withstand unusual strain. He said that parents and teachers should examine youths under their care frequently, with especial attention to the spine, to discover any tendencies that might lead to serious deformity.

"Congenital deformity, most often taking the form of club feet, as well as congenital hip dislocation, can be cured," said Dr. Holmes.

"The effects of rickets, a disease which children suffer as a result of undernourishment, is to unduly soften the bones and make the child subject to ugly deformities. Plenty of raw milk, fruit juices and beef juice will avoid this danger.

"Proper food, proper exercise, plenty of fresh air and proper hygiene are the safeguards against weak and deformed bodies.

"School children receive falls in playing to which little attention is paid at the time, but which often lead to serious bone disorders and deformities. A twisted pelvis may easily result from a fall in a football game and thus throw the entire human structure out of gear, paving the way for tuberculosis and deformity."

Another lecture on "How Osteopathy Cures" was given Tuesday afternoon, January 24, in the same room.—*Spokesman-Review, Spokane, Wash.*

Plan Osteopathic Hospital

An exclusive osteopathic hospital, the first wing of which is estimated to cost \$125,000, is the principal project to be undertaken by the Northwestern Osteopathic Hospital and College of Physicians and Surgeons of Spokane. The new organization was incorporated in Olympia this week with a capital stock of \$150,000. The incorporators named are Frank Holmes, H. E. Caster, J. E. Hodgson, Carrie A. Benefiel and H. L. Chadwick, all Spokane physicians.

In addition to the new hospital, which it is planned to build on a site near the heart of the city, the organization contemplates the establishment of a charity farm-hospital on a 10-acre site outside of the city to treat charity patients, who will be allowed to support themselves by raising farm products. Their treatment will be given free.

The city hospital will consist of two two-story buildings, which will bisect each other. The first unit will consist of the central quadrangle, to be used as a reception and waiting room, and one of the four wings. The first floor will be devoted to an especially constructed sanitarium for milk and rest cure patients and the second floor will be used as a surgical ward.

"We will begin our campaign at once to raise the necessary funds or the first unit," said Dr. John Mullinbrook, who has prepared plans or the new hospital. "There is no longer any doubt of the urgent need or such a hospital in Spokane.—*Spokesman-Review, Spokane, Wash.*

BLOOD CHEMISTRY IN RELATION TO OSTEOPATHIC PRACTICE.

By LORENZO D. WHITING, D. O.

The whole subject of the determination of the chemical constituents of the blood is just in its infancy. The main constituents determined at the present time are blood sugar, blood non-protein nitrogen, blood urea, blood uric acid, creatinine and the chloride contents. The rapid changes that we have made in all lines, especially in the very diet that we eat from all parts of the earth, have made necessary the use of these finer determinations in the treatment and diagnosis of the conditions that come to us.

The whole osteopathic system of practice is founded on a totally different idea from the old aopathic system and this is, namely, that the body is able to supply those things demanded in health and disease. This being the case, it is quite natural that our interpretation and the medical interpretation of the blood chemistry findings should be quite different. Dr. Still's work, in which he showed that correct structure and innervation were necessary to health, is more clearly demonstrated each time new methods of diagnosis are brought out. We are all convinced that correct structure and correct innervation are necessary for health and the determinations of the blood chemical constituents afford one of the finest methods of checking up on the structural and functional relationships of the various parts of the body. This is especially valuable when we consider that all cells draw their nourishment and empty their waste products into the common blood stream of the body. If, for any reason, the concentration of any of these food products is changed, the power of the cells to absorb food products will be increased or decreased according to the changes in the blood stream. On the other hand increase in the waste products will

hinder the process of elimination. Of course, all cells show selective activities in both their absorptive and excretory processes, but these processes are ultimately dependent upon the physical laws of osmosis, so increase or decrease in concentration will necessarily affect the nutrition cells.

One of the most interesting subjects in the later work done in medicine is the development of endocrinology. The medical viewpoint in this work is first, to ascertain the deficient glandular secretions and then supply those that are lacking from prepared animal products. This line of reasoning is in general the same that characterized the work of antigens, anti-toxins and serums. Clinical practice has demonstrated that in acute work this line of reasoning is fallacious and that the body, when assisted by intelligent osteopathic work, could produce more satisfactory results. The recent flu epidemic is a great example of this.

Of course, there are those cases in which, due to structural faults, certain secretions are lacking. Naturally, only the supplying of these from other sources will be of any avail in the treatment, but in the large class of cases and those in which the treatment accomplishes the best results, the trouble is a functional one and is amenable to osteopathic treatment.

When further research work has been done, it is probably going to be possible to definitely diagnose a good many conditions by the blood chemistry findings. At the present time the one relationship that is partially established is the relation of the cell islands of Langerhans to carbohydrate metabolism. In one or two cases I have found that the blood sugar ran from 130 to 180 milligrams per 100 cc, normal being 100, and

that these cases were associated with a general symptom complex of more or less persistent headaches and a general tired feeling. Examination of the urine showed only very slight traces of sugar. In these cases I mention, lesions were corrected from the 5th to the 8th dorsal, and with little or no change in the diet, the blood sugar dropped and the symptoms completely cleared up. It is more data of this nature that we are especially desirous to get to find out the truth or the fallacy of our ideas. In a good many cases that show minor puzzling symptoms, a blood chemistry examination will do much to aid in the diagnosis.

The question of protein metabolism is probably a combination of liver and kidney function. The relationship of the urea to the uric acid, both in the blood stream and in the urine, is indicative of the efficiency of liver function. Creatinine, a nitrogen waste product of endogenous origin, that is from muscle and body metabolism, is the easiest eliminated by the kidney of all nitrogen waste products, consequently a rise above the normal figure of one to two milligrams is indicative of a marked lack of function. In most cases that come under the general head of hypertension, that is those people from 35 to 50, who develop a blood pressure in excess of 160 (systolic), a general protein retention will be found. In the great majority of these cases the urinalysis is negative except for the low urea. The condition is probably one of a chronic parenchymatous inflammation of the cells of the kidney. The blood non-protein nitrogen will show the amount of retention, giving a very clear index as to the amount of protein that can be metabolized and a very good check on the results of treatment.

The relation of blood chlorides to hypertension is not clearly understood

at the present time, but certainly dietetic measures should be adopted to keep this within the range of normal.

It is an important consideration in dealing with this subject that the organs which are definitely associated with the control of these constituents of the blood stream are not only effected, but there is also a profound effect on all the other cells of the body, because from a long experience they have learned to function best in a solution of definite concentration.

The question of diet is one of the big problems in the treatment of all conditions. At the present time there are nearly as many systems of diet as there are physicians, each basing his system on one or two points. With the knowledge of the possible ability to metabolize and excrete the big food classes, as carbohydrates, fats, proteins, mineral salts, a more rational basis of grouping the foods will be furnished. Diets are given primarily for two reasons. One, in those cases in which there is a marked inability of the body to handle certain foodstuffs, and the other an attempt by proper arrangement of the foods to re-establish the body's ability to handle all foodstuffs. If we can, through our research work and clinical practice establish true relations between the endocrine functions and the metabolism and excretion of food, we will have done much to put the question of diet on a really scientific basis.

910-912 Consolidated Realty Bldg.,
607 South Hill Street,
Los Angeles, Calif.

If a man does not make new acquaintances as he passes through life, he will soon find himself left alone. A man should keep his friendship in constant repair.—Samuel Johnson (vide Public Education).

IMPORTANT ANNOUNCEMENT

The following correspondence is self-explanatory. At no time during this controversy has this Bureau contended for the privilege of prescribing alcoholics by osteopathic physicians.

We have however, been contending that the physicians' privileges granted by the respective states must be respected by government officials. This has been accomplished.

We must insist now that the word "osteopath" be stricken from paragraph "f" of Article I Section I of Regulation No. 60.

Please get to work on this point with the national law makers, and oblige,

Fraternally yours,

C. B. ATZEN,

Chairman National Legislative Bureau.

Omaha, Nebr., January 18, 1922.

Hon. R. A. Haynes,
Federal Prohibition Commissioner,
Washington D. C.

Dear Sir: This Bureau is in receipt of a telegram from Dr. S. L. Scothorn of Dallas, Texas, President of the American Osteopathic Association, stating that on January 8th, 1922, a new ruling had been issued by your Bureau relative to osteopathic physicians, which reads as follows:

"Where an osteopathic physician is licensed by the state to practice medicine and surgery with the unrestricted privilege of prescribing drugs, chemicals and other therapeutic agencies internally for the cure or relief of disease, and he is actively engaged in the practice of medicine and is regularly from day to day thus prescribing drugs, chemicals and therapeutic agencies internally for the cure or relief of his patients the director may issue a permit to enable him to prescribe intoxicating liquors internally."

Is this ruling to be interpreted that in the future the Volstead Law will be administered in harmony with the

laws of the respective states similar to the administration of the Harrison Narcotic Act?

The osteopathic profession does not care a rap for the right to prescribe liquor, but what we do prize is the physicians' privileges granted to our profession by the people among whom we live and serve, and to have these state laws, secured after years and years of struggle, set aside and nullified by Government edict as though they had no intrinsic value—as is now done in Regulation No. 60—is the one thing we are striving to avoid. We are not asking for a single thing other than that the rights granted to us by the home folks, be respected by Government officials.

The phraseology of the above order adds insult to injury for it gives the impression that all the osteopathic profession is striving for, is the right to prescribe liquor. Whereas the fact is, we are merely trying to protect our state rights.

In justice to the osteopathic profession, paragraph "f" of Article I Section I of Regulation No. 60 should be stricken out and words to the following effect substituted for the objectionable paragraph: namely,

"The word 'physician' in this Act shall mean only those practitioners licensed by state authority to prescribe drugs and actively engaged in the practice of their profession in the state, territory, or District of Columbia; in which licensed."

If this substitution or one to the same effect was incorporated in Regulation No. 60 in place of the objectionable paragraph, it would give to the duly constituted state authorities of each state, the right to decide, who is and who is not, entitled to physicians' privileges and it seems to the osteopathic profession that this is the step that should be taken in justice to our profession, for paragraph "f" in Regulation No. 60 is being effectively employed by our opponents to discredit our school of practice both in the community in which we labor and in the campaign for students for our colleges.

If you will grant the writer an audience, he will gladly call on you in person at Washington and present

by word of mouth, our side of this question.

Sincerely yours,

C. B. ATZEN,

Chairman National Legislative Bureau,

Treasury Department

Bureau of Internal Revenue

Washington

Pro. Counsel

OVE-068507

January 27, 1922.

Dr. C. B. Atzen,

408 Omaha National Bank Bldg.

Omaha, Nebraska.

Sir: Replying to your letter of January 18, 1922, you are advised that the information furnished you relative to osteopathic physicians obtaining permits to prescribe intoxicating liquors, embodies substantially the views of this office which are as follows:

Where an osteopathic physician is licensed by a state to practice medicine and surgery, with the unlimited right to prescribe drugs, chemicals and other therapeutic agencies internally, for the relief or cure of disease, is actively engaged in such practice and is actually from day to day thus prescribing drugs, chemicals and other therapeutic agencies internally for the cure or relief of disease, the Federal Prohibition Director may issue a permit to him to prescribe intoxicating liquors for medicinal purposes.

Unless thus licensed, actively engaged in practice and actually from day to day prescribing medicines for internal use for the purposes stated, this office cannot legally issue a permit or authorize the issuance of a permit to prescribe intoxicating liquors for medicinal purposes to such osteopathic physician, regardless of the school from which graduated or the character of the license held by him under state laws.

This fully sets forth the interpretation put upon the law by this office. A personal visit by you is apparently unnecessary.

Respectfully,

(Signed) R. A. HAYNES,
Prohibition Commissioner.

Omaha, Nebr., January 30, 1922.

Attention Pro. Counsel

OVE-068507

Hon. R. A. Haynes,
National Prohibition Commissioner,
Washington, D. C.

Dear Sir: In reply to your communication under date of January 27th, 1922, I am pleased to note that you agree that where an osteopathic physician is licensed by state authority to practice medicine and surgery, he is entitled to physician's privileges under the Volstead Act.

This being a fact and so recognized by your office, it must follow that paragraph "f" of Article I Section I of Regulation No. 60, stating that the definition for physicians shall not include osteopaths, is illogical and therefore in conflict with your latest ruling. May I then request that the word "osteopath" be stricken from this paragraph by the various State Prohibition Directors so that it will no longer be used against the osteopathic profession by our opponents, in our student campaign?

This Bureau is fully aware of the fact that Regulation No. 60 was printed prior to your appointment as National Prohibition Commissioner, but this Bureau was not aware of the objectionable ruling until our opponents started to make use of it, which explains why no steps were taken earlier to correct the objection to the word "osteopath" as it appears in paragraph "f" of Regulation No. 60.

I am taking the liberty of herewith enclosed sending you a leaflet that will conveniently present the number of states wherein physicians' privileges are granted in whole or in part, to the osteopathic physicians.

Trusting that you will give instructions to strike out the word "osteopath" in paragraph "f," to State Prohibition Directors so as to avoid any future misunderstanding, I remain,

Very sincerely yours,

C. B. ATZEN,
Chairman, National Legislative Bureau.

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EDITORIALS

[We want our readers to know our Eastern Editors. Dr. McConnell, Hulbert, and Williams have written specially for this magazine. This issue's chief editorial is by the Editor of Osteopathic Magazine. All these writers will be at L. A. Convention.]

Selling Osteopathy

GEORGE W. GOODE, D. O.,
Boston, Mass.

How many in our profession know how to sell osteopathy? Have we pushed our propaganda the way we should in the past twenty-five years? I will admit at the outset that the best advertisement a physician can have is a satisfied patient. Delivering the goods (to express it in business vernacular) in the treatment room is what counts every time. Often satisfied patients are loth to tell others that Osteopathy has benefitted them. Others are recreant about spreading the gospel of Osteopathy for fear their friends will learn too much about their ailments or they do not desire to inform folks they are trying or have tried a new system of healing. There are other reasons, too, why patients do not acquaint their friends with the good of Osteopathy, but I will not point them out for I believe I have mentioned the most important ones which have come under my observation. Aside from these facts people have to be educated to new things.

Folks are willing to let the other fellow try a new thing first. The public at large believes that Osteopathy is good for some diseases and limited in degree. The reason for this is, the individual practitioner has not sufficiently educated his patient. Books or pamphlets on Osteopathy are handed to the patient. They are not read but glanced over and then thrown into the waste basket. Many times they are not even looked at. The advertising expert will tell you that if you obtain even five per cent result from the propaganda you distribute it will pay well. That means literature sent out to a selected list of names. But I am alluding to the proposition of educating patients so that they will boost Osteopathy. Most folks like to read about health matters and I believe in popular literature written in simple language so that the least educated who can read, can understand the text. The trouble with most speakers, preachers, lecturers and writers in my experience is that they talk or write over the heads of the people. Not intentionally, perhaps, but they forget themselves in their en-

thusiasm to speak or write. Many of our articles for the laity are written in terms too ambiguous to be understood unless one has a dictionary or two at his elbow. Perhaps the public lecture may be a good plan to enlighten the people on Osteopathy, but my experience with them has not been worth the effort. We must have literature. There is no question about that. I would like to see a good osteopathic journal on the news stands. I would like to see our efforts along publicity lines consistent and not sporadic. I do not believe that every time the word Osteopathy is used in the newspapers in connection with unsavory articles that is good publicity for Osteopathy. *Osteopathy should be kept clean.*

In selling Osteopathy to our patients aside from the written word, let us not promise them too much in the way of cures. When a patient comes to me after suffering from some chronic ailments for a long time, after examination and making a diagnosis if I believe I cannot be of much service I tell him so. If I feel some other kind of treatment will do him more good I so inform him and will yield a point. Some one must treat these chronic conditions and why not the Osteopath? I say to the patient after looking him over and I've made up my mind I can help him; "if you will give me one-third of the chance you have given the medical man I will take your case." This is not an unreasonable proposition and it has its psychological effect. Think it over.

Los Angeles, 1922

"Come hither all ye people." Theseus, according to the ancient scribe, used the above slogan in making Athens famous and prosperous. "Theseus invited all strangers to come and enjoy equal privileges with

the natives," no wonder he built the mighty city.

To a greater than Athens you are invited next July, and if any D. O. is in doubt about coming, he may as well decide now and begin packing up his old bag for Los Angeles. According to San Francisco, and that's fairly good authority, "Los Angeles is a go-getter." Says a leading San Francisco editorial: "Los Angeles is a community of 'go-getters;' Los Angeles prospers by keeping everlastingly at the business of prosperity." Los Angeles is growing—outgrowing itself. It is fast becoming the wonder city of the world. It isn't "see Los Angeles and die," but see Los Angeles and live ten to forty years longer than you should. If there is a lack, whether that be an ocean, a harbor, or mountains or climate, Los Angeles simply reaches out and gets 'em or manufactures them on the spot while you wait.

Los Angeles' limits? No one knows where, unless he has read that city's late records. Some day we expect to see her confident countenance coming up over the Tehachapi.

Some of you have been in Los Angeles and a fair per cent of your best patients are now spending their winters there, so, soon or late you too will be numbered among her boosters.

This year Los Angeles has something worth boosting—the A. O. A. National Convention, July 3rd to 8th, so Osteopaths—Friends, "Come hither—come hither, all ye people."

L. A. C. O. P. & S.

"The best Osteopathic school I have visited," said a national examiner who called at all of our colleges east of the Rockies except one.

But C. O. P. & S. is not the largest nor perhaps even the second largest, but it is large enough to get

the best service out of classes and teaching force. Its new location is ideal its teachers capable and Osteopathic the student body enthusiastic. This college is the one big best asset that Osteopathy has in California and the West.

The test of our loyalty to Osteopathy can be measured in no way so accurately as by our loyalty to our colleges. Other sections have their schools other schools have their supporters. Though your legal debts to this school may be paid, its very presence in our midst, its fine functioning this peculiarly trying year, commands our first and best support.

The Better Way

Discarding burdensome armaments the world is now trying to think in terms of the trowel and pruning hook; trying to cultivate the role of givers and builders rather than destroyers and haters. Now the bulk of that wastage may be turned to promoting our American institutions and carrying their influence to the ends of the earth. So will we become the masters of the world, not by jibes or stealth or force, but by the mightier powers of *enlightenment, understanding and good will*. These are irresistible and win the real battles. What might our profession do did we more assiduously give ourselves to like efforts in like measure?

Says Dr. McConnell in a recent editorial:

"We know through experience that the temptation may be great at times to take a destructive fling at the other fellow's house, especially in view of the fact that he lives in a glass one and some of the inmates are prone to throw stones. But is not such a procedure usually an indication of amateurishness or that something has pierced the skin?

Not that we would necessarily advocate the turning of the other cheek, but rather that often silence or at most subtle sarcasm would prove to be the best rejoinder.

"The public are well versed as to the other fellow's shortcomings. For if they were not they would not patronize us. It results that they are looking for, and they care not one iota how they are secured provided they do not run counter to reasonable practice of the traditions of society. Successful practice soon tempers possible blatency and love of buncombe, these being first cousins to utterances aiming at destruction of a neighbor's efforts. Not long ago we heard a clinic lecture by a world renown surgeon. Some one in the audience took a shy at the Osteopaths. The surgeon immediately came back with a vehement reply: 'Gentlemen, Gentlemen, You are just the ones who had the first clinical opportunity, and with what results? You failed to make good.'

"We believe that the great majority of all members of the healing art are sincere, notwithstanding the downright cussedness of a few to the contrary. To be sure, development of the higher faculties is far from perfection. But a soft answer not only turneth away wrath, but the recipient instinctively realizes that there is education, discipline and worth while experience back of the giver.

"Razing the other fellow's sanctum is a thankless and superfluous job. He is probably already having more than he can do to keep his house in order. To say the least that is the way it appears."

Excesses

A recent writer suggests, "What a steady income might flow into the U. S. treasury from a levy on excess conversation." And while his

article itself might not be wholly exempt, it is not a half bad idea. Drinking bum hooch isn't the only excess or luxury that should be taxed. Do you remember the long sermons and lectures you used to weary thru when there was seldom more than seven sentences worth remembering? If the speaker had taken time to search out of his talk those seven sentences and then said them over to us seven times we might today be wiser and better.

Excess telephone talk when the listener is paying the bill, excess paper talk, letters and articles when the rest of us must perforce read them, because we are paying for them—all this is a weariness to the flesh. Make them snappy.

A Notable Piece of Work Well Done

New York leads in high class publicity for Osteopathy and incidentally gathers in more than \$10,000 in gross receipts for her clinic and hospital.

More than a year ago that great artist, Galli-Curci, expressed her desire to give a concert for the benefit of the New York clinic. The Metropolitan Opera House was secured, 500 large posters and 18,000 leaflets were furnished gratis by Messrs. Evans & Salter, each, and bearing the words "Benefit Concert for the New York Osteopathic Clinic and Hospital." Besides this the usual newspaper publicity of such an event.

This is not New York's first successful effort of this sort. Chicago also did something similar.

This all points the way to something that might be done in every sizeable center on the continent if—if the busy D. O.'s of that center have in season and out of season been giving of their time, their money and their interest to the support of a local clinic. *The clinic's the thing. Have you a clinic in your city? Are*

you supporting the clinic in your center? If so, stay by it through good and ill. Your community is already reaping. Osteopathy is building and soon or late the great opportunities will come; for many an artist, many a philanthropist, is only waiting to mark the measure of your good work and honor it. Why shame Osteopathy by our selfishness, when instead we can do something for our communities; support clinics; build up our colleges and so earn for Osteopathy the honor and recognition that is her due.

Give and then it shall be given unto us.

A vision—a new vision—that alone will save us.

The third annual election of the Rocky Mountain Osteopathic Hospital Association occurred February 9, 1922. The officers elected for the ensuing year were: Dr. G. W. Perrin, President; Dr. R. R. Daniels, Vice-President; Dr. C. C. Reid, Secretary; Dr. M. A. Morrison, Assistant Secretary; and Dr. W. L. Holcomb, Treasurer. Doctors H. F. Shaffer, F. F. Woodruff, J. H. Bolles and H. S. Dean were elected to the Board of Directors to serve for three years. Mr. H. D. Husted, Mr. D. D. Sturgeon and Mr. H. M. Shelbourne, laymen, were elected to this same board to which other lay members will be added as the occasion may demand. The plans for the new \$50,000 addition to the hospital have been accepted by the Building Committee and advertisement for bids will soon be made by Fisher & Fisher, the architects. The hospital is reported in splendid financial condition and with the addition of the newly organized clinic of the League for the Prevention of Spinal Curvature, the management plans to be of greater service to the community.

American School of Osteopathy

Kirksville, Missouri

March 1st, 1908.

My Sunday Sermon

Well, Bunting,

My old Friend—

Fool or Philosopher?

Allow me to give vent to what I am thinking about and intend to say whether you like it or not.

I have just read your article in March, "Osteopathic Health," and without any flattery, I want to tell you that from start to finish it is the most literary and scientific production that I have ever read from the pen of any writer, on the principle and philosophy of Osteopathy.

I am proud of the production. I am proud of the Man who is not afraid to peruse and acquaint himself with all the branches pertaining to the subject of human life, the form of the body with all its parts and functionings, when in normal or abnormal condition.

Go on with the good work. I am glad to have one man who compromises with nothing, not even Truth itself; a man who is ready to offer and stand to the truth without apology.

Please send me a dozen copies, and bill for same.

With kindest regards to you and Mrs. Bunting.

I am yours truly.

A. T. Still oogle

IS THE "OLD DOCTOR'S" JUDGMENT ABOUT IT GOOD ENOUGH FOR YOU?

He said in this letter attached that Bunting's Brochure, 'Most Diseases are of Spinal Origin,' is the finest piece of campaign literature ever written for Osteopathy! This article is now one of the most precious historic documents of Osteopathy, if not the most valuable single statement, extant. It originally appeared in 1901 as Volume One, Number 1, of "Osteopathic Health," and as such was the first foundation stone of all osteopathic popular propaganda that has followed. It became the prototype of all popular presentations of Osteopathy that has come after it. Every writer who has dealt since with the mechanical argument for Osteopathy has been compelled in a marked way to imitate the style and to borrow the methods and phraseology of presentation so successfully used in this pioneer "Bunting Brochure."

This luminous classic states Osteopathy's fundamental principles for the understanding of lay readers in a way that no other writer has ever equalled. At least, Dr. A. T. Still said so. It holds the *mechanical* side of Osteopathy up to view, defined in vivid pictures of Anatomy, Physiology and Pathology. It presents Osteopathy as it was taught at the parent college in 1898-1900, having been written and published by HSB, its author, within the first year after his graduation and entrance upon practice.

Dating as it does from 1901, this brochure has become our one best historic document to establish the priority of Osteopathy, presenting in brief compass and clear-cut, lucid definition the fundamental parts of Osteopathic Theology and Practice, in a way peculiarly serviceable to the

profession in this day when the shameless "chiropractic" thief is abroad in the land setting up false claims as "the original spinal adjuster." This historic publication—which was copyrighted and extensively disseminated all over the United States and Canada by the osteopathic profession in 1901 and at intervals periodically since—constitutes one of the most complete and convincing proofs obtainable of the chiropractic conspiracy against truth.

"Most Diseases Are of Spinal Origin" has been more widely circulated than any osteopathic writing ever published. Most every prominent member of the profession at one time or another has delighted to do it honor by words of praise and by using it for the betterment of his practice. More than three-quarters of a million copies have been distributed.

Doctor A. T. Still himself in 1908 pronounced it "from start to finish the most literary and scientific production that he had ever read from the pen of any writer, on the principles and philosophy of Osteopathy." Surely, this is high praise—enough to embarrass any author! We produce the "Old Doctor's" facsimile tribute on the adjoining page.

"Most Diseases Are of Spinal Origin" is again in type—its Eighth Edition—now issued as a handsome "Standard Laity Brochure," well printed on fine eggshell paper and bound in a severely dignified cover. This "Bunting Brochure" does not contain "Osteopathic Health's" title page plate or date line. It never again will be reprinted in a current issue of "Osteopathic Health" because, from this month forth, "the osteopathic patient's magazine" will always contain only new matter every month.

Hence "Most Diseases Are of Spinal Origin" becomes "Borchure A" of our new "Standard Laity Brochures," the third arm of our publicity service for the profession; the first arm of which is "Osteopathic Health," the magazine full of novelty and charm always; the second arm of which is our sprightly "Harvest Leaflet Series"—of which you now have the choice of *fifty different subjects*; and the third arm of which is our series of *more than a dozen* "Standard Laity Brochures."

"Most Diseases Are of Spinal Origin" is ready to go forth on its mission to serve your needs. Will you not use one or two thousand of them at once?

The price has been reduced to \$40 per thousand, with your professional card and envelopes, delivered to your door; \$4.50 per 100. Correspondence invited from those about to begin publicity efforts. We show you how to begin. No obligation involved in asking questions. We've been making good at it for twenty years.

THE BUNTING PUBLICITY SERVICE

for OSTEOPATHS

WAUKEGAN

ILLINOIS

Four States Convention

We, the Osteopathic profession of Missouri, Kansas, Iowa and Nebraska, invite you, the entire Osteopathic profession to attend the Central States Convention, St. Joseph, Missouri, May 10, 11 and 12, 1922. The program committee has invited seventy-five prominent Osteopaths to be on the program. We expect to make our three-day program equal to any ever offered at any Osteopathic convention.



*Dr. R. H. Williams
of Kansas City, Missouri.*

Look at his picture now and call at his booth at the Los Angeles convention. You will find him in one of the highest priced booths with an array and variety of saleable matter for osteopaths that will keep you looking for an hour. If any D. O. is at Los Angeles who does not have to keep a "patient waiting list" let him walk right up and see Williams. He is a Missouri publisher and will readily show you how it is done and some folks who have tried say it works too.



Liquid Petrolatum, the Emollient and Lubricant

"Liquid petrolatum . . . when taken into the stomach passes into the intestinal tract unchanged; is not digested by the enzymes and is thus able to exert to the full its emollient and lubricating action. It is absolutely non-irritating."

—A Prominent Medical Authority

NUJOL is the most suitable liquid petrolatum for use in intestinal stasis. The unexampled resources and experience of its makers, the Standard Oil Co. (New Jersey), guarantee its purity, wholesomeness and applicability to general requirements.

Nujol is scientifically adapted by both viscosity and specific gravity to the physiology of the human intestines. In determining a viscosity best adapted to general requirements, the makers of Nujol tried consistencies ranging from a water-like fluid to a jelly. The viscosity of Nujol was fixed upon after exhaustive clinical test and research and is in accord with the highest medical opinion.

Sample and authoritative literature dealing with the general and special uses of Nujol will be sent gratis. See coupon below.

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| <input type="checkbox"/> "A Surgical Assistant" | <input type="checkbox"/> Also sample. |

Name.....

Address.....

An Appreciation

By DR. E. E. D.

Day after day and year after year there lies in an upper chamber one whose body is partially paralyzed. Yet when you look into his serene countenance, you see a calm happiness that puzzles you until you learn the secret—"Others!" Yes, that is what he lives for to bring sunshine into other people's lives.

This last Christmas time his kindly thought went out to the faithful carrier of the mail. One who had served his route for twenty years. Then the thought came to Dr. C. B. Rowlingson (for it was he) that if he could only reach the people on the postman's route, they would be glad to contribute a substantial sum whereby the Christmas of the faithful carrier might be made more joyful.

No sooner thought than executed, for he found among his acquaintances two attractive and kindly youths who devoted their leisure to soliciting the needed ducats and Christmas morning found the delighted postman richer by sixty dollars.

God, others, self! It is the way of happiness, be the days dark or fair.

May the richest blessings come to that fine soul who in the midst of his own distress still thinks of others!

"If you have a friend worth loving—
love him.

Yes, and tell him that you love him.
E're life's evening

Tinge his brow with sunset glow;
Why should good words ne'er be said
Of a friend till he is dead."

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Surgical Instruments and Supplies

Mail orders given prompt attention

Abdominal Belts and Surgical Corsets Fitted by an Expert

Run over to the Ground Gripper Shoe Store and get a picture of R. Kendrick and the three ladies.

Tacoma Wash., Jan. 26, 1922.

My Dear Sir and Editor:—The following Osteopaths were granted license in Washington at the January Examination:

Harry Leon Davis, A. S. O., now at Walla Walla, Baker Bldg., Wash.; Eugene Wesley Myers, Still Col., Walla Walla, San. College Place, Wash.; Eva Barger Estill, A. S. O., Seattle, 1414 Seneca St., Wash.; Madeline Breckenridge, Still Col., old address Denver, Colo.; Ernest Ed-

ward Chapdelain, A. S. O., old address Philadelphia, Pa.; Ralph E. Curry, Still Col., old address Sycamore, Ill.; Ada Eliza Mack, Still Col., Toppenish, Wash.; Arthur Hillery, Still Col., Toronto, Canada; Grace Hillery, Still Col., Toronto, Canada; Clarence Wayne McConkey, A. S. O., St. Louis, Mo., Liberty Hospital; Maude F. Barger, now at Maplewood, N. J.

Very truly,
W. T. THOMAS, D. O. Sec'y.



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(See Journal of A. O. A.)

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219 W. Seventh St.

Each Spencer Corset and Support is not only made to fit. But is actually designed to correct the conditions that are causing trouble.

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This post-graduate, course, including nine separate and complete drills in Direct Leverage Adjustment With Speed, in over 50 contacts, contains only clear, concise information; and by consistently following the printed instructions, you can double your practice, yet actually lessen your work.

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202 Academy Street
Trenton, N. J.

Doctor: Will you send me particulars and enrolment blank for Doctor Willard's Post Graduate Course.

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**AN EXCELLENT
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in nervous diseases

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Racine, Wisconsin

Heat vs. Cold IN PNEUMONIA

The application of cold packs to the thoracic wall as a remedial agent in the treatment of pneumonia is rapidly being discarded by practitioners.

The application of heat is again in favor and physicians in every part of the country are now convinced that the logical, safe and sane method of treating pneumonia includes the application of prolonged moist heat over the entire thoracic wall.

Antiphlogistine

not only offers the best known method of continuously applying moist heat of equable temperature for a long period, together with the advantages attendant upon its physical properties, hygroscopy, exosmosis and endosmosis, but it offers the pneumonic patient exactly what he absolutely requires—EASE and REST. When Antiphlogistine is once applied it can advantageously remain in place for a long period, usually from twelve to twenty-four hours, all the time performing its soothing and effective service.

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EYE, EAR, NOSE AND THROAT
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SURGERY A SPECIALTY
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Long Beach is an ideal health resort. Referred cases appreciated; reports made, and upon returning home, referred to D. O. sending case.

CLASSIFIED WANT ADS

Man, age 35, desires association with a doctor whose practice warrants the services of an assistant. Would consider partnership. Address care of F. H. H., Western Osteopath.

WILL RENT part of office with use of reception room, library, and telephone for morning hours. Grace W. Shilling, D.O., 1027 Story Bldg., L. A.

When you have something to sell, try a **CLASSIFIED LINER** in the **WESTERN OSTEOPATH**.

California is the first State in the Union to adopt legislation governing swimming pools. This act was passed in 1917 and the Bureau of Sanitary Engineering has found that very little outside experience is found to guide them in swimming pool sanitation. It is perhaps natural that California, with three times as many schools as any other State, should have pioneers in this line of activity. The total patronage of the swimming pools in Califor-

DR. A. P. OUSDAL, D.O.
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nia during the year 1919 is roughly estimated at 5,500,000. In a general way the swimming pools in the State of California are in much better condition than those of any other State and are consequently much safer.

In the April number of the California State Health Department monthly bulletin taken from the top and west history of Sacramento County written in 1880 relating to the cholera epidemic in Sacramento in 1850. This article is well worth reading, for it shows the appearance of cholera in October, 1850, and then how rapidly it increased, with a tremendous mortality, with the public consternation, a consequent desertion of the city for practically 20 days, with 150 cases a day of cholera, and the counting by the historian of over 100 new graves in the city after the epidemic was over in November.

The College has just added to its equipment 42 new Bausch & Lomb compound microscopes with sub-staged condensers and full optical equipment to meet the needs of the large new class under the new plans of thoroughgoing laboratory instruction.

Causes of Failure of Operations for Chronic Appendicitis

Dr. Charles J. Rowan, Iowa City: The results of operation for chronic appendicitis are not satisfactory. These patients should have more careful examination and often more prolonged observation. No patient should be regarded as having typical chronic appendicitis unless a history of a former characteristic acute attack is obtainable. Extra care and consideration should be used before advising operation in neurotics, especially those with colitis or visceroptosis. More exploratory incisions should be made in preference to the muscle splitting incision, and always in atypical cases. The exploration should not end with the discovery and removal of a diseased appendix. Believing that a considerable amount of trouble complained of after operation may be due to adhesions, we shall try out picric acid instead of iodine in the preparation of the site of operation.—A. M. A.

Over Three Hundred Enquiries the First Ten days from Saturday Evening Post Ad.

Now more than double that number from all over the states and from many classes of folks. Follow-up literature is being sent these and they are being referred to the nearest D. O. who subscribed to this publicity fund.

These responses are but a little of the by-product of such a campaign. Did you read the January 7th advertisement. It is the sort to be proud of and being in the Saturday Evening Post, has entree to homes that might never otherwise be reached.

It will interest numbers of people in Osteopathy of whom we shall never hear only as they eventually drift into a D. O.'s office for help. And again, it strengthens the moral backbone of those who do believe in Osteopathy and will make more of them fearless boosters.

The purpose of this advertising is not primarily to run patients into

GROUND GRIPPER SHOES

This shoe is no experiment. A large per cent of physicians are wearing Ground Grippers themselves and recommending it to their patients. It is the one shoe that seems to fit the form and function of the human foot. Ground Grippers for men, women, and children with expert fitters may be found at the following stores:

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21 S. SUTTER ST., STOCKTON

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A highly potent physiological adjuvant utilizing the known properties of the Spleen for exalting the body defenses; increasing the number of red cells and all types of leucocytes. Particularly useful in chronic infection, Anemias, Malaria, Tuberculosis. In 2 c. c. Ampules, physiologically standardized.

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some D. O.'s office. It will no doubt do this—most D. O.'s are already busy. But the hope is that the general public shall have a better understanding of Osteopathy, an appreciation of what it is and does, so that there may be made possible more colleges, more students and more D. O.'s to serve a people who stand in need of the service Osteopathy can render.

Dr. Isaac Burke wishes to announce that he gives up his San Francisco office after January 1922, and will be affiliated with his brother, Dr. W. P. Burke, at the Burke Sanitarium, Burke, Sonoma County, California, where he will be glad to see his friends and patients.

Dr. Robert M. Roberts, Joshua Green Bldg., Seattle, is an Osteopathic Eye, Ear, Nose and Throat Specialist, recently located here, coming from Oregon, after much study in the East. He has given two excellent addresses before the King County Osteopathic Association—"General Indications Indicating the Need for the Specialist" and "Best Methods of Examinations in Eye, Ear, Nose and Throat Work." Seattle is receiving him most cordially.

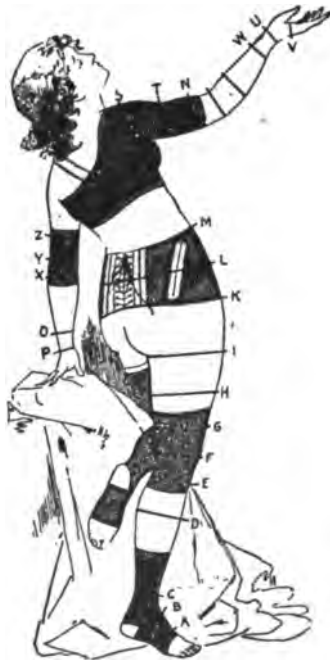
To this date, February 1st, there has been pledged by the profession south of the Tehachapi, for the entertainment of our A. O. A. guests this summer, something like \$2000. Quite a sum of this is in the bank already. By this time next month we expect to have 150 subscribers with the full \$5000 and quite a bit larger sum in the bank.

EDWARD S. MERRILL,
Chairman of Finance Committee.

Correction: It was J. V. McManus that wrote the Abram article, not I. N.

Elastic Hosiery Abdominal Supporters

made to order from fresh, live rubber, by competent workmen, giving you a perfect fit and fresh durable goods.



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The Science of Food Selection

A book containing common sense, simple, easy to understand instructions and explanations of the science of food selection. How to use all manner of foods and food combinations, to meet the requirements of the chemistry of the body, both in health and disease.

Four food tables are given, with a complete analysis of all common articles of food and how they are used by the laboratory process of the body to build new vital life cells. The secret of life is within the tissue cell. In many instances, wrong foods and food combinations are productive of the most serious irritating noisens, which gradually poison the body and destroy life. This book explains in brief, what to eat, how to eat and when to eat, to obtain and retain long life, health and happiness.

Disease is the result of mal-adjustment, which may be either mechanical, chemical or mental. Corrective treatment may adjust the mechanical and at the same time the chemical may be overlooked. The chemical mal-adjustments require corrective adjustment (this can not be done through the use of drugs.) Vital chemical foods are required for this is Nature's way. Foods are the only real and natural medicines. Hundreds of thousands are suffering from accumulations of body poisons, due to improper use of foods. They are digging their graves by the knife and fork method. The osteopathic physician may correct the mechanical mal-adjustments, but to correct the chemical mal-adjustments, the patient must co-operate with the physician's instructions as to the food selection. This book will help the patient to understand the truths and great importance of the body and food chemistry, and if they will follow directions, results will come quickly.

This book is different from the usual book on food instructions, as it is to the point, covering all important scientific facts about foods, in a plain, simple A. B. C. manner.

Help your patients to know more about health principles and you help yourself to greater success.

157 pages, cloth binding; price, single copy, \$2.00 net. \$2.10 by mail. Six copies, \$8.50; twelve copies, \$16.00, postpaid. Send for a copy and if you are not satisfied with the contents, return the book and the price will be cheerfully refunded. Descriptive circular on request.

DR. JOHN J. HENDERSON,
Charleston, W. Va.

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Spencer Supports for post-surgical operations, visceral ptoses, obesity, floating kidney, intestinal stasis, ventral or umbilical hernia, sacro-iliac strain, orthopedic appliances, etc.

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An Emergency Sterilizer

By A. F. STEFFEN, D.O., Scottsbluff, Neb.

While in the office of an M. D. the other day, I got an idea that I think will be appreciated by a good many D. O.'s who do minor surgery and obstetrics. It has at times been difficult for me to secure sterile dressings when not handy to a hospital, and the hope of having a good dressing sterilizer has never been satisfactorily satisfied till now. Every D. O. can have at hand an excellent sterilizer and at the same time supply the good wife with a utensil that she will greatly appreciate. What do you guess? "A large size pressure cooker." Simple, isn't it? A sack in the bottom, several inches of water and a kitchen stove.

The returns of deaths from influenza during the past week show a sharp rise. The type of influenza is peculiar. It seems to be largely of the gastric type. That is to say, the attack is characterized by sickness, vomiting and giddiness, and a sense of great weakness. In some instances, there seems to be no rise of temperature and people go about until suddenly warned by a feeling of faintness. A few show a rash in the form of heat spots, a condition which was observed in cases of the disease occurring last April. In the great epidemic, the type of infection was pulmonary, and pneumonia was the danger. So far the present epidemic does not seem to be characterized by pulmonary symptoms.

The next State Board of Medical Examiners' meeting will be held in San Francisco, Native Sons' Hall, 414 Mason street, June 26 to June 29.

A man cut out his advertising to see whether he could save money. He didn't.

A New Way of Using Gravity That Gives Absolute Therapeutic Results



BRILLIANT RESULTS IN

Endocrine Disorders
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This new adjunctive and its specific techniques are available to every Osteopath

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**OSTEOPATHIC — ORTHOPEDIC — SURGERY — GYNECOLOGY
NOSE AND THROAT, ETC. PLUS X-RAY AND LABORATORIES**

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DR. GEO. M. LAUGHLIN, Kirksville, Mo.

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*Nature's Retreat, for the Rational
Treatment and Instruction of Both the Well and Sick
Insuring Perfect Health*

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CALIFORNIA

"Most of the drinking in America today," says Collier, "is a fad" with the exception of "old soaks and some foreign elements." Webster says "a fad is a custom, amusement followed for a time with exaggerated zeal; hobby, craze."

"It is a fad to make light of prohibition enforcement."

"Wherever there is 75% less drinking than there was three years ago—with the coming generation it will be 95% successful, and that's a big percentage whether you are shooting clay pigeons or enforcing a law."

One thing that made Colonel Waterson great was sincerity. He wrote what he believed, or at least he believed what he wrote. He may not have believed it always, but he believed it when he wrote it.

A man touched a trolley wire to see whether it was charged. It was.

Recent investigations of British and American physiologists tend to prove that the role of the thyroid gland is even more essential than it was thought to be. It has been observed that among certain inferior animals which reproduce themselves by subdivision, the rapidity of the process is increased fifty per cent when thyroid gland extract is added to their nutritive media. Under these circumstances the paramecium can produce 4096 offspring during the time necessary to produce 256. Under similar conditions tadpoles have been developed into perfectly-formed frogs, some of which are no larger than a fly. From these and other observations it would seem that the thyroid may accelerate development without affecting growth.

Mrs. Dingwall says "Consider the Spencer corsets—how they help!"

DR. R. D. EMERY
DR. J. W. SCOTT

DR. LORA B. EMERY
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DR. J. O. HUNT

*Osteopathic Physicians, Surgeons and
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X-Ray examinations standardized with the Coolidge Tube. All laboratory examinations most carefully executed. Special cancer studies and tests made. We conduct a general surgical practice with especial emphasis on abdominal surgery.
Radium used in indicated cases.

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Telephone Pico 4952

Foot Defects

The Board of Health of New York City has recently made a special study of the feet of the children in one of the public schools with a view to obtaining some idea of the prev-

alence of pedal defects among young boys and girls.

The examinations, made by orthopedic surgeons, appeared to show that such defects are much commoner than has been supposed. The number of children examined was

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Graduate Corsetiere

DR. PIKE'S OSTEOPATHIC HEALTH RESORT

Wall Street, between Temple and Dakota Avenues
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356. Seven per cent of the boys and 6 per cent of the girls were found to have deformed toes. Six per cent of the boys and 18 per cent of the girls had "flat foot." Forty-seven per cent of the boys and 74 per cent of the girls had "weak feet." Ten per cent of the boys and 17 per cent of the girls had ingrowing toenails. The feet of 39 per cent of the boys and 26 per cent of the girls revealed corns or other excrescences. Twenty-one per cent of the boys and 2 per cent of the girls walked with their toes turned in.

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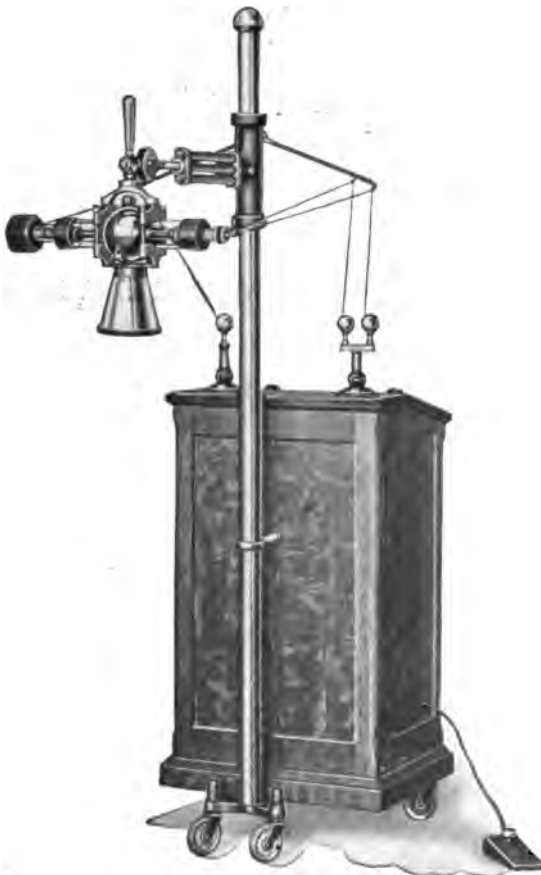
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APR 7 1922

THE WESTERN OSTEOPATH

Published by the California Osteopathic Association

Vol. 16

MARCH, 1922

No. 10



A tropical scene in Northern California.

Our State Capitol Grounds where 300 varieties of trees and plants flourish.

***Twenty-sixth Annual Convention of the American
Osteopathic Association***

***Also Twenty-first Annual Convention of the California Osteopathic Association
and Fourth Annual Convention of the Western Osteopathic Association***

Los Angeles, July 3-8, 1922

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Talk No. 5 on the Milk Diet Treatment

Regardless of the method used by the physicians of any particular school of practice, all are aiming at the same thing; namely, to throw the right influence on the blood stream. We realize that medical practitioners do not visualize along the line that "the rule of the artery is supreme," as do osteopathic physicians. The only unfortunate thing is the lack of this vision which some practitioners of our own school manifest.

The osteopathic physician who treats every patient with this conception of normalizing health is bound to represent the best in the practice of osteopathy. We all know that the correction of body structure should be paramount.

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Further inquiry invited.

Personal Direction
Drs. F. E. & H. C. P. Moore

The Moore Sanitarium
828 Hawthorne at 27th
PORTLAND OREGON

The Western Osteopath

Vol. 16

MARCH, 1922

No. 10

THE OSTEOPATHIC LESION—LEST WE FORGET

D. C. FARNHAM, D. O.

An address before the California Osteopathic Convention, June, 1920

In presenting the much discussed and timeworn subject, I quite realize that you are asking: "What new can be said on this topic?"

Perhaps little that is new will be said in this address, probably nothing that you have not either heard or thought, but that does not mean that the last word has been said, and even if nothing new is said, it is well to sometimes repeat the old truths, **LEST WE FORGET**, not only the old, but the truth that is new as well.

We should remember that there are some old things that are ever new, because they are fundamental and will persist throughout all time.

I trust that I shall not be misunderstood in some of the things I shall feel called upon to say. I have no apologies to offer, but I make myself clear at the outset, whether I do further on or not.

This is no attack on anyone except that one is false to the standards he professes to uphold, whether he differ with me or not, so long as he is sincere in that belief, I have no right or desire to attack. Let us have honest differences of opinion and let us express those opinions including the differences.

This is rather a plea for a proper appreciation of the Osteopathic Lesion, not only in our private practice but in our public discussions as well. If there is no need for such a discussion, it can do no harm and if there be occasion for it, some good may result.

Often in our discussions of immediate and pressing questions, such as publicity, legislation, medical politics, specialties, and even methods

of healing, things that are important and insistent and must needs have out immediate attention, we are likely to forget that it is the Osteopathic Lesion upon which all our energies and activities are based and predicated upon.

Dr. Atzen has done the Medical World as well as society a service by the manner in which he has differentiated the three schools of medicine or rather the three fields within which all development must take place. He presents the three fields thus:

That of Psychology of Chemistry and of Structural Integrity and contends that the system or school that develops each field has the inherent right to development without hampering from either of the others and that the public should have the right to choose whichever of these systems it wishes or needs to serve it.

Every system, be it of Religion, Philosophy, Medicine or what not, is built upon some great principle or set of principles. And so it is with ours. Every advance contemplated should be determined as far as possible by its relation to those fundamental principles, rather than by that of immediate or apparently new discoveries, for new discoveries will only substantiate the basic principles, by explaining or modifying them if those principles be true.

In our science, what has been the result of scientific investigation and clinical history? All furnish proof of the soundness of our belief that the Osteopathic Lesion is the fulcrum upon which our Osteopathic lever shall move the health of the world.

And what is that lesion? And

what is the proof that it is what we claim?

Many have attempted to define it and I shall not offer any new definition, but shall try to summarize those already given.

The Osteopathic Lesion may be defined as any pressure interference with the free flow of nerve impulses, or with the distribution of the blood stream. It may be from solid tissues, liquids or gases, and may range from direct pressure of bones upon nerve tissue to pressure of blood or lymph stream upon or even within the cells of the brain and spinal cord. In fact, it includes every conceivable kind of abnormal pressure that may be exerted within the human body.

The illustrations are so patent that it is not necessary to enumerate them here.

Traumatic neuralgia and neuritis, the pain from an abscessed appendix, the symptoms from tumors in brain or cord and particularly the disturbances of function from the pressure of a blood clot in these structures are outstanding examples.

In fact the Osteopathic concept is built around the two factors, pressure and malnourishment and these factors are linked up and associated with the gross lesion of the articulations.

The Osteopathic concept of disease and its cure is capable of proof, as capable as any other of the phenomena of science and far more so than many.

The evidence that can be presented in support of our contention would be considered irrefutable proof in any other field of research.

There is no system of medicine that can compare with it in wealth, variety and accuracy of proof that may be submitted. The deduction from physiological laboratories are numerous and convincing. For example, the experiment of mechanical

stimulations, illustrated by the frog's sciatic nerve, the peristalsis of abdominal viscera from contact of the surgeon's hand or instrument. The relation of the tension of cell membranes to the osmois of gases and liquids and many others show the importance of pressure effects in the most complex and delicate of body activities.

Exercise furnishes its proofs, not only in the grosser matter of muscular compression of blood stream, but in the pressure effects on nerve fibers and roots from motion of contiguous structures as well as the change of blood pressure upon and within the nerve cell areas.

The pain effects of pressure, the effects of heat and cold and the reflexes so far as demonstrated by mechanical means are proofs of the Osteopathic Truth. The experiments of McConnell furnish a record that is invaluable and one that should constantly be kept before us, especially when our faith is put to severe tests. Those of Pearce, Deacon, Burns, Lane and others are all invaluable to us as substantiation of the theories which we profess.

The clinical record furnishes proof too great to enumerate.

We shall discuss but one here and is the matter of paralysis resulting from hemorrhage or tumor of any kind in nerve tissue fat, particularly cerebral hemorrhage.

Paralysis to my mind proves absolutely the two great principles of pressure effects and malnourishment and in itself the Osteopathic contention.

In paralysis we have an ideal illustration because it satisfies every necessary condition of proof and that by pathological, physiological and clinical evidence that is accepted by all schools of medicine.

Mechanical stimuli are accepted by physiologists and that overstimulation

results in inhibition is also accepted by them.

The first effect of the blood clot is one of pressure and that is often an increase of physiological action, as is witnessed in the tension and spasm of muscle groups, etc., in the early phases of cerebral hemorrhage, spinal cord pressure, and like phenomena.

Wherever or whenever this pressure results in inhibition, loss of function results and we might rest our case here, but further proof is furnished by these same factors, for, as soon as the clot begins to absorb and the pressure is removed, we find function returns where the initial pressure did not destroy the nerve cells or where nourishment was not too long denied them.

The factor of malnourishment becomes an important one, for if nerve cells are not supplied with food, of course they either die or become permanently weakened and their functions will be impaired permanently.

We have then an incontrovertable proof of the Osteopathic conception of disease causation and cure, a principle that is as absolute and fundamental as the structure of the human body itself and one that must continue so long as that body exists.

Trained as we are in this one field of practical and applied healing, it is of little concern to us whether the other systems or schools of healing have merit or not, for there is a field so broad and yet to be developed that it will be long ere we have fully exploited it, and the other systems will by then have demonstrated their right to exist or not as they meet the acid test of scientific investigation, for the time will come when such tests will be applied more or less accurately and impartially and that which is true will survive in every and all systems and the faults be weeded out.

This may sound overoptimistic, for it must be true, for it cannot be that the human race is always to be deceived in matters so vital as its health and physical development. We must progress, we must develop our system, making it more efficient and establish it more firmly upon a scientific basis.

But which path shall we travel?

Shall we follow the path that leads to a definite goal?

Or, shall we wander in the wilderness of poisoned weed and decaying tissue the Regular System has done and is still doing?

Or, shall we develop a system so broad that it will include all the others with all their uncertainties, fallacies and dangers.

Or, shall we follow the course that starts from a proven premise and leads where Truth points the way?

Shall we attempt to absorb Regular medicine and thereby become an adjunct thereof or shall we develop and maintain a separate and distinct entity?

No matter how deep the basements may go, or how high the superstructure may rise, no building can be constructed broader than its base and stand for long. Social Science, public health problems, surgery, specialties, etc., these are all good and should be a part of our own system as they are parts of every system; let us remember that they are parts and not the whole and let us not sacrifice or compromise our fundamental principles that even these may thrive.

For, after all, there is just one thing that has made our system of healing what it is, just one thing that gives you and me the excuse or the right to practice the healing art, just one thing that the public believes in us for and expects us to utilize and that is the Osteopathic Lesion. Take that out of our system

and the whole fabric will fall to the ground. Ninety percent of the practice of the Osteopathic profession is based on the treatment of the Osteopathic Lesion and all the rest is related to it in some way and those of us who are doing surgery or practicing the specialties or engaging in any public activities concerned with questions of public health should ever remember that were it not for the Osteopathic Lesion, their particular practice would never exist and that because the great bulk of the profession is devoting its mental and physical energies to perpetuate the idea that mechanical pressure causes disease and that its removal is the log-

ical way to cure and that to that fact and to that body of practitioners you are indebted for your professional standing, and to that body of practitioners and that principle you owe your allegiance.

The profession has been good to you and has made sacrifices that you may thrive and it is well that it should, for we need you to perfect our system, but what are you to give in return?

It is your allegiance and fidelity that we ask. We must be loyal and give allegiance, not to the traditions of the past, but to the great principle upon which our science is builded.

Constipation and Diarrhoea

DR. MARY L. LECLERE.

We are told that the medical doctors laugh at osteopaths for treating constipation and diarrhea in the same way. Perhaps, if they studied their nervous physiology more carefully they would not laugh. Let us see what we can learn on the subject from Starling, one of their standard texts. On page 728 (1915 edition) we read, "Stimulation of the splanchnic nerves causes relaxation of both coats of the small gut."

We osteopaths know that bony lesions in the splanchnic area of the spine, fifth to twelfth dorsal, do excessively stimulate the splanchnic nerves and cause constipation. Manipulation of the spine relieves the splanchnics of these irritating stimuli. Starling explains why: page 306. "The central nervous system can apparently attend to only one thing at a time. * * * Every effective reaction inhibits every other reaction. In the spinal cord of the frog the normal withdrawal of the foot in response to stimulation of the toe of the same side can be inhibited by strong stimulation of the other sciatic

nerve, by stimulation of the spinal cord at a higher level, or by stimulation of the optic lobes."

The osteopath, by superimposing a second stimulus on an already existing stimulus inhibits the latter and thus relieves the splanchnics of an undue irritation. Now they carry only normal stimuli to the viscera which are thus permitted to resume normal peristalsis.

Correction of the bony lesion permanently removes the original cause of the troublesome stimuli.

Starling also says, "The relaxed condition of the gut obtains in many abdominal affections is probably reflex in origin, and is due to reflex inhibition through the splanchnic nerves. "In other words some diseased condition within the abdomen sends such irritating stimuli backward over the nerves to the spine as to result in referred injury to the structures in and about the spine in that area. This injury about the spine in turn causes irritation of the splanchnics and constipation results. Here we have what we call our

vicious circle, or, more scientifically, the reflex arc. Stimuli originating in the abdomen, sent out to the spine, and referred back to the abdomen again.

Osteopathic manipulation breaks this reflex arc by inhibiting the return of the irritating stimuli back to the abdomen.

The manipulation also assists recovery from the original abdominal disease in another way. Normalization of the splanchnic rhythm means also normalization of the vasomotors carried by the splanchnics so that there is now a normal circulation through the diseased area. And given a normal circulation the body can recover from almost any disease.

Now let us see what happens in diarrhea. There are two exciting causes of diarrhea. (1) Excessive vagus stimulation. The diarrhea is stopped by relieving the vagus of irritation. (2) The presence in the intestine of some irritating substance. The intestine attempts to rid itself of this substance by increased peristalsis and it is wise in doing so. But after it has emptied itself it is often unable to slow down to normal rhythm. It seems that these rapid movements have left some change in the intestine which acts as a stimulant (or irritant) to keep the action going. What this change is we do not know. It may be chemical changes taking place in the intestinal wall. It may be an accumulation of venous blood.

This is the cue for the reflex arc to come into play again. The stimuli produced by these rapid and violent contractions should travel out to the spinal cord, be referred to the splanchnics and returning over them cause relaxation of the intestinal muscles. Probably that is what usually happens. But suppose for some reason the reflex arc is not work-

ing, the body does not succeed in getting strong enough stimuli around to cause relaxation of the gut. If nothing is done to stop the peristalsis it continues until exhaustion occurs.

The osteopath steps in and treats the back with the idea this time of sending stimuli over the splanchnics to the intestines. One stimulus was acting within the intestines. He sends in another. But as we have seen above "Every effective reaction inhibits every other reaction."

Here again we also get a second effect. By normalizing circulation we help nature to normalize the local condition in the intestine.

The claim that the Japan current cools California in summer and warms it in winter might sound ridiculous to one who does not know about such things. Yet we, in California, know that it does just that. It tends to maintain a normal, or ideal climate. Likewise osteopathic treatments tend to maintain the normal or ideal bodily state. They increase peristalsis in constipation, and decrease it in diarrhea. If the temperature is high a treatment lowers it, if subnormal a treatment raises it. Treatments lower high blood pressure and raise low blood pressure. They relieve pain (or hyperesthesia) and often restore sensation to areas of anesthesia. They act by removing abnormal stimuli and so allowing the bodily activities to regain their normal rhythm.

Where there is no vision the people perish.

What did you say was wrong with the Saturday Evening Post ad of March 11? Nothing? Very well, use it.

How, when and what to eat sums up the real facts in a practical way. See Dr. Henderson's ad.

A Study of the Tenth Cranial Nerve

J. SANDERSON, D. O.

The study of the tenth cranial, vagus or pneumogastric nerve leads us to realize that of all the structures of the body this is of paramount importance for without it heart action and respiration cease.

The deep origin of its motor fibres are found in the dorsal efferent nucleus and the nucleus ambiguus. These are situated in the midulla beneath the floor of the fourth ventricle.

The dorsal efferent nucleus is without doubt a continuation of Clark's vesicular column of the cord in which location the association between the somatic and the sympathetic systems take place. This nucleus is immediately beneath the floor of the ventricle which explains the excitation of vomiting center in cases of intracranial pressure, which pressure is transmitted to this nucleus thru the cerebro spinal fluid of the ventricular system. The fibers from the dorsal nucleus are sympathetic in character and communicate with the ganglion on the trunk of the nerve is analagous to the pre-vertebral ganglion of the sympathetic system of the spinal area. From the ganglion of the trunk these different fibers are distributed to the smooth muscles of all the thoracic and abdominal vicera.

It is not difficult for one to develop an erroneous impression of the function of the sympathetic nervous system due to the fact that it supplies glands as well as lungs, etc. But if we stop to consider, we all know that any organ only functions in direct ratio to its vascularity or circulation which in turn is dependent in ratio to the ability of the arterioles to dilate or contract, and this can only happen when the muscle

fiber of that blood vessel has a normal function therefore, to recapitulate, the vegetive functions of the body depend absolutely on the distribution of the sympathic nervous system to the muscles of the vessels supplying the part. These nerves in their action are known as the vaso-motors.

We can then say that the vagus nerve is a vaso-motor to all the thoracic and abdominal vicera. Its true function to these parts is excitor in nature except the heart to which it is inhibitor.

To complete the distribution of this efferent sympathetic system of nerves known as the vagus it is only necessary to name its communications with that other portion of the sympathetic system known as the pre-vertebral chain of ganglion, which are also vaso-motors, but inhibitor in nature to all the above mentioned vicera except the heart to which they are excitor.

The vagus joins with the cardiac nerves from the cervicle chain to form the cardiac plexus, with the upper five or six dorsal to form the pulmonary plexus, with the splanchnics to form the abdominal, cocliac, or solar plexus.

In this manner the vagus becomes the most important nerve of the body in that should we lose it the heart will race but cannot slow down, vessels will dilate but cannot contract because these minute smooth muscles must have exciation as well as inhibition, they do not return to normal as do their striped brothers on the cessation of stimulation.

The balance of the subject nerve is somatic in character; that is, it is a typical spinal nerve being made

up of a afferent sensory fibers and efferent motor.

The cells of origin of the sensory fibers are in the jugular ganglion or ganglion of the root, analogous to posterior root ganglion of the spinal nerves. These afferent nerves enter the medulla along the dorsal lateral groove a portion turning to the upper portions of the cerebro spinal system and a portion down the cord to complete the several reflexes. A distinct bundle of these nerves run to the fourth cervical segment to the origin of the phrenic nerve to complete the respiratory reflex. These sensory nerves enervate the mucous membrane of the larynx, pharynx, epiglottis and soft palate.

The efferent somatic fibers arise in the nucleus ambiguus, leave at the dorso-lateral fissure and supply the muscles of the larynx and phar-

ynx, soft palate except the tensor. It is however in question as to whether these motor nerves are not actually the accessory portion of the spinal accessory as the entire nerve seems to be lower motor neuron in function.

The osteopath is more concerned however with that portion of the vagus which is vegetative in function due to the fact that our method of therapy consists of a mechanical adjustment of lesions which has for its purpose an unobstructed flow of energy to and from a part, and should we fail to keep in mind the origin and distribution of this important cable of nerves in which travel the vital reflexes of our very being we will surely fall short in many of the purposes and fundamentals which have placed us where we stand in the medical world.—

Take Care of the Human Machine

(Here is copy of a practical little leaflet gotten out by D. E. O. Malloy of Montreal. If you have something as good send us copy.)

Your automobile should be inspected once a month, the crankcase drained, cleaned and new oil put in; the battery filled with distilled water, all loose nuts and bolts tightened and any faulty adjustment remedied. Monthly inspection keeps the car in fine condition and adds to its life.

The human machine is the most wonderful of all machines, yet it wears out and if it is neglected it will wear out much sooner than if taken care of properly. While it runs like a clock, as a rule, for the first thirty-five or forty years, Father Time then begins to take toll, and repairs are necessary.

You should take better care of the human machine after forty, should not abuse it, should not use it too

long at a time, and not overwork it.

Have it thoroughly examined at regular intervals by a competent physician who is interested in preventative measures, learn of its weakest points and how to favor them. In other words, acquire a good working knowledge of your human machine.

These regular examinations with laboratory tests will reveal the abnormal tendencies to you before you could possibly know them otherwise and in time to prevent them developing to a serious degree.

After forty years, eat less, worry less, relax more, give your human machine a little more consideration and it will continue to give the same good service for many years to come. This is prophylactic or preventative medicine.

It is better to prevent than to patch. Take care of your Human Machine as you would any other del-

icate piece of machinery. This is not being "fussy" about yourself, but is simply a "business proposition." You are worth a great deal more to yourself, your family and your business or profession, when your Human Machine is in the best possible condition. Take care of it.

A Case of Hiccough

DR. A. P. OUSDAL, D. O.

A man 74 had a hiccough for eight days, when he came to my office for treatment. It would disappear during sleep, but begin when the patient was awake, during night or day. The treatment had been medical and hydropathic. When driving in the machine it would be much aggravated, in fact so much so, that it

seemed the patient would cease breathing altogether.

The spine was curved, irregular and rigid, typical to the man's age. The particular part of interest was a curve, right lateral posterior, from the eighth dorsal to second lumbar, with apex at about the twelfth dorsal.

In my treatment I corrected the cervical lesions and facial and rib lesions, but without the slightest result.

I applied pressure to the pneumogastric nerve, pulled the tongue, also pushed the tongue into the throat, but without the slightest result. Then I placed the patient on the stool and corrected above mentioned dorso-lumbar curve, when the hiccough ceased instantly and it never returned since.

ACTION OF MIND PREVENTS NORMAL FUNCTION

E. J. HANES, D. O.

I wish to report three cases that have come under my observation in which the action of the mind either retarded, or actually prevented, normal function. Early last summer I was called to see a little girl of about seven who had fallen and hurt her knee. Found a twisted pelvis on the injured side which I corrected. Saw her twice after that and as I could find nothing more wrong I saw no reason why she should not walk, but no amount of persuasion would induce her to even make the attempt. She remained quiet on the couch for three or four days, but the noise of the children playing outside were too much for her and she was soon enjoying herself with the rest.

A girl of eleven who was spending the summer vacation with us ran a needle in one of her knees. It was removed at once but the knee became actually rigid and painful to move. To take every precaution and

satisfy the parents we had done all we could we called a medical man in consultation. No X-ray was taken, as we were satisfied all of the needle had been removed, although a short piece of the point was absent. The girl remained in bed a couple of days with no apparent improvement. We finally decided something strenuous had to be done and spoke of sending her home if she did not get better and tried to picture a rigid joint and a lame leg for life if it were not moved very soon. Only a little of this program was all that was necessary to secure perfectly free movement and no trouble has developed since.

Russell was 19 months when a swelling appeared on his right ankle which was tender but gradually disappeared. For a few days previous to this he had been fretful, still was apparently well, when one day he was found to be lame. The cause was diagnosed infantile paralysis and

as plaster-of-Paris support was made for the arch of the foot. He remained in this condition for about three weeks when he was brought to my office. There was no tenderness in any part of the leg and the child could move it in any position, although he limped when he tried to walk. I found the pelvis tilted backward at the top on the afflicted side and made the correction. Had his mother remove the support and let

the child play as he saw fit. Without anything more being done for him in about two weeks he began walking normally and has continued to do so.

In all three cases I am convinced that even after the cause had been removed the dread of being hurt kept these children from trying to walk and when that fear was removed the trouble was gone.

Holland, Mich.

Heart Case Report

Mrs. X was a lady fifty-four years old. During the absence of my family for the summer here, a family rented my house, and I, as I usually do in the summer, slept in a tent in the back yard. Mrs. X was under the care of medical physicians for a heart condition, but was not being improved any, and one night I was called in in the middle of the night. She would have periods of collapse when she would break out with cold perspiration. The heart would almost stop beating, and to the layman she would seem to be dead, and she wouldn't look far from it to the professional man. I found a condition of subluxation to the left of the fourth dorsal vertebra, and working about that point revived the heart, increased the strength of the beat, and brought her out of the condition of collapse. The M. D.'s were giving her the strongest possible heart tonics, but they were not preventing the attacks and gave her little relief during them. Having given some relief that night I was thereafter called out every night for a week—sometimes two or three times a night. It was getting to be a very monotonous procedure, which was holding back my accumulation of avoirdupois tissue very markedly. I wasn't taking on any flesh at all. One night after having been called two times, before that I was called at four in the morning, I said to the lady, "Mrs. X there

is a condition at that fourth dorsal vertebra which I believe I can correct. You have been so weak that I have just been afraid to try it, but you can't keep this up, and I am getting about where I can't. What do you think of my trying to fix that condition?"

She said, "Doctor, go ahead. If I don't stand it you will be absolved from all blame," and the family felt the same way.

So, getting down on my knees beside the bed with her lying on her back I got force in such a way as to move the vertebra. It moved nicely. I had just taken her pulse and it was 37. Fifteen minutes after I adjusted that fourth dorsal it was 78. And it remained that way for two weeks, and she felt correspondingly well and gained strength. One day she had another attack. I found the vertebra again slipped and adjusted it, and thereafter for as long as I had any knowledge of her, which was several years, her heart was all right and beat at the rate of 78 a minute. She had been in bed for months when I first saw her. She moved to California, and I take it that under the benign influence of that salubrious and health-producing climate she is living happily ever after. I also slept better thereafter, and hope this summer to indulge in a little chunk of the California climate.

Missoula, Mont. Digitized by Google
ASA WILLARD

Dear Eastern Osteopath:
 We of the West salute you!
 Come out into the wide spaces,
 Come out into the open places,
 Leave the effete East,
 Follow the sun in its course.
 Come West!
 Here side by side with the orange
 and palms,
 With the breath of the mountain and
 the breath of the sea,

You will renew your youth and im-
 bibes an atmosphere of freedom and
 healing quite apart from even the
 rejuvenating influence of the Os-
 teopath—no small influence, believe
 me.

Aye, there's the rub!
 The Osteopathic Convention
 July—1922.

Come!
 —*One of the West.*

SIXTEEN TECHNICIANS

CARL J. JOHNSON, D. O.

Chairman Adjustive Technique and Osteopathic Principles.

The technique program for the 1922 A. O. A. meeting at Los Angeles will in itself be worth the trip west. The leading technicians of the profession are being lined up. Instead of eight demonstrators as we had last year at Cleveland, we are going to have sixteen. Just think of it! An opportunity of seeing sixteen of the best technicians of the profession work. It is a post-graduate course in itself. There will be so much technique talk at Los Angeles that it will be like an old-time revival and all of those that are there will go back home with new pep and do much better work, and that is what we are after, for by their works ye shall know them.

As Osteopaths we are different from any other profession. Dr. Still gave us the idea and it is up to us to work it out. The one thing in which we are different from any other school is in the method of administering the therapy, and this method is a new one, and like all things new must be evolved. Each and every one of you have made discoveries that are of great importance to the profession, so let us all meet in Los Angeles and exchange ideas.

There is only one thing the matter with Osteopathy as a profession, and that is that it is so scientifically true, that wonderful results can be gotten by those that work with a rone back and a weak mind. Noth-

ing seems so deplorable to me as to meet up with doctors that have never attended a convention since they graduated, and more the pity, they seem to think they know it all, and do not need to attend conventions as the saying goes. "Where ignorance is bliss, 'tis folly to be wise," explains the complacent smugness of some of the profession. What they need is about a ton of bricks to fall on them before they will realize they are alive.

In traveling over the country you can always pick out the ones that attend conventions. They have the big practice, own the automobiles and have fine offices. I firmly believe that if you haven't enough money to attend a convention, borrow it, go to the convention, kept your eyes and ears open, go back home and put into your practice the new ideas you have gathered, and your returns will pay back the money you borrowed and give you a handsome profit besides.

I can promise you this: From the demonstration that is going to be given by a New York Osteopath who will travel all of the way across the continent to give it to you, you will receive enough information to justify your attending the convention; and remember, there are to be fifteen others demonstrators with just as good ideas as he has. So how can you afford to stay away?

**AMERICAN OSTEOPATHIC SOCIETY OF OPHTHALMOLOGY
AND OTO-LARYNGOLOGY HAS HEADQUARTERS AT
THE CLARK HOTEL, JULY 10th to 15th.**



The cut at the top of the page is the picture of one of the many rooms at the Clark Hotel, Headquarters for the delegates to the National Eye, Ear, Nose, and Throat Convention, July 10th to 15th, the week following the A.O.A. Convention, where club meetings, fraternity meetings, stag parties, alumni gatherings, may be held.

The picture at the bottom of the page is one of the 555 rooms, with bath, at reasonable prices, being reserved for the Eye, Ear, Nose and Throat delegates.

The Publicity Chairman, Doctor Ruddy, has arranged to string a banner three feet wide, across the street opposite the Clark Hotel, informing the public of the presence of four hundred Osteopathic Eye, Ear, Nose and Throat Specialists.

Do not disappoint him, write at once to Dr. A. V. Kalt, Chamber of Commerce Building, Pasadena, California, about prices and reservations, or write directly to the Clark Hotel, 4th and Hill Streets. Remember this convention is the week following the A.O.A. Convention.



Where there is no vision the people perish.

Welcome to San Francisco!

Many a friendly greeting awaits the Osteopaths attending the National Convention in Los Angeles, July next, but none more heartfelt than that from the City of San Francis, by the Golden Gate.

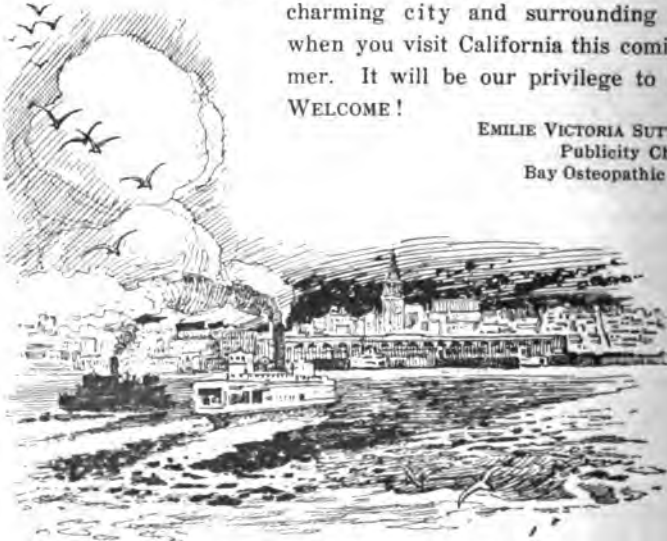
From the outstretched hands of the Ferry Building clock, encircled with its graceful seagull "squadron" to the top of Twin Peaks, from which a dazzling panorama of city, ocean, bay and transbay hills awaits one, every sign-post signals "Welcome to our City."

San Francisco is unique in its offerings. Chinatown, the old Spanish Mission Dolores, and the Presidio, with its wonderful drives; each lures the visitor with its individual charm. The corner flower stands lending color and fragrance to many a downtown street are known to tourists the world over—and our Civic Center is second to none.

And then what a beautiful trip it is down through San Mateo county to Palo Alto, the seat of Stanford University, and one of the picturesque spots of our glorious State.

Let us have the pleasure of showing you our charming city and surrounding country when you visit California this coming summer. It will be our privilege to bid you
WELCOME!

EMILIE VICTORIA SUTTON,
Publicity Chairman
Bay Osteopathic Association.





The Quad, Stanford University, Palo Alto, Cal.

Touring Information

Many of the profession may desire to motor to Los Angeles to attend the A. O. A. convention next summer. As chairman of the committee of the Los Angeles Osteopathic Society having charge of transcontinental touring for next summer, I wish to extend every assistance towards making these trips pleasant and satisfactory in every particular.

My wife and I crossed the continent by auto in 1920. In our transcontinental trip, starting from New York and extending through New England and thence westerly, I found that east of Kansas City the method of stopping at hotels over night proved to be the most satisfactory method of travel. After leaving St. Joseph and Kansas City, Missouri, we used a camping outfit with a great deal of pleasure and a very considerable saving of expense. Anyone desiring to camp throughout the whole trip, however, can do so with considerable comfort, although the excellent accommodations for campers that are provided by the Western cities are not provided, or at least not so adequately, throughout the East.

The trip can be made from New York to Los Angeles (if hotels are used throughout the trip) in from 12 to 14 days. It makes the trip much easier, however, if a complete day of rest is taken from time to time in order to lessen the fatigue of too continuous motoring. If the individual desires to camp west of Chicago, occasional stops of from one to three days will be found very advantageous. As stated above, we used our camping outfit west of St. Joseph, Missouri. We rested three days in Denver, one week at Estes Park, two weeks at Yellowstone National Park, and four days at Lake Tahoe in the High Sierras.

We found that it was a great advantage many times to get away from such beaten highways as the Lincoln Highway, the Pike's Peak Ocean to Ocean Highway, and other similar well-marked roads, to travel over the less frequented roads, especially in such districts as Idaho, Nevada and some of the other Western states. The reason for this being that the heavy traffic had produced a very rough surface on some of the regular highways. Our experience in this line may be of considerable value to others.

At the present time I am securing information regarding the condition of the roads over the various lines of travel and will be very glad to give information to anyone who is contemplating the trip to Los Angeles by auto. We shall try to secure reliable road information once a week, beginning April 1st and continuing to the first of July.

For further information address Dr. R. D. Emery, chairman Transcontinental Touring, Los Angeles Osteopathic Society, 1419 Baker-Detmiller Building, Los Angeles, Calif.

School Publicity

This is the first opportunity in the history of the Osteopathic profession since it has been completely organized that a Transcontinental movement has been possible.

The entire profession is looking towards the West. The transportation committee has made arrangements for a "special train" to arrive at Los Angeles July first or second.

This "National event" is a splendid alibi for the schools to take advantage of the publicity that will naturally attend the occasion.

The proposed itinerary for the Osteopathic Special train schedules the leaving time from Chicago at 8 P. M., Monday, June the 26th. This will

afford Boston, Philadelphia and Chicago an opportunity to hold a big "reunion" for the profession in their respective districts during the week preceding, finishing Saturday or Sunday. The program may cover two or three days or extend over the entire week.

Inasmuch as the "special train" is not slated through Des Moines, the Des Moines College may hold its program with a "Health Sunday" feature, and a Monday all-day lecture and demonstration program, take a "special car" from Des Moines Monday night and hitch on to a section of the "special train" at Kansas City Tuesday morning at 8:45. Kirksville can do the same and Kansas City may hold its program so as to be ready to leave Tuesday morning.

A publicity effort should be put forth by each of the schools to cover as many of the profession as advisable, but especially to awaken the

support of all of those in the immediate vicinity, as outlined per the enclosed map. There is no reason why each and every one of the 30,000 newspapers in the United States should not have a good write-up about the "local members of the profession leaving to attend a convention at the Osteopathic College, then to join the 'special train' carrying several thousand of the profession to the 26th Annual Convention at Los Angeles."

The psychology of the situation is right. The psychology of our organization will win. You are the 'structure.'

Fraternally yours,

T. J. RUDDY,

Chairman Publicity Organization.

P. S.—State Publicity Chairman: This movement, through your local Societies and Members, will succeed in proportion to your activity.

TO THE W. O. A. FAMILY

Nampa, Ida., Jan. 25, 1922.

As I suggested in my first Family Letter, I hope to bring you a message monthly. There are many things to be worked out in our Association, the most fundamental of which is co-operation. This can be obtained only by mutual acquaintance which must needs be on paper. Some of the problems can be so analyzed beforehand that our House of Delegates next July may take legal action. One of our great problems is the fact that the local societies occasionally refuse to bear the expense of some of our most prominent speakers, so the problem that is this month wracking Dr. Freeman is how to route speakers, omitting some of the points, and still not having their societies missed with speakers entirely. It is very embarrassing after you have arranged with a speaker to

have notice that some local society refuses the individual. The thing we need is that the state and local program chairmen may so co-operate that they may give Dr. Freeman the desire of the local committees in such a way that there will be no discredit to the good speaker that she has for the trip.

The trustees of the Association constitute the Nominating Committee, and it is their place to report to the House of Delegates at Los Angeles in July. Dr. Rowlingson has suggested and I wish to accept his suggestion, that the W. O. A. needs a more complete constitution, which after he has written and I have torn down, and he has built up with the suggestions that the different individuals have to offer, that it should be adopted at the next meeting of the House of Delegates.

The question of the local committee chairman reporting to the state chairman, who in turn report to their respective W. O. A. chairmen, who should in turn report to the Western Association President, at least every quarter, needs your earnest attention.

Dr. Asa Willard says to me that in the co-operation of the A. O. A. and W. O. A., "I think the simple way to do that is for the chairman of your committees to get in touch with the heads of each bureau to the end of furthering interest in the states of the Western Association along the lines outlined for each A. O. A. Bureau."

That these above suggestions may be worked out, we should have an

hour's session every day during the A. O. A. convention and in addition to this our trustees should meet on Saturday, July 2nd for a full day's session that they may report their findings to the House of Delegates; but how to have this co-ordination with the A. O. A. activity without serious overlapping, because many of our people will be needed in the A. O. A. House of Delegates, and each of these will be in session when splendid discussions are being held in from one to three different rings of the general circus which constitutes our convention. Please come back with all the suggestions possible.

Fraternally,
O. R. MEREDITH.

Where there is no vision the people perish.

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3 " @ 12.00	"		

FROM THE SECRETARY-TREASURER'S OFFICE

C. B. ROWLINGSON, D. O.

The Logic of Facts

We have tried to get fair play from State Boards of Examiners composed entirely of medical men, and have failed. We have tried to get fair play from a Composite Board in which the balance of power is held by medical men, and have failed. We have tried to get fair play from the State Administration, and have failed. What, then, is more natural than that we should go direct to the people and ask for a law providing for a State Board of Osteopathic Examiners to examine osteopaths and to administer all present and future laws so far as they relate to osteopaths? Reason requires it, logic necessitates it, justice demands it, and our survival as a profession depends upon it. If you are a true-blue osteopath, the initiative will receive your mental, moral, and material support.—TEAM WORK.

The Spirit That Wins

The following accompanied a check received from a northern osteopath to apply on a new subscription to the initiative fund:

"I have strained another point to make a new subscription for \$100.00 to take the place of the old one, and enclose \$10.00 to apply on this subscription. While my affairs are not in good shape yet, I feel that each osteopath should strain every point at this time to put osteopathy on a substantial basis."

The East Bay Society

At the meeting of the Board of Trustees which was held in Los Angeles, November 18, there was presented a petition signed by a group

of members in Alameda, Berkeley and Oakland asking that they be allowed to form the East Bay Osteopathic Society. The trustees approved the application, and it was referred to the various local societies to be voted on at the local meetings. Reports of the results have been received from two-thirds of the local societies, and as all have voted favorably, the East Bay Society is now virtually established. The only remaining formality is ratification by the annual convention.

Regarding Convention Stickers

Twenty-four "Feel the Pulse of the Pacific" Convention stickers have been mailed to each member with the request that they be used on letters to osteopaths in the East inviting them to attend the convention. If you are not personally acquainted with twenty-four eastern osteopaths, get names from the A. O. A. directory. This may result in more than one letter reaching some osteopaths, but the result will be only to make them more likely to come.

Probably you are busy, and cannot take time to write twenty-four letters at one time. You're not expected to. Write three or four a day. They need not be long; a letter of only two sentences is far better than none at all. If you get ambitious and want to write more than you have stickers for, ask Dr. Rowlingson for more stickers.

The Postoffice Department does not approve the placing of stickers on the face of envelopes. Our stickers are more effective if placed inside on the letter paper.

The Initiative

More than the required number of signatures have been obtained, and the "Osteopathic Act" will appear on the ballot at the next general election. The ship "Initiative" has sailed and from now until the election she will be on the high seas. On November 7 she will make one of two ports: Success or Failure. Each individual osteopath in California will help to guide the ship in the direction of one of these ports. Those who actively support the campaign will guide her toward Success; those who do not support it and those who devote their energy to adverse criticism will guide her toward Failure.

There are objections to the initiative, of course. There have been objections to every progressive movement since the world began. In considering objections it is essential that we keep a proper perspective and that we do not lose our sense of relative values. It is possible to stand on a hill top and by holding a half dollar before each eye, to shut out a panorama extending for miles. In this case no one would be so foolish as to contend that the two silver coins were greater than the landscape. Too much attention to objections usually results in a loss of perspective which intereferes with sound judgment. The value of both objecting and supporting arguments is relative; both must be considered if we are to arrive at a judicial decision. Benjamin Franklin's method of dealing with any important matter which had its pros and cons was to draw a perpendicular line on a sheet of paper so as to make two columns, then enter in one column the reasons for, and in the other the reasons against. It thus became a comparatively simple matter to determine on which side lay the preponderance of evidence.

Given an open and unbiased mind, and a degree of perspicacity which will enable us to distinguish between *opinion* and *fact*, we can apply Franklin's method to a consideration of the initiative with every confidence that the result will vindicate the majority vote which the initiative has received on three occasions: (1) at the meetings of the local societies; (2) at the annual state convention, and (3) in the mail referendum. Perhaps the most striking fact revealed by comparing the arguments on both sides is that the objections are largely based on opinion and probability, while the affirmative arguments are based on facts and on the actual history of our struggle for freedom. Take, for example, the objections that the initiative is unnecessary because "The Supreme Court decision changed things." It changed things to the extent that for the present the College in this State is recognized by the Board and its graduates are permitted to take the P and S examination. Not one of the eastern colleges is recognized, and no graduate of an eastern college is allowed to take the P and S examination, notwithstanding the fact that many of these graduates have every educational qualification required by the California law. The present Board is composed of eight medical men and two osteopaths: that is, it is 80 per cent hostile to osteopathy and all things osteopathic. The Board does not approve our eastern colleges *because it does not approve of osteopathy*, and it would not now approve the C. O. P. S. had it not been *compelled by the court order* to do so.

There is nothing in this court order to prevent the Board making a new "inspection" of the College at any time and discovering something that would furnish a pretext for

withdrawing approval. In order to emphasize on how slight a pretext the Board might withdraw its approval, a prominent judge has said that a change of janitors would serve the purpose. Yet since the court order compelling approval was issued, there have been changes in the teaching staff, and the College has moved from the heart of the city to a location three miles out and two blocks from the nearest street car line. How easy for the Board to say that this move resulted in such a reduction in the number of clinic patients that the College could no longer be approved! Whether there actually has been a reduction or not would make no difference; another court action would be necessary.

We have no way of judging the future by the past. The history of osteopathy is a history of struggle against medical oppression. There is an occasional M. D. who is broad-minded and tolerant, but the rank and file of the medical profession is inherently hostile. As an example of their attitude consider the following, taken from a recent article in the "Illinois Medical Journal" by Dr. E. H. Ochsner of Chicago: "The new menace is osteopathy, chiropractic, naprapathy, Christian Science, and other visionary systems that are springing up constantly * * * We can only defeat the menace by meeting it squarely and treating every ailment better than any of these insufficiently trained pseudo-scientific intruders can."

There is no process of logical reasoning which warrants our expecting fair treatment at the hands of a section of "the so-called human race" which has this attitude toward us. Suppose the proportions on the Board were reversed, and it were made up of eight osteopaths and two medical men. Suppose this Board disapproved all medical colleges. Can you imagine the deafening wail that would resound to high heaven?

Why should we continue to submit to injustice? What is the use of attempting to conciliate a group that seeks our destruction? Let us remember the words of Voltaire, "A company of tyrants is inaccessible to all seductions." Twenty-one years of fruitless endeavor to obtain justice by other means ought to convince us that the initiative is our only hope. Separate Boards are a success in other states. Why not in California?—C. B. R.

Get Together

Co-operation is the key word of success in any undertaking whether it be entertaining a convention, supporting a clinic, securing legislation, adding to the prosperity of our college, or showing sympathy to those who are in sorrow.

Those who attempt to make a "monocle" of a silver dollar will not be able to see past it and the result will be a lack of vision—to say the least. For where the almighty dollar obscures all sense of proportion, the rights due to others—the result is a narrow, selfish view of those things that drag the deluded, blinded individual to a lower plane of living.

The remedy? Remove the monocle and go forth into the world of men and women to help in every cause presented to you. Let us leave the low-valued past. Let us seek a larger horizon. Let us CO-OPERATE!

The chairmen of all the committees for our National Osteopathic Convention are **WORKING HARD** for its success; they need and deserve our best assistance. Let us boost, too! "Tis royal fun," cried lazy Ned, To coast upon my fine new sled, And beat the other boys. For then I cannot bear to climb The tiresome hill for every time It more and more annoys.

E. E. DONNELLY, D. O.

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SECRETARY-TREASURER, DR. C. B. ROWLINGSON, 796 Kensington Road, Los Angeles

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EDITORIALS

A Challenge

In the December issue this page endeavored to emphasize the need and the opportunity of holding a one or two-day free clinic at every cross roads or center in California where there is an osteopath, same as was tried out so successfully in a small way in Oregon last summer.

This is not a circuit clinic for the profession but a two-day free clinic for every community.

Many of our leaders would not hesitate to give a week at their own expense, but that would not be necessary as a few private cases would take care of the small expense in starting such a clinic.

Then let that doctor, or group of osteopaths, continue that clinic, once or twice each week for an hour or so, say from 8 to 10 a. m., in his office. The local papers will tell the story, the local friends or clubs will assist. (Read Millard's "One Man Clinic.") With the large numbers of able clinicians in this state and a little planning the whole state could be completely covered in a short time.

Dr. Gerdine recently made the circuit, was well received, more than paid his way, and left the societies enriched by his genius as a specialist.

But the small centers were not reached. Do they want this? Here is a paragraph from Dr. Morris, a state committeeman for the A. O. A.

"Is it not possible to get clinicians around to the smaller towns of the state and speak before the Parent Teachers' Associations? I believe we could get large interested audiences, and get a chance to give a very strong message direct to the people to whom it would do the most good.

Every town from Oregon to Mexico has its Parent Teachers' organization. They are very anxious to get speakers along health lines, but have no money to get anyone.

It seems to me that if we could have one of our Circuit Clinicians hit some of these small towns instead of giving the public lectures in the big cities where the audience is made up of the patients and doctors who do not need the talk. We need to get to new material. Let's try it."

And others are of the same mind.

If it is publicity we desire there is no place where it is so readily gotten. The parent-teachers associations are everywhere and they have their zones of influence reaching most effectively into our great cities. If it

is support next fall and winter we want to gain, nothing could be so effective. But if back of it all there is a great honest purpose to bring to little children and their homes the blessings of osteopathy, a far-reaching therapy that excels that of the Lorenzos of the world, then here is our task.

A score of our leaders would give one week from their busy schedules to help start this free clinic idea in every center in California and do it before convention time.

Organize these permanent clinics thruout this great state. Render a measure of service that cannot be duplicated. Then and not till then will our splendid profession bear its share of the people's burdens. Then can we demand from a discerning public the support we need. This will not take the place of other projects. This will not hinder other measures but help.

Herein lies the assured solution of our problems.

Let us throw off that disease called "low visibility," quit our anxiety about lesser matters and before our imitators show us the way, seize our opportunity before it passes.

Los Angeles, mighty city of osteopaths, the center of osteopathy for 1922, the city to whom all eyes and hearts are now reaching, the city that will receive the greatest delegation of D. O.'s in our history; prepare yourselves by showing what is in you and what you can and will do. In the name of little children; in the name of him who lived to *give osteopathy*, we challenge you Los Angeles, we challenge you, our trustees, to do this needed thing, this bigger thing. The state will back you. The A. O. A. will thrill with it. Why not? Your state president pleads these clinics, our national president says we are not guiltless if we falter. Then why not start now?

Agassiz

Said the great scientist when asked what was the best thing he had accomplished in his long career, "I have taught four or five young men how to observe."

Would any man wish to say more?

You and I are scientists along a special line. If we could teach four or five young men how to observe osteopathically would we consider it an achievement? If we cannot do this personally, could we by the price of a treatment or two each month make it possible for our college to do this? The opportunity is ours.

This same Agassiz when urged to take to the lecture field for gain responded, "I have no time to make money." Something greater than simply making and saving. To so give that some students shall be taught to observe, compare and think osteopathically is to render highest values and achieve for yourself and your work immortality.

Searchers

We talk about researchers just as if every doctor is not or at least might not be a searcher of truth. If he isn't a researcher he is simply a copyist, a routinist. He is not even a "cut and try" doctor. Don't refer your patients to him for that patient would get some old hand-me-down treatment that only by barest chance would fit the case.

"Observe! Remember! Compare!" is Alexander Graham Bell's rule of three. He is 75 and is still educating himself by this method and with notable results. "Compare the facts you have obtained and you will find yourself thinking out conclusions. These conclusions are real knowledge and they are your own."

Where there is no vision the people perish.

Technique

One of our leading D. O.'s is reported as saying, "We need a house-cleaning that will sweep clean the senseless manipulation methods from out the profession." Here is one of our best doctors treating eighty-five patients in a single day and expects to treat one hundred some day. Another D. O., after studying some Chiro methods, buys out a much advertised D. C., and now claims to be giving sixty treatments a day.

One of our doctors is arousing a lot of favorable comment over his specific low table technique.

Other equally able D. O.'s give half-hour treatments and keep waiting lists. Many of us have learned that a short specific treatment in most cases brings the better response and that further work defeats the ends sought and tires the patient. History, pathology and a number of things must be considered and kept in mind by the really proficient physician. The punch-in-the-back, yank-of-the-neck, come-again-tomorrow stuff that is handed out by most of our imitators is neither scientific nor safe as every D. O. and too many patients can testify.

Most of us are working and studying this matter and seeking a better way to care for our patients. We cannot forget it is the patient we are endeavoring to serve and not selling "adjustments." Our schools are training students to be physicians as well as mechanics.

There must be some clearer thinking and better teaching if there is to be any correlation and standardization of technique.

The Cleveland convention helped some. Let us believe that at Los Angeles with sixteen experienced technicians we shall get more light on this subject.

The New York State Osteopathic Society is working upon a new osteopathic bill for introduction to the legislature. They have practically decided upon what they consider the most democratic and fair solution of the osteopathic licensure problem, namely, the issuance of license upon the basis of a thorough examination alone without requiring any special conformity to prescribed preliminary and professional education.

While perhaps the most distasteful of anything that could be to organized medicine, this type of measure would eliminate much of the confusion and injustice which arises under present forms of legislation, with the abundance of arbitrary requirements covering all the details of both preliminary and professional training.

State Board Meet

April 11th at L. A., June 26th
at San Francisco

And every Osteopath who took the oral examination passed and passed well. They have been doing that right along. Seldom a complaint from anyone. Of course the doctors studied for this examination. If you could get into a class conducted by Dr. Tasker or Penland you would get a practical training that will make you better physicians for all time. But lots of our D. O.'s are getting by from the outlying sections with individual study. You should know about surgery and drugs and the more you know the less will you depend on them.

The Osteopathic Magazine issued for the laity is growing in practical worth. Look it over. You may want to send out a few hundred each month. How do you ever expect to know "how it feels to treat 86 patients in a single day" if you don't?

"Biology of War" is the title—G. F. Nicalai a German professor is the author. It was written in a German prison. He would not sign with the other ninety-three leading Germans who came out endorsing Prussia and her work during the war. He was so incensed against the ninety-three that he prepared a lecture and this got him into trouble. His wife a woman of caste, was offered every protection if she would denounce her husband, but she answered, "Rather than that I will scrub the streets of Berlin."

Through friends he was able to escape by aeroplane with his manuscript to Denmark. His book is now translated into English. He does not believe that war is necessary to normalcy. He does not think that a nation should take too serious notice of every little fling and flurry of an opposing people.

Nor does he think that in order to hold a government together and keep it growing you must beat the tom tom at regular periods, quote some fool word of some fool member of the opposing state and proceed to write hymns of hate with a cry "to war, to war!"

He declares there is but one human race, one organism, and that we being many members are one body. Conquests are right, but let them be conquests over nature. Other kinds of wars mean depletion and the wrecking of the human race with little gain that might not have been arrived at in a saner, better and more economic way.

Nicalai loved his fatherland, but he loved truth and justice and humanity more. It is still unsafe for him or his book to be caught on Prussian soil. But to this man, who defied the ninety-three, that his own thoughts and fearlessly expressed those thoughts, this same Prussian nation will some day build for him a monument and heap it o'er with wreathes.

Free Children's Clinic

Read Millard's One Man Clinic in recent A. O. A. No excuse for any center being without an Osteopathic Clinic if a D. O. is there. Eight to nine is a good hour at your own office once or twice a week. Ask the children to come at eight and let them wait.

A New Association

This is the American Association of Osteopathic Nurses. The first meeting will be held in 1923. Sara A. Locke, of Detroit, Mich., Highland and 3rd Ave., is president.

We hope to see another edition of Alumni C. O. P. C. S. Bulletin. Dr. J. Wesley Scott is just the man for editor. An admirable lot of newsy notes and personals that are often hard to get, together with able articles made it a most attractive issue.

Dr. Asa Willard suggests that there should be kept convenient the address of Mr. Able Davis, Title & Trust Co., Chicago, Ill., who is the Legion's chairman of Rehabilitation Committee for ex-service men and that every little while we should write or get some one to write asking that these boys have access to Osteopathic care. As he says, these young men will be running the country before long, and now is Osteopath's chance to win with them by rendering a needed service.

Dr. Fanny E. Shutts is now located at North Adams, Mass., where since last October she has been building up a good practice in spite of 14 degrees below.

May 10, 11, 12, Central States Convention at St. Joseph, Mo.

Kimono Boxes

We know their value. One D. O. is using six, another five dozen of them. But the big point is the patients now won't have anything else. They speak for service, sanitation and respected individuality. See ad on page 22.

Try the heel insert on that short leg. It will help hold the refraction innominates till you get it "fixed."

Reducycle—certain patients like it. Five pounds lost the first five treatments. Of course, if you could get them to work up and sweat out on the old-fashioned bike; but where is the safety gone for them, and you know when you slip into your forties you don't line up with the trim frame and wheels. But here (in the reducycle) you get under cover, sit the saddle, turn on the electricity and pedal out your body's waste. Why not?

Besides, won't it tone up those sacro-ilac muscles so they will hold?

"Feel the pulse of the Pacific."
That's a happy title sticker. Have you used them?

Ground Gripper shoes, like Osteopathy, are appreciated by the discerning Dr. Kemp, foot specialist from Ground Gripper Institute, N. Y., lectured before the Lion's Club, of Oakland. He believes in the Post System.

All graduates of osteopathic colleges outside this state, are recognized by the State Medical Board for drugless certificates in California. C. O. P. & S. graduates qualify for P. & S. licenses.

In the next issue Dr. Millard will begin his articles on "Getting a Practical Vision" incidentally the why and how of treating 86 patients a day.

National Gathering American Osteopathic Association Los Angeles, July 3-8, 1922.

Dr. John J. Teeter has moved from Long Beach to 1521½ So. Westmoreland Ave., Los Angeles, Cal.

Special examination, written and oral, will be held by State Medical Board at Los Angeles April 11, open to all schools, including Chiropractors.

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A Palatable Scientifically Prepared Alkaline Mineral WATER

This is a pure distilled water product, and should be used freely in neutralizing the acid conditions of the stomach tissues as shown by acidosis, and where the system is de-mineralized. It is a potable, palatable table water also.

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Educational Literature Valuable Asset

Recently a young osteopathic physician, after receiving his diploma and successfully passing a state board examination, opened his office for practice. After several months of "quiet" the office was closed, and the young doctor moved on to another state to start over again. While this young practitioner had proceeded part way along recognized lines, he evidently overlooked several important things.

We do not know how hard he tried to win a place in the community where he made his start, but owing to the fact that he remained there only a short time, it is evident that he did not make much of an effort to establish himself. He lacked the "pioneer spirit."

We all know that Dr. Andrew Taylor Still was the pioneer in Osteopathy. His road was not as easy by any means as is the road for the present-day osteopathic physician, regardless of whether that physician is "just out of school" or whether he has been in practice for a number of years. Dr. Still was alone in the field—scarcely anyone knew of osteopathy. Today, thousands, or perhaps millions, know something about osteopathy, and more are learning about our art of healing every day in the year. This is being brought about by the constructive work which is being done by many of the men and women in the profession. The pioneer—Dr. Still, traveled and treated patients, and won thousands of admirers, because of the benefits he gave humanity. Today the osteopath is not required to "go on the road" in order to reach his patients, but he must do educational work, and he must likewise follow this work up continually.

The present-day practitioner has a valuable asset which the Old Doctor did not have—many sources for educational literature. To an established doctor, or to one just entering practice, this educational literature

is one of the most helpful things for use in enlarging the place of any practitioner in a community. A start should be made, and after once made, it should continue, and win a larger place for the doctor in the community where he has chosen to be of service.

There is considerable good literature on the market for publicity work, and any osteopathic physician who fails to do local educational work in connection with the National Publicity which is being carried on by our profession, is missing an opportunity that he has never before enjoyed.

In other words, he is not taking advantage of the biggest thing in the way of education of the laity in osteopathy, unless he hooks up a carefully planned local campaign with the National effort.

Many of the doctors who have been in practice for a number of years have grasped this opportunity to build a bigger place for themselves in their respective communities, and have set aside a considerable sum for use in purchasing and distributing literature throughout the present year.

At the present time, there are three avenues open for educational work. 1.—Distribution of literature in the form of booklets, which may be had from any of the osteopathic literature publishing houses or the National Association. 2.—Distribution of the monthly Osteopathic Magazine and the Journal for the Prevention of Spinal Curvature, which is published by the A. O. A. 3.—Reproduction in your local newspapers of the suggested advertisements on "Osteopathy" which are appearing each month in the Journal of the A. O. A.

This year, 1922, will be just as big for osteopathy as we make it. We are on the right track—let's keep going!



DR. JUNIOR: "Now, Doctor—look at this dressing, just removed from my patient's neck—or, rather, from his carbuncle."

DR. SENIOR: "Well what is the matter with it?"

DR. JUNIOR: "Why, nothing—only that every Antiphlogistine dressing, removed some hours after its application, shows a moist center, while the periphery of the application which covered the normal surrounding tissues—is always dry. Now, I presume that is sweat—"

DR. SENIOR: "Oh, no, Doctor. If that were the case, the entire under surface of the poultice would be wet, since the heat of the poultice is uniform, you know."

DR. JUNIOR: "Well, then—what is the explanation of the phenomenon?"

DR. SENIOR: "I'm glad you brought that up. That moist center shows where the exudate has been taken from the congested tissues, and is demonstrative proof of the osmotic action of Antiphlogistine, my boy."

DR. JUNIOR: "Well, now— that is something to know—!"

DR. SENIOR: "And furthermore, I have come to consider this 'selective' action of Antiphlogistine, as almost Diagnostic of inflammatory process below the surface where the poultice has been applied."

DR. JUNIOR: "In other words, then, Antiphlogistine, in inflammatory conditions, has a diagnostic as well as remedial value. Odd, isn't it?"



A Normal Colon



A Spastic Colon. Darkest Portion Shows Dilatation—Arrows Indicate Spastic Condition.

Dilatation and spasticity

A prominent authority of international reputation who has made an exhaustive study of the therapeutic value of Liquid Petrolatum says that laxatives of all sorts increase the spasticity of the intestine, whereas, liquid petrolatum lubricates and protects the sensitive surface of the spastic bowel, at the same time softening the intestinal contents so as to permit passage through the bowel without mechanical irritation.

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Nujol is scientifically adapted by both viscosity and specific gravity to the physiology of the human intestines. In determining a viscosity best adapted to general requirements, the

makers of Nujol tried consistencies ranging from a water-like fluid to a jelly. The viscosity of Nujol was fixed upon after exhaustive clinical test and research and is in accord with the highest medical opinion.

Sample and authoritative literature dealing with the general and special uses of Nujol will be sent gratis. See coupon below.

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PRELIMINARY ANNOUNCEMENT

Circuit Clinic Trip by Dr. L. van H. Gerdine Over Rocky Mountain Circuit and Other Territory Not Included in First Trip¹

Dr. L. van H. Gerdine, neurologist and psychiatrist, of the Hildreth Osteopathic Sanatorium at Macon, Missouri, whose Circuit Clinic trip through Oregon and California in February was so successful, will make a second trip beginning April 12. This trip will cover the following territory not included in his first trip: Eastern Oregon, Idaho, Utah and Colorado. With the completion of this trip Dr. Gerdine will have visited every active Local Society in the Western Association. He will examine nervous and mental cases, will address the profession on diagnosis and treatment, and will also be prepared to give a public lecture on "Why Nervous Disorders Yield to Osteopathy."

It is expected that Dr. Gerdine will make the trip in accordance with this schedule. A second bulletin which will be mailed in about ten days will give additional details and will announce any slight changes that may become necessary. In the meantime the foregoing schedule may be relied upon as approximate, and patients can be scheduled for examination accordingly. If you have mental or nervous cases which are not making satisfactory progress, Dr. Gerdine's trip offers an unusual opportunity for consultation with a specialist of national reputation. Your Local Clinic Chairman will be in charge of appointments for examination.

Tentative Schedule

LOCAL SOCIETY	DATE	PLACE	TIME
Eastern Oregon....Wed.	April 12	Pendleton	Ar. 4:30 p.m.
Eastern Oregon....Thurs.	" 13	Pendleton	Lv. 12:20 a.m.
Boise Valley.....Thurs.	" 13	Boise	Ar. 11:55 a.m.
Boise Valley.....Fri.	" 14	Boise	Lv. 12:55 a.m.
Eastern Idaho....Fri.	" 14	Pocatello	Ar. 10:25 a.m.
Eastern Idaho....Sat.	" 15	Pocatello	Lv. 1:15 a.m.
Utah	" 15	Salt Lake City.....	Ar. 7:15 a.m.
Utah	" 16	Salt Lake City.....	Lv. 8:10 a.m.
Utah	" 16	Grand Junction.....	Ar. 6:55 p.m.
Western Colorado..Mon.	" 17	Grand Junction.....	Lv. 7:05 p.m.
Southern Colorado.Tues.	" 18	Colorado Springs....	Ar. 10:05 a.m.
Southern Colorado.Wed.	" 19	Colorado Springs....	Lv. 5:18 a.m.
Denver	" 19	Denver	Ar. 7:50 a.m.



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(See Journal of A. O. A.)

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Doctor: Will you send me particulars and enrolment blank for Doctor Willard's Post Graduate Course.

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Address.....

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Fellow Osteopaths

You are frequently in touch with persons who are planning to enter some Osteopathic College. When giving information concerning the various Osteopathic Colleges will you not bear in mind the following facts concerning the

College of Osteopathic Physicians and Surgeons of Los Angeles?

1. This institution requires for entrance a high school education or its equivalent and a year's work in college chemistry, physics and biology or zoology. If one can present credit for a part of the COLLEGE science work but is lacking in some of the courses specified it may be possible for him to enter and make up the lacking course in one of the neighboring colleges or universities in the summer time at the close of the freshman year. We shall be glad to supply information concerning such a plan. It is possible also for well prepared individuals who may lack formal high school or college credit to secure such credit by taking special examinations.
2. The advantages gained by the student's having had this college science training prior to entering upon his Osteopathic course, justify the cost in time and money of this additional preparation. This college science training not only makes possible the securing of a stronger Osteopathic course but also enables a student to secure licenses to practice in states which would otherwise be closed to him.

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**Publicity Department Osteopathic
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Name: The name shall be the "Osteopathic Associated Press."

Purpose: To provide a systematic and efficient method for handling all National, State and Local organization press publicity.

Membership: The membership shall consist of the 28,800 newspapers of the United States through the 6000 members of the Osteopathic profession. Each newspaper to have one Osteopathic representative.

Officers: The officers shall be the Publicity Chairman of the A. O. A. of each state and of each Local Society.

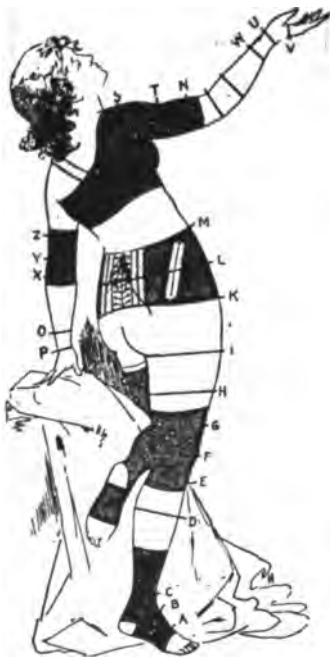
System: All departments of the A. O. A. shall furnish to the Chairman of Publicity of the A. O. A. such material as they may have for newspaper publicity. He will in turn forward it at once to the newspapers or direct to the individual Osteopath for a given paper. State Publicity Chairmen and Local Society Publicity Chairmen will in like manner handle the departmental work of their respective organizations and supervise the execution of all work of National character in their jurisdiction through the individual representatives. A clipping bureau will check the work of each paper and Osteopath.

ADVANTAGES

1. Some one responsible for each paper's part in publicity.
2. The psychology of each editor being responsible to at least one Osteopath.
3. One Osteopath to convey a given message from the A. O. A. Journal's pages to a given paper.
4. One Osteopath to take the Local Publicity Chairman's story of a certain event to one or more newspapers.

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The Osteopathic profession can be "sold" to the public best through the "news" columns.

Every Society and every organization in the profession must have a publicity chairman. The program committee turns the "scale features" over to the Publicity Committee (advertising manager), who, after properly "doping it," takes the "news copy" to the press, and the profession reaps the reward of the most powerful influence known to the world today—the "news" columns of the newspapers.

If your local or State Society has not a Publicity Chairman, have one

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"Bulletin No. 5" for the professors of Gynecology and Obstetrics.

Dr. Burns will lecture at Dayton, Feb. 14th; Harrisburg, Feb. 15th; Philadelphia, Feb. 16th and 17th; New York, Feb. 18th; Boston, Feb. 20th and 21st; Portland, Feb. 22nd; Springfield, Mass., Feb. 23rd; Schenectady, (Afternoon) Feb. 24th; Albany, (Evening) Feb. 24th; Syracuse, Feb. 25th; Buffalo, Feb. 27th; Toronto, Feb. 28th; Detroit, Mar. 1st; Chicago, Mar. 2nd; Galesburg, Mar. 3rd; Chicago, Mar. 4th and

5th; Milwaukee, Mar. 6th; Madison, Mar. 7th; Chicago, Mar. 8th and 12th (with side trip to Battle Creek, perhaps); Minneapolis, Mar. 13th and 15th; Des Moines, Mar. 16th and 17th; Macon, Mar. 18th; Kirksville, Mar. 20th and 22nd; Kansas City, Mar. 23rd and 24th; Dallas, Mar. 25th; Kansas City, Mar. 27th; Denver, Mar. 29th.

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Oregon Osteopathic Association

Dr. Bertha Stuart, Los Angeles College of Osteopathy, 1919, died of bronchial pneumonia January 9th, aged 54 years, at her residence in Portland, Oregon. Dr. Stuart opened an office in the Morgan Building, Portland, soon after graduation, practicing up to a short time before her death. Dr. Stuart was active in her association work and her untimely death is a shock to her fel-

low Osteopathic physicians in Portland.

Dr. L. von H. Gerdine opened the Circuit Clinic in Portland on February 1st. The session opened at 9 A. M., and lasted until 5:30 P. M. The attendance was good. Dr. Gerdine's clinics and lectures upon nervous and mental diseases was a veritable post-graduate course.

In the evening an additional clinic was held at the Moore Sanitarium. Later refreshments were served by the Drs. Moore.

Dr. Luther H. Howland has been appointed a member of the Oregon State Board of Medical Examiners, to succeed Dr. D. D. Young whose term expired February 28, 1922.

Dr. Hubert F. Leonard has recently returned from the East where he has spent a number of weeks in the Surgical Clinics of New York and the Mayo Clinic at Rochester.

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Dr. D. D. Young is in his office after an absence of five months caused by an infection in the thumb of his right hand which he received while operating.

Dr. Katherine S. Myers is spending a week at her seaside cottage at Cannon Beach.

Cash for Lymphatic Research

Twenty-five dollars in cash is offered by Dr. F. P. Millard to Osteopathic students for the best reports or original study of lymphatics in relation to disease.

When Dr. Millard was here he outlined his theory and many of his findings, and in order to stimulate others to a study of the same subject he offers these prizes.

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in the dissection room, taking account the cause of death and the post mortem findings, or on laboratory animals.

Paper should not be more than 1000 words and should be in by June 15. First prize, \$12.00; second, \$7.50, and five honorable mention at \$1.00 each. At least the first two will be published in the Journal of the International Society for Lymphatic Research.

Any associate member of the society is eligible to enter. Only Osteopathic students may be associate members. Membership fee is \$1.00 and includes a subscription to the Journal of the Society. Grover Stucky, June, 1923, is the student representative of the Society and is ready to issue membership receipts.

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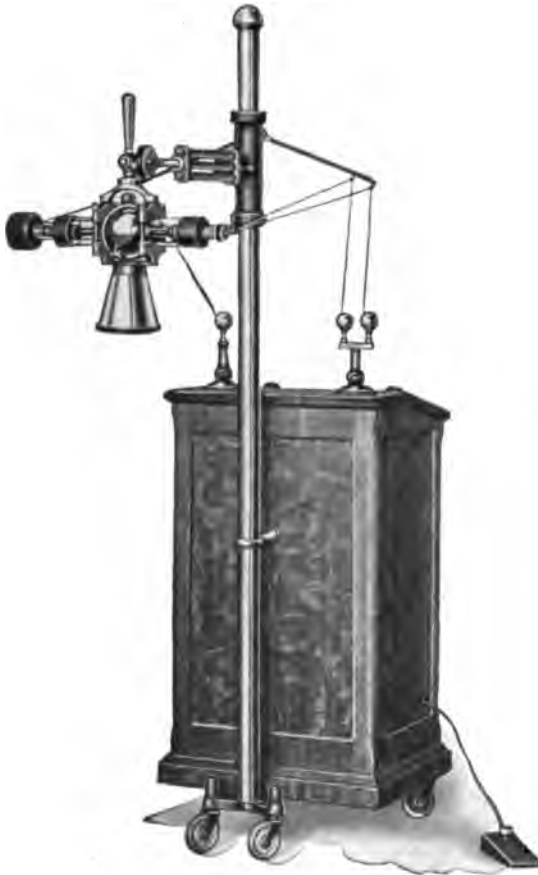
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GIFT
MAY 25 1922

THE WESTERN OSTEOPATH

Published by the California Osteopathic Association

VOL. 16

MAY, 1922

No. 12



*Just a little more of California, inviting all D.O.'s
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The Western Osteopath

Vol. 16

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No. 12

CRANIAL SURGERY IN ITS APPLICATION TO THE TREATMENT OF EPILEPSY

CARLE H. PHINNEY

In this brief reference to this subject I am, by no means, attempting to say anything original or perhaps at all new to anyone here, but to speak of some observations of the work of others and to make some comments thereon.

Epilepsy has, for years, been regarded properly, no longer, as a disease entity but as a symptom complex of conditions, many of them wholly unknown, yet some well known.

Surgery, in the past, has run the long list of the operations in the field of the general surgeon, as well as in the fields of the specialists, in the effort to remove the cause or causes to which epilepsy might be due, all the while the study of the subject resolving itself into a study of the sympathetic nervous system and its effect upon the circulation of the whole nervous system, while under the influence of hereditary factors, the toxemias, intra-cranial conditions due both to trauma and to the after effects of acute meningeal infections and also while under the influence of abnormal psychology.

In present days, Horsley in England, Leriche in France and Cushing in America have made modern surgery play a remarkable part in the production of a mass of evidence as to what takes place in the producing of the symptoms of epilepsy and have also made surgery play a part in the relief of these symptoms where caused by intra-cranial conditions. In our own locality much remarkable work has been done and most lucid and valuable reports made upon this by Dr. Cecil E. Reynolds of Los Angeles.

The epileptic convulsion is fully believed to be preceded by a spasm of the cerebral arteriole or cerebellar pressure anaemia affecting a local area on the cerebral or cerebellar cortex. The convulsion then producing, by its interruption of respiration and in the production of general muscular spasm, an arterio-dilation, thus causing a rise in cerebral blood pressure, a hyperaemia and the overcoming of the cortical starvation. The convulsion is then protective as are all reactions in the body, reacts as long as the brain has any power of reaction and is productive of relief of the symptoms.

Cranial surgery in connection with epileptic conditions has shown that birth injuries to the skull may produce bony changes resulting in cortical pressure, and changes in the walls of the blood vessels; that the transmission of infections to the cerebral meninges following the acute fevers, whooping cough or otitis media, tonsillitis or a tonsillectomy, may cause changes in the meninges with resulting disturbances of their functions in connection with the production or maintenance of the balance of the amount of cerebro-spinal fluid; may cause adhesions between the brain membranes with a resulting local hydrocephalus or may cause obstruction in the roof of the fourth ventricle, in the ways of communication between the ventricles of the brain or between the intraventricular spaces and the subdural or sub-arachnoid spaces with a resulting internal hydrocephalus.

The ordinary knowledge of intracranial pressures and conditions, would lead us to conclude that open-

ing the cranium and relief of the pressure at any one point would affect the pressure at all points. While many cases are fully relieved by one simple decompression operation, in some it becomes necessary to decompress all three great meningeal spaces, that is, over each lateral hemisphere on either side of the falx cerebri, and over the cerebellum beneath the tentorium cerebelli. The above shows that either the cerebral spaces do not so freely inter-communicate as was supposed, or that the fluid may be easily confined over some area locally.

In the attempted relief of intracranial conditions, the right sub-temporal decompression, the extensive sub-occipital decompression with permanent deduralization, to establish permanent drainage of the subdural space, are performed, followed by left Rolandic Osteoplastic valve flap operation. Careful observations are made of the condition of the cerebral blood vessels, the meninges and the presence of external or internal hydrocephalus. The condition of the brain, its nutrition and circulation are noted.

It has been observed that the surface of the brain often changes from a pale gray to pinkish gray upon opening the dura mater, with outflow of fluid and relief of pressure.

In the suboccipital region the pressure of adhesions is especially

noted, the condition of the roof of the fourth ventricle and its foramen. In rare cases the conditions met indicate, and the severity of the case warrant, the puncture and drainage of a lateral ventricle. A few cases have made necessary the placing of a gold ferule in the skull to maintain permanent drainage of a subdural space.

These operations, with the extensive work of exposure of the brain and its covering, as in the case of removal of the vertex of the skull in birth injuries, entailing very extensive incisions, bone cutting, ligations, with the most delicate care and manœuvres and the strictest asepsis of instruments and irrigations, are accompanied by a wonderfully small degree of suffering and pain. The hospital detention in any of the stages seldom exceeds six days.

While the above referred to operative procedures do not remove causes, they do correct faulty functioning or do modify effects of faulty functioning. In this field, taking into consideration the seriousness of epilepsy and the short period of disability, this means of relief is welcomed alike both by the neurologist and the general practitioner in a condition or group of symptoms heretofore approached with but little hope of success in even a small degree.

Eagle Rock, Calif.

MALIGNANCY

DR. W. CURTIS BRIGHAM

What causes cancer? is a question asked by thousands of people every day. No one knows what causes cancer. Probably it has no specific cause, but the complexes which make its development a possibility undoubtedly exist long before the development of the tumor and there is little doubt but what these complexes

exist in many cases that never develop tumor.

What toxic complexes may cause cancer? They are: First, circulating through the body fluids are poisons. Are these poisons specific? They are not. They may be the poisons from infection, they may be absorbed from the alimentary tract

either as the result of bacterial decomposition, or improperly balanced diet.

Second. From endocrine unbalance. As the result of absorption of poisons, some glands of internal secretion overwork, others underwork, and the functions depending upon these glands are disturbed.

Third. From faulty elimination from the skin, lungs, bowels, or kidneys.

What organs of the body are involved in these toxic complexes? Every organ of the body is involved by these toxic complexes. The brain and nervous system, the alimentary tract, the respiratory system, the genito-urinary system, the endocrine system, the skin, in fact every cell that forms a part of the human body is involved.

What localizes the tumor manifestation? Local irritation, which causes, so to speak, the formation of circulatory whirlpools and consequently concentration of toxic products.

What warning does nature give of the existence of such toxic complexes? These warnings are various. It may be headache, backache, indigestion, constipation, a bad color of

the skin, toothache—in fact and probably numerous other symptoms occur.

How may the toxic complexes be broken up and the body fluids return to normal? It may be a broken leg, typhoid fever, pneumonia, acute appendicitis, in fact any radical change in environment and habits.

How may the cancer problem be solved for individuals? It may be solved by surgery, radium, X-Ray, application of escharotics and occasionally by severe infections, all of which are destructive and will never solve the cancer problem for the race.

How may the cancer problem be solved for the race?

First. By proper sanitary and hygienic measures.

Second. By proper balance of work play and rest.

Third. By eliminating focal infection.

Fourth. By intelligent dietic measures.

Fifth. By the elimination of foci of irritation.

In other words, the cancer problem may be solved for the race by the intelligent application of Osteopathy.

PELVIC CANCER

DR. ROBERT D. EMERY

All statistics show that cancer is decidedly on the increase. This increase is much more marked in some countries than in others, but all so-called civilized countries seem to show it to a greater or less extent. Among women this increase is unquestionably more noticeable in connection with pelvic malignancy, especially of the uterus, than in any other region of the body.

It is indeed unfortunate that physicians fail to give sufficient appreciation to the possibility of cancer

in the presence of such symptoms as discolored and eroded cervix, evidences of inflammatory hyperplasia, cysts of Naboth in the cervix, a hard uterus, increased discharges, either watery or leukorrhœal, from the uterus and vagina, and varying degrees of sensisiveness of the womb. Furthermore, for physicians to classify the constitutional symptoms which may come from early malignancy, such as nervousness, gradually increasing auto-intoxication, constipation, indigestion and other gastric

symptoms, the raising of mucous from the bronchi and the stomach, the slight loss in weight, the very gradually increasing anemia and cachexia, as symptoms without meaning or as manifestations of a slight abnormality which will readily succumb to manipulative or any other variety of treatment, is also regrettable. By this the writer does not mean that such symptoms are always traceable to cancer, but he does suggest that its possibility must not be forgotten.

It is obvious that one cannot always be sure of a correct differential diagnosis between pelvic malignancy and inflammatory hyperplasia of the endometrium, or between fibromyoma of the uterus and fibrocarcinoma for example. The laboratory examination of removed tissue in the hands of one thoroughly experienced in tissue diagnosis is the only real test, unless the condition has advanced so far that probably a layman could make a diagnosis without technical assistance.

A typical example in this connection which may be cited was the case of a woman who had passed through the menopause and five years later she began to bleed very slightly from the uterus. This case was operated. Sections were taken from four regions of the cervix and sent to the laboratory for examination, negative reports being returned in each instance. Then the uterus was removed and the whole organ sent to the laboratory for examination. Dr. Louisa Burns with painstaking thoroughness examined sections from thirty-three regions of the womb. Only to find the tissue negative in every one of these regions. Being just ready to give up her search and report the condition as pre-malignancy but without any definite cancerous manifestations, she was feeling of the uterus in the region of

one of the horns when she felt a little hard, resisting mass and upon cutting down upon the same she found a very small fibroid tumor the size of a small pea, but around this harmless fibroid was demonstrated a most perfect round cell sarcoma, showing evidences of marked malignancy and rapid growth. Such thoroughness of examination should be rewarded by the highest sense of respect and appreciation by the members of our profession. This case only emphasizes again the fact that we should not rule out our clinical conclusions if they are well founded because the laboratory findings do not confirm the same. If the tissue in this patient had only been examined from one or two regions and a negative report for cancer returned, the true picture would have been permanently lost.

Our rule in making a diagnosis in cases where the picture is very doubtful is to open the cysts of Naboth if they are present and remove a small piece of tissue from the area adjoining, and submit it to the laboratory for examination. In other cases where no cysts are present, some of the tissue from the cervix may be removed and submitted. In all cases where tissue has been cut away from a suspicious area, protection against the spreading of cancer cells by the knife must be carried out by the use of the cautery, the application of iodine, fuming nitric acid or some other agent to the traumatized tissue which will kill the cells in that particular field. As shown in the above case, however, the diagnosis cannot always be completed by examination of cervical tissues.

In cases where a laparotomy is decided upon, diagnosis is aided by the evidences of ascites in the pelvis and the presence of metastases of neighboring glands or of more distant re-

gions, and by the general appearance of the pathological tissues.

The treatment which we apply in the cases of cancer of the uterus is divided into two classes; first, that which deals with the local manifestations of the disease and, second, that which removes the constitutional condition which made the local pathology possible. Our treatment of the local manifestations is a compilation of several techniques. Our first procedure is to open the abdomen and carefully examine the pelvic contents. Then we apply a water-cooled speculum through the vagina and thoroughly bake the whole uterus with an electric cauterizer which is inserted into the uterus through the dilated cervix. After giving a thorough baking to the uterus in this manner, this organ, together with both tubes and one ovary are removed by surgical dissection. If the patient is beyond the age of thirty-five, both ovaries are usually removed.

Patients make a quick recovery from this surgical procedure and as an after treatment radium is applied well screened and introduced both into the vagina and the rectum. The amount of radium treatment varies very greatly according to the age and the general condition of the patient.

As has already been stated by the writer in former articles relating to the etiology of cancer, stagnation of the blood plays a very important part in the production of cancer, this stagnation being largely due to errors in diet, a lack of the vitamins and the organic salts and the unfavorable psychology of present-day living. In some cases this psychology is a very important factor, in other cases the psychological environment is favorable and the fault is largely one of nutrition. The constitutional treatment, therefor, deals with the

correction of these nutritional and psychological abnormalities, and the application of the benefits of suitable exercise. By this constitutional treatment the benefit from the local surgery and the radium treatment is augmented.

It has been generally claimed and in a large measure it is true, that cancer is a slowly progressing disease due to faulty methods of living and constitutional disturbances, and that people living on a simple vegetarian diet will not acquire this disease. However, acknowledging the general truth of this statement, some definite exceptions must be made thereto, for example, in India the natives who wear Kangri burners on the abdomen for warmth suffer quite frequently from cancer of the abdomen in the region where the burner is applied. These people live for the most part on the simplest form of diet and they rarely develop cancer in any other location than at the above mentioned site, showing that any errors in diet are not the cause of their malignancy, but that malignant changes can be produced by local irritation in individuals who would otherwise remain entirely free from the disease. There is a question here, however, as to whether such a local condition is true cancer or is just a deep-seated chronic dermatitis. Those best qualified to decide this question differ in their conclusions and the subject is still an open one.

There is one matter which should receive our most intelligent study, and that is the question as to the probable involvement of the ovaries in the event of early malignancy of the uterus. I am convinced from my observations of these cases that many times one ovary may be saved for the patient at the time of the surgical removal of the pathology, and, that there is an advantage in

doing this in certain cases, I am satisfied.

It is certainly gratifying to have postoperative cases come and tell you how wonderfully they have been benefited by the remedial agencies which you have applied; those same cases perhaps one month, perhaps six months before having come to your office complaining that they had been going down steadily for months and in some cases years, and that nothing they had tried in the way of treatment, diet, exercise or anything else had apparently benefited them for more than a very short time at the longest. The diagnosis of early malignancy having been established and the treatment, as outlined above, applied, the results in nearly all these cases are far beyond our most sanguine expectations. More and more as we see the results of adequate treatment of early pelvic cancer do we appreciate the fact that in this stage malignancy is amenable to treatment and comparatively easily cured.

To summarize:

1. Cancer is acknowledged everywhere to be on the increase.
2. Most careful consideration should be given to all local and constitutional signs and symptoms which may be of diagnostic value in detecting malignancy.
3. The tissue examinations should be as thorough and comprehensive as conditions will permit.
4. The treatment complex comprises cautery, surgical removal, radium treatment and the use of a raw food diet and suitable exercisæ.
5. Cancer may be produced by local irritation without any constitutional or nutritional defects. This, however, is still a decidedly debated question.
6. The results in cancer cases following this treatment complex are most favorable, manifested by the improved feelings of the patient, gain in weight, improvement in the blood, the improved appearance of eyes and skin, and the other evidences of lessened toxemia and improved general health.

EXTRA-UTERINE PREGNANCY

DR. WM. BARTOSH

Tubal Abortion is the natural outcome of extra-uterine pregnancy whether by reason of insufficient blood supply or unfavorable mechanical conditions for the continued development of the fetus.

Symptoms: The symptoms of extra-uterine pregnancy include those due solely to the condition of pregnancy and those which arise only from its abnormal situation. Inasmuch as the majority of cases terminate within three months, at which ordinary signs of pregnancy are not usually pronounced, we do not often get much help from the symptoms belonging to the first group.

Yet such symptoms and signs as enlargement of the breasts, the presence of colostrum, cessation of men-

stration, increased vascularity of the genitalia, softening of the cervix and the body of the uterus with slight enlargement, disturbances of the bowels or bladder, morning nausea, and the abnormal appetite, cravings or sensations which the multipara sometimes recognizes are occasionally of confirmatory value.

It would be desirable to make the diagnosis before rupture were it possible to do so. Unfortunately a large percentage of cases give such trifling evidence of the true condition, if indeed there be any prodromal symptoms at all, that no suspicion is aroused.

Still it is occasionally possible to make the diagnosis and it should be our effort to do so. A prolonged

continuous blood-stained uterine discharge is an important aid in differentiating tubal abortion, even if the proportion of blood is small its persistence for two up to five weeks is characteristic, and the absence of blood in the vaginal discharge is strong evidence against a recent hemocele. The slight hemorrhage seems to persist longer after tubal abortion than after rupture. A new sign of tubal pregnancy is a more or less striking paleness of the cervix. The absence of this sign does not, however, exclude this condition, but when not due to obvious other causes, is almost pathognomonic.

It is only present, however, in those cases of tubal gestation in which there is bleeding from the uterus, and only while this bleeding is actively going on.—(Golden).

The diagnosis in these cases rests upon, first, a consideration of the history. Important points for consideration are the age of the patient, exposure to pregnancy and the presumptive signs and symptoms, a history indicative of an antecedent tubal inflammation, a previous period of sterility usually of some years.

This last point has been observed by all students of the condition and Parry remarks on what he calls the "previous inaptitude for conception" of these patients.

Amenorrhea of short or longer duration is a fairly constant feature and is followed in the majority of instances by irregular bleeding from the uterus, sometimes a mere staining. The history of passing bits of tissue or the demonstration of decidua in the discharge is important.

Pain if felt before rupture consists frequently in vague uneasy sensations in the pelvis. Sometimes it is more severe, colicky in type and accompanied by nausea.

In cases which show any of these suspicious symptoms an internal ex-

amination should not be neglected. The demonstration of a pelvic mass lying outside of the uterus, in the presence of a probable pregnancy, is a very suspicious circumstance. If this mass should correspond in size with the duration of pregnancy, if it should be located in the course of the tube, if it be movable moderately soft and very tender we may fairly conclude we are dealing with a case of extra-uterine pregnancy.

Often before a diagnosis can be made rupture of the tube or extensive separation and hemorrhage from the placental site supervenes. It was formerly thought that rupture was the most common outcome of tubal pregnancy. More careful examination of the specimens however, has shown us that in many cases of supposed rupture we are dealing with a case of tubal abortion with hemorrhage from the site of the implantation. Moreover, hemorrhage from this source, while less violent as a rule than in rupture, may be very severe and even fatal. Frequently, however, it is comparatively slow and by slow leakage is responsible for the majority of hemoceles which we find. Recent statistics indicate that these tubal abortions occur more frequently than does rupture. The tragic stage, however, may follow either process.

Rupture is the most serious accident of ectopic gestation. It may take place very early and be the first symptom. Cases have been reported of rupture in the first or second weeks of pregnancy. Usually it occurs in the second or third month, but occasionally may be delayed into the later months. Secondary rupture may occur at any time after primary rupture up to term. It is usually ushered in by severe lancinating pain in the hypogastrim, accompanied by shock, sometimes by syncope and frequently by nausea or vomiting.

Following this the symptoms of internal hemorrhage make their appearance. Increasing pallor, rapid and weak pulse, sighing and labored respiration and air hunger, dimming of vision, with increased but slight distention of the abdomen, signs of fluid in the flanks, general abdominal tenderness most marked in the hypogastrium and a peculiar doughy feel of the abdomen which is readily distinguished from the usual rigidity of inflammation of the peritoneum, are the symptoms of rupture and of hemorrhage per se.

It will do then to know that the three cardinal symptoms are pain, menstrual irregularities and tumor if we appreciate their variability. The other points for diagnosis to consider are:

1. Advent is sudden.
2. Pain is severe and early.
3. Blanching of the face early.
4. Pulse very feeble and rapid, early.
5. Hemorrhage, usually not severe, but persists, even after the uterus has been thoroughly emptied.
6. At first there is no elevation of temperature, and later it is rarely above 101° F.
7. At one side of the uterus there is usually a very tender tumor, which is, as a rule, movable.

8. Boggy feeling behind the uterus.

9. Usually the cervix is very slightly open.

10. Shreds, decidua membrane and blood only, escape.

11. Later, there will be marked diminution of the hemoglobin (80 to 70 per cent).

12. Rarely, if ever, polynuclear leucocytosis.

13. If the cul-de-sac of Douglas is opened, blood will escape with possibly an embryo.

TREATMENT

Operation is here indicated on the same principle as in the case of any foreign body which threatens the host.

The patient is placed on the table with as little disturbance as possible and a light quick etherization given. Preparation is rapidly completed and intravenous of normal saline solution started as the abdominal incision is made. "Get in quickly get out quicker" applies here as forcibly as anywhere in surgery.

The offending tube and ovary are removed. The clots are scooped out and abdomen closed with a small drain.

Hypodermoclysis should be instituted after the operation and as necessary in the next 12 or 24 hours.

"COMPLETE HYSTERECTOMY"

Read before the L. A. Osteopathic Surgical Society, Nov. 9th, '20

Pan-Hysterectomy 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 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, sensitive and painful. These conditions often continue for months or 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 256 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 have stated before, to women with a badly traumatized cervix and a fibroid of years standing.

The 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 are not disturbed, the round ligaments are attached to the cervical stump, which seems to make a stronger and better support than when the entire organ is removed, but only in exceptional cases is it worth the chance of having something of a more serious nature develop later.

The technique which I use in these cases is a combination between the vaginal and supravaginal hysterectomy.

I have the patient take one or 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 intestines time to regain their tone and activity, and without debilitating 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 loosened 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 uterine wall, 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 put 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 the use of sponges will not be necessary in walling 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 should be 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 parallel to each other 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 technique 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.

DR. K. B. BABER,

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It should be worth a run to the convention just to see our state president with his whiskers and with him all the Sacramentians of that persuasion, for whiskers is the decree in that camp in honor of "the days of old, the days of gold, the days of '49." Already, according to yesterday's news item, one of these "old timers" is exhibiting a seven-foot beard. But that's only a sample of the way things grow in California.

A CASE REPORT SWIFT-ELLIS TREATMENT FOR SPINAL LUES

E. B. JONES, D. O.

Our decision to administer the Swift-Ellis treatment to the following case was based upon the fact that he was persistently negative to the blood Wassermann and Noguchi tests. That there was a persistent and progressive distress due to the lightning pains and beginning visceral crises as well as muscular dystrophies particularly of the thenar eminence of each hand.

RECAPITULATION—CASE RECORD

Mr. C.; age, 40; Rancher. Referred by Dr. Nicolls.

History: Lues in 1904. Sore lasted two weeks. No pain. Single at time of contraction. Did not develop secondaries or sore throat. Internal medication given. In 1918 had a course of Salvarsan and mercury (does not remember how many). Complains of numbness of left ring and little fingers. Pains for last three years. Wassermann persistently negative. Atrophy of thenar muscles (adductors particularly).

TREATMENTS

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| <p>2- 4-21. Provocative Salvarsan, .4 grams. Pains aggravated. and multiplied. No nausea.</p> <p>2- 8-21. .4 grams Salvarsan. Wassermann after provocative (—+).</p> <p>2-12-21. .4 grams Salvarsan.</p> <p>2-14-21. Pains gone except left knee and one in chest.</p> <p>2-16-21. .6 grams Salvarsan. One severe pain in right hypothenar eminence.</p> <p>2-18-21. Many pains all over.</p> <p>2-21-21. .6 grams Salvarsan.</p> <p>2-23-21. Pains gone.</p> <p>2-26-21. .6 grams Salvarsan. Went home. Two dozen sodium cacodylates to Dr. Blank—3 grains weekly.</p> | <p>3- 8-21. No pain at any time after last treatment. Light pains started March 2nd, 1921, and hurt him each night (not severely).</p> <p>3-12-21. .45 Neo-Salvarsan.</p> <p>3-16-21. .6 grams Salvarsan and collapsule.</p> <p>3-21-21. .6 grams Salvarsan. Reports many pains.</p> <p>3-23-21. .6 grams Salvarsan.</p> <p>3-28-21. Wassermann report (....) Slow reaction.</p> <p>4- 4-21. .6 grams Salvarsan. Reports some pains lately, mostly in knees.</p> <p>4-11-21. .6 grams Salvarsan.</p> <p>4-13-21. Sodium Cacodylate, grains 2. Wassermann report (....). Collapsules interim treatment while in Los Angeles.</p> <p>5- 3-21. Wassermann report (....).</p> <p>6- 3-21. Spinal fluid. Specimen is clear. No pus or blood. Tension very high. Boiling test—positive. Max. lymphocytes 22; Noguchi-butyric acid test positive average lymphocytes 11; minimum lymphocytes 6. Nonne-Jones reaction—Weakly positive. Cells per c. m. m. 29. Wassermann test (x x x). Noguchi test (x x x).</p> <p>6- 6-21. .6 grams Neo-Salvarsan. 25 c. c. blood withdrawn. This later to laboratory for Swift-Ellis preparation.</p> <p>6- 7-21. First withdrew 15 c. c. spinal fluid. Tension low. 20 c. c. serum and salt intraspinal. Two hours' rest in office.</p> <p>6-11-21. Reports no pains for several days. Weak and tired for a few days but better in general.</p> |
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- 6-16-21. .6 grams Neo-Salvarsan. 25 c. c. blood withdrawn two hours later. To laboratory for Swift-Ellis preparation.
- 6-17-21. Withdrew 12 c. c. spinal fluid. Injected 12 c. c. prepared serum. Swift-Ellis subarachnoid. Tension better than last treatment.
- 6-30-21. Pains gone for a week. Returned this morning about 10 minutes apart. Not severe. Iodides for interim treatment.
- 7- 8-21. .6 grams Neo-Salvarsan. 30 c. c. blood withdrawn 1½ hours later. To laboratory for Swift-Ellis preparation.
- 7- 9121. Spinal fluid. Specimen is clear. No pus or blood. Noguchi-butyric acid test. Positive Max. lymphocytes 3. Nonne-Jones reaction. Positive Av. lymphocytes 1. Cells per c. m. m. 15. Min. lymphocytes 0. Wassermann (x x). Noguchi test (x x x). Feels fine. No pains.
- 8- 6-21. To home for grape season.
- 9-29-21. Blood Wassermann (....), .6 grams Neo-Salvarsan. 25 c. c. blood withdrawn. To laboratory for Swift-Ellis preparation. Leg ache—severe.
- 9-30-21. Withdrew 15 c. c. spinal fluid. Pressure not high. Injected 10 c. c. Swift-Ellis preparation. Subarachnoid lumbar puncture.
- 10- 1-21. Specimen is clear. No pus or blood. Noguchi-butyric acid. Negative Max. lymphocytes 12. Nonne-Jones reaction. Negative Av. lymphocytes 5. Cells per c. m. m. Min. lymphocytes 3. Few lymphocytes found.
- Wassermann (x x —).
Noguchi (x x —).
- 11- 7-21. Pains slight. Infrequent. Migratory.
- 11- 7-21. .45 Neo-Salvarsan and oxy-cyanide. 30 c. c. blood withdrawn one hour later. To laboratory for Swift-Ellis preparation.
- 11- 8-21. Spinal fluid. Wassermann (....). Noguchi (....). Cell count, 4. Globulin increase—Neg. 8 c. c. injected intraspinal.
- 12-1921. No headache. Pains more frequent. Not so severe as before. K. K. Right slightly exaggerated. Left hand perfect. .6 grams Neo-Salvarsan and oxy-cyanide. Blood withdrawn one hour later. Sent to laboratory for Swift-Ellis preparation.
- 12-20-21. 10 c. c. Swift-Ellis solution injected subarachnoid. Cell count 6 per c. m. m.
- 12-22-21. Feels fine. Home. Sodium cacodylate to Dr.
- 1-31-22. Pains very light. .6 grams Neo-Salvarsan and oxy-cyanide. 30 c. c. blood withdrawn one hour later. To laboratory for Swift-Ellis preparation.
- 2- 1-22. 10 c. c. Swift-Ellis solution injected intraspinal. Spinal fluid: Wassermann test (....). Noguchi test (....). Globulin increase —negative. Cell count 4.
- May 5, 1922. As per instructions this patient presented himself for laboratory check at which time we find spinal fluid tension to be normal, clear, negative to blood Wassermann and Noguchi tests, and presenting a cell count of 3-4. The colloidal gold curve was normal. A blood Wassermann negative, but slow, whereupon we advised and have administered two injections of

Salvarsan, .4 gram each, to be followed by two more at weekly intervals, with an interim course of from twelve to twenty collapsules of mercury.

Conclusions: First, that the Swift-Ellis treatment for cerebro-spinal lues is justified in those cases where you have a persistent blood negative condition in association with certain tertiary neurological symptoms that are indicative of progressive degenerative changes so classical of this condition.

Second, that the technique, while simple, must be followed with the

utmost care and asepsis for reaction may be severe to grave and possibly terminate fatally.

Third, that unless you can sell this course of treatment to your patient and receive his whole-hearted co-operation, it had best not be instituted, for there seems to be a time during a part of these injections when all symptoms seem to be aggravated and you will need your patient's conviction of your sincerity of purpose and that benefit which may conservatively be promised to hold him steadfast.

INTESTINAL OBSTRUCTION

T. C. YOUNG, D. O., M. D.

Intestinal obstruction is one disorder which occurs quite frequently and is considered most dangerous as post operative ileus. Although it is quite possible certain extrinsic causes may be prevalent in a great number of cases.

Those causes are usually much more easily treated than conditions due to disorders in the intestine itself, or in post operative ileus. Extrinsic causes may be due to kinks, due to adhesions from adjacent inflamed organs; may be due to pressure of tumorous growth, or to hernial protrusion through the abdominal wall.

We may have intrinsic conditions due to fecalith, entolith, or malignant growth of the mucus membrane of the bowel.

The diagnosis of sub-acute cases of intestinal obstruction is comparatively easy, for in these cases obstruction comes on insidiously and it is possible to use opaque media and thereby positively locate your point of obstruction.

In acute obstruction due to acute inflammation, or post operative ileus, it is very difficult to locate your obstruction, as the patient is very sick,

and vomiting and diarrhoea are so severe that it is impossible to use opaque media, or enema to any advantage. However, we should hasten our treatment as soon as such conditions are suspended.

Symptoms are of very great importance in these cases, and we have other means of diagnosis, namely, laboratory findings, that are of great value to us.

We must consider our blood chemistry. In all cases of obstruction we have rapid increase of blood sugar, urea nitrogen, and non protein nitrogen at the same time. We have no alteration in renal efficiency such as is shown by phenolthylin reaction, consequently in those cases we rule out kidney involvement, which might produce a similar blood chemistry.

When such a condition is present it shows that a protein toxin is being absorbed from the intestines; this is a protein degeneration of the mucus lining of the bowel. In order to confirm this we again turn to the laboratory. By innoculating into the perinum of healthy animals the contents of a section of the intestinal tract, or material found in the obstructed bowel, the following symp-

toms will prevail: Vomiting, low blood pressure, low pulse and collapse.

We will now consider the treatment. The treatment in chronic cases is not as urgent as in acute cases, particularly that of post operative ileus. In chronic cases find your obstruction and keep the bowel completely alkalized and you will have an improvement. In acute cases, considering the chemistry of the intestinal tract, we must first think of the absorption and try to prevent it. My advice in this instance is to administer morphine in large doses. By large doses I mean from one-quarter grain to one-half grain, until the patient is well narcotised. Next open the abdominal cavity as soon as possible. I consider that a poor operation done early is better than a better operation done later when the patient's condition is bad. It is much better to take a chance of missing an obstruction in acute cases, for, after it is obstructed for a period of 18 hours fatality runs very high.

Immediately relieve obstruction if possible, and if gangrene bowel is present and patient is in this condition resect under the bowel and do

an end to end anastomosis, then do one or two enterostomies above and below your anastomosis. Wash out carefully the intestine with a 2% Sod. Bicarb. Sol., then inject into the bowel a pint or so of the above solution and let it remain. If the patient's condition seems severe and there is fear of death on the table, my advice is to clean up the bowel and do an enterostomy; irrigate the small intestine above and below the obstruction, inject the sodium bicarbonate solution, and get out. Put the patient to bed and the next day an anastomosis. You must expect to lose from 40% to 60% of all acute post operative ileuses, and about 20% of your sub-acute cases. The writer can give histories of recent cases that have been done without lavage of the small intestine that were not severe and the patient died. On the other hand there were cases that were very severe where enterostomy and lavage were done and the patient recovered.

This subject is so great that one hardly knows when to stop, but this slight outline of types given to work on will show how a great many acute ileuses may be treated that otherwise would die.

SURGICAL ASPECTS OF THE SPINAL CORD

By NORMAN W. GIESY, D. O.

In dealing with this subject we are reminded that it has been, until recently, difficult to obtain much data, due to the limited amount of experimentation, in meningeal and cord surgery. The recent war, however, has enabled surgery to progress rapidly, by offering considerable material, calling for interference in this region.

Spinal cord injuries may be divided into two divisions: those due to trauma and those due to torsion, flexion and compression. The first

division occurs perhaps more often in military practice.

Bullet wounds take on a new aspect in the presence of the high powered rifle, which permits the bullet to penetrate the spine from the front of the body, while formerly all bullet wounds were from the back or side. Evidence has been presented to show that a bullet lodging entirely outside of, but near the spine, without injury to the spine itself, may still produce temporary symptoms of complete severance of the spine at

that level, due to shock. Where a bullet has come in contact with a lamina and has rested against the bone but has not injured it in any way, the spinal cord has, on some occasions, been found to suffer complete severance while the meninges remained intact, the severance being attributed to the force of the wave, produced by the impact, in the spinal fluid. Where the bone has been fractured, compression of the cord by a piece of bone is very likely to occur, calling for an operation for removal of this offending factor. Cord injuries under these circumstances may be of any degree, due to the amount of compression, the duration of the compression, and the hemorrhage into the cord, or in the sub-dural space, from the torn meninges. Bullets entering the spinal canal frequently come to rest at a level several vertebrae removed from the point of entrance, tearing the meninges, cord or nerve roots in their course. Where complete severance of the cord has occurred, effort has been made to suture it together, but the general consensus of opinion of surgeons is that this procedure is useless.

In stab wounds we are confronted with injuries occurring from the back or side only, a thin blade entering the laminae and producing damage by severance, partial or complete, of the meninges and cord itself. In such a situation hemorrhage is always present. The tracts of the cord which have been severed determine the symptoms produced. In both bullet wounds and stab wounds the element of infection is great and must be cared for through the use of gauze drains left in the wound, extending into the sub-dural space.

In wounds due to torsion, flexion and compression we find interest for the civilian surgeon, these being

from accidents due to commercial pursuits, such as traffic injuries, falls by linemen and carpenters, and injuries to mechanics about machinery. Fracture may present any degree of cord injury, from slight compression to complete severance. Dislocation of the vertebra is likely to produce complete severance, or at least irreparable compression injury, to the cord of such a degree that regeneration will not take place. In both fracture and dislocation we may be again confronted with torn meninges which must be repaired with fine sutures, and hemorrhage which must be cared for by a drain. Infection in these cases is less likely than in bullet or stab wounds.

The more common diseases of the cord such as meningitis, haematomyelia, tuberculosis, syphilis and myelitis are of interest to the physician rather than the surgeon, their treatment being non-operative. The symptoms here produced, however, may be confused with the neoplasms of the cord and are of interest to the surgeon chiefly from the standpoint of differential diagnosis.

Cord tumors comprise practically every known form of benign and malignant growth, and it becomes evident that those which are removable are limited in number. Those of the vertebrae are usually malignant, and offer little hope from surgical treatment. The meningeal tumors, which may be extra-dural or sub-dural, are usually benign and offer the greatest field for successful surgery. Many of these tumors have pedicles, which simplify their removal. The intra-medullary variety are, most often, malignant and the surgical treatment in this instance would be decompressive laminectomy which would give, in some instances, complete but temporary relief from pain.

Two methods for the removal of benign intra-medullary tumors are used. The enucleation method, which is the shelling out of the tumor from its bed and closing the wound at one operation. The second, or extrusion method, is a two-stage operation, a longitudinal incision in the cord being made down to the tumor, the muscle wound then being closed, and allowing the tumor to work its own way out through the incision in the cord. One week later the wound can be reopened and the tumor picked up and lifted out of the sub-dural space, and the wound closed permanently. This method has the advantage of producing practically no hemorrhage, and little trauma, but has the disadvantage of being a two-stage operation.

The mortality rate in all spinal surgery is about fifty-five per cent. Considering, however, that any case of spinal injury or tumor does not recover without interference, and usually becomes progressively worse and eventually fatal, any attempt to benefit the patient is justified, even in the face of this high mortality rate. The thoracic region of the cord is the most favorable location for spinal surgery, because in this region most benign tumors occur. The cervical region is the next less favorable, while the lumbar region usually presents malignant growths and therefore seems the poorest field for operative measures. Where cord compression has occurred, due to injuries or growth, and decompressive surgery has been performed, regeneration may follow slowly, seldom being noticeable before six months, and one should not despair of improvement under two years. Fibrous infiltration may occur, however, in the area that has suffered from compression, permitting no nerve regeneration whatsoever.

The most favorable age for good results with spinal surgery is under twenty years. Of all decompression operations performed, about nineteen per cent show complete recovery.

The sequele of cord interference may be shock, meningitis, pneumonia, pyelitis, decubitus and the extension of the disease when inoperable.

Symptoms, common to injuries and tumors, are impaired nerve function as well as local pain. Cord or root compression is usually noted first by a tingling sensation in the part of the body supplied by that segment of the cord. In the case of tumor, this tingling sensation usually lasts about three months before the local spinal pain is manifest. We may therefore have in addition to the above, spasticity or paralysis of muscles, with pain or anasthesia of the part or below that level. Two symptoms common to all transverse cord injuries are anal and bladder sphincter contractions, and the presence of blood in the urine.

Surgical conditions of the cord and spine are of interest to the general Osteopathic physician mainly because of the possible mistake in diagnosis, the symptoms of tumors surrounding the roots inside the canal or a beginning compression of the cord, being very similar to the motor and pain manifestations attending spinal lesions of the type that are usually treated by manipulation. Spinal tumors in the early stages are very apt to be overlooked and therefore unsuccessfully treated by means other than surgical, before their symptoms become sufficiently aggravated to enable us to make a definite diagnosis.

The first operation on the spine was performed twenty-five years ago. Because of the short length of time and the trepidation with which a surgeon would naturally approach this area of the body, we may con-

sider that, in the presence of many failures and a high mortality rate, a great deal has been accomplished in this field, as practically all spinal cases are desperate, and surgery

should be credited with any benefit which the patient may gain, even if his only compensation is the fact that he retains his life and gets no worse.

CERVIX UTERI TEARS

DR. ERNEST G. BASHOR

Our literature is filled with the articles concerning perineal lacerations. These are discussed on every hand, but too little attention is paid to the even more common cervical tear. To be sure, our pelvic floor is of the utmost importance, and many times proper perineal support will prevent other higher pelvic lesions, or at least prevent their causing trouble, yet it seems there is chance for greater cervical care.

Practically all obstetrical authorities agree that some cervical laceration is inevitable to all childbirth. However, most of these heal rapidly and apparently give rise to little trouble. Yet a survey of literature yields some important data on neglected cervixes. For instance a review and study of seven hundred cases of carcinoma of the uterus showed about ninety per cent had their origin in the cervix; and there were healed cases with old tears.

In labor we frequently give the cervix the least consideration, and yet it is this resisting structure that protracts the first stage of labor, so that it occupies the big part of confinement time. Hastening this stage by manual or instrumental delivery can in the average case be censured severely. The pernicious practice of using pituitin or other strong oxy-

toxic is becoming more and more less common.

Circulatory conditions of the cervix are the chief factors in avoiding serious tears. Again we must remember that the cervix is only one part of the body; measures that help vascular tone throughout will aid here. But particularly we can direct our patients in specific exercises, besides our manipulative treatment, that are valuable.

The cervix is the dependent part of the uterus. As this organ gets heavier we have more cervical congestion. Particularly is this true if the ligamentous relaxation is great. Leg exercises in the dorsal position, knee chest position, walking on all fours and such maneuvers are beneficial, specifically applied in the antepartum and postpartum case.

Just a reference to the local care: So frequently our attention is directed to a leucorrhoea "since childbirth." These conditions, if treated early, yield promptly; if neglected are commonly very obstinate. Let us be most particular in making "final examinations" after delivery, and if there is a local condition that needs attention, correct it immediately, or at least be fair and honest with the patient by explaining the importance of its care.

Where there is no vision the people perish.

MAY, 1922, CIRCUIT CLINIC

Western Osteopathic Association

T. J. RUDDY, *Clinician*

Chief among the requisites of the osteopathic physician are information and skill concerning the thing he purposes or endeavors to do. This is strikingly shown in the continued enthusiasm and interest in the "Circuit Clinics" from month to month.

Each traveling clinician may be forgiven for feeling that his particular tour was attended by the greatest demonstration in attendance, clinic material, and public education at each point and the writer must be held guilty of this pardonable offense.

Leaving Los Angeles, Saturday, May 6th, he spent a very pleasant and profitable Sunday with the President of the California Silk Mills, Dr. L. L. Hull at San Francisco. The greater part of the time was consumed in consultation on mutual cases of Ear, Nose and Throat disease in which Dr. Hull has rapidly become an artist, both in diagnosis and treatment (Finger Technique and Surgical), and the profession reluctantly relinquishes even a small part of his time to the golden lure of the silk industry.

At Ashland, Oregon, Monday morning (early) the Drs. Crandall & Crandall, "Jack and Gladdis," met the train with the smile and spirit of the old osteopathic war horses, though "in the field" a little more than a year, and every moment was a busy one. A rush to the "leading" hotel for a 7:00 a. m. breakfast and a ride up the canyon over Oregon's "High-Drive" furnished a "blimp" view of all the beauty and grandeur of a California scene. Examinations and operations were waiting at Dr. Bertha Sawyer's Sanitarium, to the schedule of every fifteen minutes from 9:00 sharp on. A 100 per cent

membership were present, some driving forty miles through a cold sleet (ask Drs. Conger, Carlos & Carlos). Eleven-thirty arrived and the Chairman of the Public Education Committee rushed your servant to the High School to address more than 70 future Americans and we trust osteopathic.

The luncheon hour was selected for the fried chicken "banquet" followed by "more clinics" and another public lecture at 3:00 to the "invited" of the city's mothers and fathers, to whom we gave an osteopathic message for the home. Concluding the clinics at 5:30, Dr. Howard, the osteopathic Eye, ear, Nose and Throat member of Medford, hied us away to his abode (in a blinding snowstorm), where we partook of "more chicken" and some "well aged" cherries.

Eugene Society were all present but two—more than half of the ten members coming by rail, including Dr. DeLapp from Roseburg, 75 miles; Dr. Lynn Hewett, Eye, Ear, Nose and Throat representatives from Corvallis (60 miles), (by the way, he is one of the directors in the Corvallis Hospital), also brought a case for examination, and cataract operation later at the National O. & O-L Convention, July 10th. Dr. DeLapp cannot forget that I lectured for many years on gastro-intestinal diseases and always brings a "stomach case." Drs. Walker & Walker, famous for the "bile-draining" treatment, had cases in mind for the "head specialist." They believe in *examining all of the body for the benefit of each organ*. Dr. Simon, the new Rotarian, is Chairman of all "Eight" departments of service, though he stated W. R. Waller, a Kiwanionian, "should

have done this and that." This "Entente Triente" has a splendid standing with the "medics" and while they are "Simon-Pure" osteopaths, you will forgive me if I admit discovering a mild form of Medicophobia, which prevented as much public enthusiasm as I would enjoy, although we stuck together untiringly until nearly midnight.

Going to bed at 2:30 and up at 4:30 on a zero double-plus night; back to bed again a la Pullman and out again at 6:30 in snow and cold, even in Portland, isn't all poetry, but the Rose City delegation of twenty out of a membership of twenty-one more than offset the "chill" with their enthusiastic presence all day long until 10:00 P. M. Gee, if L. A. and a few more large membership cities had the osteopathic interest, loyalty, support and pep of our northern sister city, the Chiroquacks would be scratching for worms on the desert.

Operations began at 8:00 sharp via Lacey & Lacey, and every ten minutes regularly as a clock, Drs. Giles and Walker got hated for whispering in sweet but firm tones "Hurry! here's another one" and they kept it up until 29 "e's" and "Ops" had checked out. It was a delight to have Dr. "Herb" Leonard himself a pastmaster in "everything above the clavicle" (and below) place all of his "worldly goods" including his personal assistance at my disposal and with Dr. "D. D. Young," Skipper of the "Yawl." There's a "moral" in it, boys and girls.

Yes, Dr. Howland was at the compass and a few of you know that his nickname is "Efficiency." You can bank on him also for the "perpetuation of Osteopathy through organization," especially with "Bo" Beaumont educating the public through the press. I'll send you a few of his "samples." The Public Education

Committee with Dr. Anderson in charge, arranged for a public meeting and though "pouring down" the statement was made there were between six and eight hundred present. Space prevents mentioning each one of this splendid group for the part played for my comfort and the science's good on this occasion, including Drs. White and Foster, and several others who braved the trip from Salem and other points, *and they are all driving down from Eugene, Albany, Corvallis, Medford, Ashland* and other points to the National Convention and for the P. G. Course special and general at the college.

It was necessary to miss Pendleton and Walla Walla in favor of La Grande and Baker, much to the disappointment of the former cities and tireless John Heath will never forgive us as he and his "group" always have a "large clinic."

With Drs. Holt of Pendleton (175 miles) and Geo. Zimmerman and "Buddy" and Drs. Ingall & Ingall of La Grande (50 miles), to Dr. and Dr. Sears, and after 26 examinations, treatments and operations, we finished a great day, performing the last operation just before 1:30 A. M., cacheting \$247.50 in the society's purse after paying expenses, and turned away seven tonsil operations. Dr. Samuels has done a wonderful work for Osteopathy in Eastern Oregon. His offices would make the average large city practitioner green with envy. Reception lounge, treatment and dressing rooms and a "surgery" 12 x 18 feet in white enamel and teeming with equipment, in addition to a "100 per cent standing" in a social Class A hospital. He has photos of dozens of dissections as well as of all of the buildings of the Osteopathic Colleges accompanied by artistically lettered information for the public as they crowd in and out of his offices.

It was not all work and no play. Mrs. Samuels, "Pesky's" boss, to the strains of a four-piece orchestra, served a six-course dinner to the entire assemblage in her home—and we are sure going back. (Yes, and Drs. Zimmerman, Ingalls, Holt and Sears drove home after 2:00 in the morning—that's some loyalty.)

Boise Valley Society always had a reputation for work and Dr. Barnes, a half-day away at Emmett, Dr. Sears, 200 miles away at Vail, Oregon. Drs. Meredith, President of the W. O. A., and Virgil of Nampa (50 miles), Dr. Warner of Caldwell, still further, Dr. Hiatt of Weiser, much further, were all there and joined with Drs. Freeman, Anderson, Handy, Morris, Chas. and Walter Kingsbury, the latter the Eye, Ear, Nose and Throat member and others and three registered nurses to put over a clinic of 27 operations and as many plus four examinations, finishing with a banquet, and a program of two hours, at midnight. The society was especially favored with an address on "Co-operation or Death" by Dr. Amy Schoonmaker of Colorado Springs who was touring the West in behalf of the National Board of Business Women's Associations and remained over especially for this occasion.

It was with no little pleasure that we welcomed the advent of Sunday at Pocatello. Here the Eastern Idaho Society, with Drs. Vern Bodmer,

Grace Parker, and Dr. "Dorris" Weider of Idaho Falls (100 miles) with machines, kidnapped the writer and were off to Lava Springs and the Idaho "Garden of the Gods" for an all-day picnic—thus saving my life.

Monday at 7:30 A. M., we were joined by Dr. Crossland (coming 60 miles), Dr. Aupperle, Idaho Falls (100 miles), Dr. A. E. Johnson, Burly (150 miles), and Drs. W. H. and "Fern" McFarland, Blackfoot (35 miles) and began the day of 28 clinics, examinations and 9 "general and local" tonsil and nose operations, assisted by two R. N's.

It is always a pleasure to visit Pocatello and enjoy the 100 per cent attendance and harmony. The few hundred dollars addition to the treasury of this society was not the thing sought, though it expressed the number of homes into which osteopathy as a complete and conservative service was introduced, and the effort in behalf of the science and the local profession as well as the public good done.

It was a great disappointment not to have been able to visit Bozeman, Helena and Great Falls, Montana, each of which had between 16 and 25 patients waiting and an enthusiastic profession eager for the advantages of the diagnosis and treatment offered by these "Circuit Clinics."

301 Black Building,
Los Angeles, California.

GETTING THE PRACTICAL VISION

By F. P. MILLARD, *Toronto*

II.

Peanut vendors, I dare say, are as sincere and do as much thinking, according to their limited cerebral capacity, and lie awake as many hours at night, as some of the great statesmen and business men who rule the affairs of the world.

It is always amusing to me to have some unsuccessful or limited person in any walk of life step up to some successful business magnate and try to tell him how to do things. It is like fellows on the national program, telling about the wonderful things from a theoretical standpoint

which can be accomplished, and how to do this and how to do that, and all the rest of the year in their home practice and by the bedside you hear nothing in particular of their work. We have not lived up to our promise, as practitioners of Osteopathy. We have not had the practical vision that Dr. A. T. Still gave us. We have not followed his motto or the example that he set. We have given patients the impression all over the country that we make appointments one-half hour or possibly one-quarter hour apart, and that they must come at a certain time in order to receive full-time treatment. This is where we have fallen down, and we have no occasion to blame any other school if we are the losers. Would Reese A. Barker, of London, England, give his patients the impression that he had to manipulate or adjust an ankle or knee, or some part of the spinal column, and take a certain length of time for it? Would, of Youngstown, put in a certain length of time in order that the patient would feel that he had received his money's worth?

I want to say here that the appointment sheet idea is all wrong, and that when we make appointments ahead so that patients may come at a certain time, we are giving them the impression that they are to be given a certain length of treatment, and they will naturally expect it. In other words, the lady patients, for instance, arrange ahead of time, so that they can practically take a half day off in order to have their treatment and get back home. The proper way to go about this is from a psychological standpoint. We all know that in business houses, department stores, and even in our practice, there are certain times and days when people come in droves, and that we must not have such registered routine that we cannot ad-

just ourselves to the condition. I know of Osteopaths who, when called over the phone to make certain appointments, say "No, I am booked up for the day. You will have to come tomorrow." Now, let me tell you right here, and I am a frank speaker and speak according to what I put into practice, that when a patient calls up and is in a hurry for treatment we give them a time that suits them. Suppose you have twelve or fourteen in your office at one time; they can easily be cleared out in one hour, and by using a little tact, you can get certain patients to wait for a few minutes by telling them that someone is going to catch a train, or is in a great hurry to fill some appointment, and you will have no difficulty at certain times in handling the overflow which is liable to happen one or more times every week. You have followed more along the line of the dentist, who makes appointments for a definite length of time, at a definite period in the day. This is absolutely unnecessary and all wrong.

Throw your appointment sheet to the wind, and have an office girl who knows your work so well, and who is so well posted on just what you can do and what you cannot do, and she will make the appointments without any sheet at all and will never get you overloaded at any one time. Now, I am speaking from experience. We started out with the ordinary sheets, which we put up ourselves. They held the names of about twenty-five patients a day. We enlarged this until we had a sheet that would hold sixty a day. We finally threw the sheets away, and although all of the hours and semi-divisional hours were on these sheets, we do not use them at the present time; only one large sheet for putting down the names of the patients as they come in, also recording their credit.

When a patient phones, instead of saying "Well, let me look at my sheet and see if we have any time," the nurse says, "What time do you want to come? Could you come at a certain hour?" If they say "No, we would rather come so and so," she says, "All right, come ahead; the doctor will take you as an emergency case."

Now, boys, as I said before, I am talking from experience. When we can handle eighty-six patients in one day, as we have done, eighty-four yesterday, by the way (March 18, 1922), we know what we are talking about. With five treatment rooms, we find that we are short at times for space, but by a little strategy, that is, treating those who will get out in quick time, or some child or business man who is in a hurry, we seldom have any difficulty in keeping our office clear. We have no large waiting room, any more than along the hallway. We do not want patients sitting around. We want to put them in a room, treat them, and get them out; we do not want patients lying around after treatment; we send them home, that is, the ladies, to lie down and rest for one hour. We never let them go shopping after a treatment. They must go straight home. The men can do as they please, as our treatments are exhilarating in nature and they can work all the harder for having had a treatment. You see the great advantage in giving short specific treatments is that we do not tire our patients. They do not feel as if they would like to lie down and rest, and we do not have any trouble in having the ladies block the rooms, as they are told beforehand, that is, as soon as they have their treatment they must dress and go home.

Regarding examination: We never treat a patient, or seldom ever when we examine them, unless they are

suffering in some way; but the examination, a thorough one, must come first. We go over their lymphatics. You will have read ere this the article in the A. O. A. Journal on "How to Make a Lymphatic Examination," so we do not care to go into this again. It is also published in detail in the Lymphatic Book, which is out and being read by a number of the profession. After making the lymphatic examination, we always take the blood pressure, even if the patient has had treatments from some other Osteopath, that is, a traveling man or an unsatisfied patient, which, by the way, we all have, and listen well to the heart action and the lungs, and if necessary make blood tests, if there is any tendency towards anemia or any pus present in any part of the body indicated by enlarged lymph nodes. We have the best Leitz microscope that is made; also blood test apparatus, as well as a chemical laboratory, and in no way neglect the patient's condition and yet do not take all day to make an examination. Be so alert and keen in your work that you will sum up the patient's condition as nearly as possible in the shortest length of time. Cut out the talk, and work. Get down to business, and don't let your patient talk, either, other than to give you a few subjective symptoms that you may call for. State definitely that you find so and so recorded on the spine; that a certain injury happened a certain number of years ago, which you will be able to determine after you practice a few years, almost specifically. Tell them how they fell, and about how long they were laid up, and the symptoms that followed their fall, so forth. This can all be done after a few years of practice so that the patient will know what you are talking about.

After the examination, hand a specimen of urine and the brief slip upon which you have written the essential points to the nurse, and she will give the patient a time for report, diagnosis and prognosis, on the next day, and go to your next patient. All this need not take more than a few minutes' time.

Get away from that old idea of having to ask a patient a thousand questions. Be able to read the patient yourself, and not depend on what the patient says, as he may not have the right idea of his case at all. He may be going by what some doctor told him at some previous date. Always ask the patient three questions: "Have you ever had an operation?" "Are you constipated?" "Have you headaches?" These three will give you a better line on the case than anything else you may ask, as far as we know.

When the patient comes in for treatment and you go into the room, do not sit down or let him sit down and start saying, "Well, how do you feel today?" Simply have him or her jump on the table, and if they will not lie down and want to talk, tell them in a very nice way to do so, that you will listen while they are talking and at the same time start in giving them such a good specific treatment that they will not say more than about six or eight words before they will be glad to hush up. We have found that these short specific treatments are absolutely best for patients and that they like them. They like you to get down to business and work. If they start talking politics, religion, or anything else, or ask you about Osteopathy, tell them that you will explain when you get through, and when you get through they will have forgotten it. Do not forget, though, to have the patient get a booklet on Osteopathy, which will be in the

room, or handed to her by the nurse as she goes out. They can do their own reading; this will save time, and the literature which is published at the present day is much better worded than we can state. Save your breath. It means energy; keep your mouth open only to inhale more air. If you want to be strong and healthy in your practice, treat with your mouth open—not wide open, but open sufficiently to inhale plenty of air. I have noticed a lot of Osteopaths who hold their mouths so tight when they are not talking that they have insufficient air. It does not hurt to breathe through your mouth in a warm room. This is one way I have kept well all of these years. There is another way which I will tell you about some time. I have told a great number of Osteopaths, and it positively keep you from having a sore and sensitive abdomen, and the typhoid fever that so many of our boys get, and enteroptosis through their back aching, nerve centres undertoned, and venous stasis in certain cases.

Regarding your attire in the treatment room, I wear a shirtwaist effect the year round, four-point suspenders, and simply work in my shirt and trousers. As soon as I go into a room I pull off my coat. They like the idea; we are getting down to business; they want you to concentrate their entire time and energy on their case; they want you to remember what you found out and told them the first time that you examined them. Don't forget this. Take a little private special memory course of your own, and be sure you remember whatever a patient has said and whatever you have told them. This is of vital importance. Start your treatment in a way that they will know that you are all eyes and ears and interested in their case. While we are doing this work, let

us devote our entire time and energy. When we get older we can retire from practice and think of something else. If a patient persists in talking, say "Excuse me, but the lesion that I corrected the other day seems to be a little better. I thought you would like to know," and if he starts talking a little later on, ask him how that symptom he referred to the other day has been and keep his mind off of the talking point as much as you possibly can. Always leave your patient feeling good. As soon as you notice they are tired or droopy in any instance quit right then, absolutely quit, and do as little treating as possible when the patient is sitting upon the stool. There is where you tire your patient out—

fiddling on the cervical vertebrae with the patient sitting up. It is liable to over-stimulate the nerves and cause either nausea or fainting. Get away from that. Do your treating while the patient is lying down, except a very small amount of specific treatment in the upper dorsal when they are sitting up.

You have asked me for these suggestions, and I have given them to you right from the bottom of my heart. If they are of any value, all right; if they are not, forget them; but I have told you frankly some of the points which we use in our practice.

Next month, the third and last article, will be a followup in the way of specific treatment.



Gathering Prunes in a San Jose Orchard

Curtis Publishing Co. Closes Columns to Osteopathic Advertising

The Curtis Publishing Co. writes, under date of March 28, 1922, to the Southwestern Advertising Co., as follows:

Gentlemen: Up to the time our acceptance of the first half page in the January 7, 1922, issue of THE POST for the Bureau of Osteopathic Education, we had never carried advertising of the theories and methods of therapeutic schools in our publications, and consequently were not in a position to anticipate the reactions from such a radical change in our long-standing policy.

We have had ordered and executed four half pages in THE SATURDAY EVENING POST, running in the issues of January 7th, February 11th, March 11th and April 15th, 1922, from the Bureau of Osteopathic Education, and we would prefer not to carry any more of this advertis-

ing beyond the issue of April 15th, which is the last order we have.

Very truly yours,

THE CURTIS PUBLISHING CO.,
Whitney Payne,

Mgr. Philadelphia Office.

Dr. C. B. Atzen comments as follows:

"The fact that our small effort was of sufficient importance to alarm this tremendous coterie of these different interests to bring pressure to bear on the Curtis Publishing Company to discontinue enlightening the human race upon the fundamental factors of health is the very best argument that could possibly be advanced to show the strength contained in those few announcements that have appeared in the magazine, and the fear that it has engendered in the minds of the opponents is the best argument that can possibly be made to show its tremendous influence for good, and is further proof that we must not lay down on the job, but must continue by finding a new source through which these announcements may be continued."



Where you can cool off
after Convention days.

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EDITORIALS

Osteopathic Surgeon's Society

This is the sort of a Surgeon's Number that every practicing Osteopath will wish to read.

—Editor

I wish to say a few words pertaining to the principles and aims of the Los Angeles Osteopathic Surgeons Society.

We consider this society a student body brought together by an inherent greed of knowledge, which is boiling in our veins. This society is maintained by its members, both financially and morally, and is for the upbuilding of a more thorough osteopathic science, and to help our brother osteopathic surgeons, both old and young, in the profession, to become more competent and efficient in the community where he may live. Also to promote good fellowship among our surgeons. By doing this we have formed a very strong organization that will travel on to greater success in the future, and continue to send out good material in the form of instructive literature, and cultured surgeons throughout our State and the United States.

I sincerely hope that the success of this group of diligent and hard working surgeons will stimulate many other groups in the various states to

form similar groups and help us carry on this good work for humanity and for the sake of the good name of the osteopathic surgeon.

This is our motto: The co-relation of good osteopathic education and good fellowship equals unity of opinion, and in unity there is strength.

—DR. T. C. YOUNG, President of the Los Angeles Osteopathic Surgical Society.

Osteopath's Opportunity in California Lies Just Ahead

Osteopathy's National Conventions rank in size and scientific importance with the conventions of other schools of medicine. The coming convention, the first week in July, will be no exception. It will be bigger and better than usual.

So pressing are scientific matters that scant time is being given by the Program Committee for the entertainment features which we know will be expected. This is America's playground. Those coming to this convention will have a two-fold purpose—first, the convention itself; second, and of transcending importance, to see California. Everybody wants to see California.

The central idea of the Entertain-

"Adopt the College," said Waldo.

"Support a Clinic," says Scothorn.

ment Committee is to fulfill this desire of our visitors, to see as much of California as possible while here. All California can contribute to this end by coming to the convention in their automobiles and by driving them on July 4th, the occasion of the big outing. The drive will not be long, but it will show our visitors those things they most desire to see. This will include the wonderful Wilshire section of Los Angeles; moving picture studios; Hollywood; the mountains; beautiful Glendale and Eagle Rock City; the Arroyo and Pasadena; the famous Oak Knoll section; Alhambra; beautiful old San Gabriel and the Mission; oil wells, pumping and flowing; orange and lemon groves; the ocean; the harbor; Long Beach and San Pedro; and we haven't named one-half of it. This will be topped off with a real old Spanish barbecue and a dip in the surf. Supplementing this will be various trips to moving picture studios, into the mountains, Catalina, etc.

It is our duty and our pleasure to show our visitors all these things. It is also our duty as Californians to catch step with the progress of Osteopathy, to match our ideas with those from the older East and to be willing to lend ourselves to a welding process whereby Osteopathy representing a new and unique conception of natural processes, shall take new life in educational and research efforts, thereby keeping step (or catching step) with scientific advancement.

COME TO THE CONVENTION!

DR. W. V. GOODFELLOW,

Chairman Entertainment Committee,
A. O. A. Convention.

Where there is no vision the people perish.

Our Colleges

Schools, individual or collective, are known to the public by their institutions. Osteopathic institutions are essential to our continued existence, and to the furtherance of the great Osteopathic principal in the healing art.

Every clinic, every sanitarium, every hospital, every college, is serving suffering humanity and furthering the interests of the Osteopathic profession. The Osteopathic profession cannot continue many years after its institutions cease to exist.

Ask any educator concerning the Osteopathic, or any other profession and his first question is: "What kind of a school have they?" And this is the question that is uppermost in the minds of our friends and our enemies.

The American Osteopathic Hospital Association urges every American Osteopath not to forget our Osteopathic institutions.

W. CURTIS BRIGHAM.

American Osteopathic Society of Ophthalmology and Oto- Laryngology

Perhaps no other single movement, outside of the A. O. A. paper, has done more to further the interests of Osteopathy and the Osteopathic specialists than this society. An exceptionally strong program is being arranged by Dr. C. G. Tallaferro, of Pittsburgh, Pa., for our next annual meeting, which will be held the three days following the A. O. A. meeting at Los Angeles. Our membership is made up only of members of the A. O. A. and in order to become a member it is necessary to be a member of the A. O. A. The benefits to be derived therefrom are many. First, you will receive the quarterly issue of the "Bulletin," which contains

papers and discussions, also many other items of interest of the Society. Dr. M. M. Brill is working on statistics, giving data of cases treated by Osteopathic methods, etc.

Our efforts are not confined to those doing exclusively a specialty practice, but to all D. O.'s who are interested in helping their patients. For the small sum of \$3.00 you will receive the "Bulletin" for one year; be entitled to all privileges of the Society at Los Angeles convention, and will be furthering your profession and supporting its specialists.

Please send check together with your name, address and year of graduation to Dr. W. D. Goodfellow, Los Angeles, California.

COME ON—LET'S GO!

LELAND S. LARIMORE, D. O.,
602 Ridge Bldg., K. C., Mo.
Chairman Membership Committee.

CLINICS - CLINICS - CLINICS
Eye, Ear, Nose and Throat Clinics
At National O. and O. L. Convention
July 10-12.

Send your Eye, Ear, Nose and Throat Clinics to Dr. P. T. Collinge, 311½ S. Spring St., Los Angeles, Chairman of the Clinic Committee of the American Osteopathic Society of Ophthalmology and Oto-Laryngology for examination and treatments before the O. and O.-L. convention, June 10th to 12th. Send these cases in one or two days early. Have them here by Friday or Saturday morning of previous week for examination and charting. Take advantage of this opportunity of having an examination and diagnosis made by the leading eye, ear, nose and throat men in the world. Help make it a "hummer."

T. J. RUDDY,

Publicity Director O. and O.-L.

Third Annual Convention Osteopathic Women's National Association, Ambassador Hotel, Los Angeles, Cal., June 30 to July 3, 1922.

Executive Board meeting June 30th. 9 a. m., Saturday. Call to order.

Invocation—Rev. Maud Fletcher Galigher, Los Angeles, Cal.

Address of Welcome—Dr. Jennie C. Spencer, Los Angeles, Cal.

Response and President's Address—Dr. Josephine L. Pierce, Pres. O. W. N. A., Lima, Ohio.

Committee Reports.

Round Table—Moderator, Dr. Helena L. Messerschmidt, Butte, Mont.

A. What is the goal of the O. W. N. A.?

B—What does the O. W. N. A. mean to the individual woman? Dr. Leona Grant, Seattle, Wash.

C—How does the O. W. N. A. benefit the community? Dr. Gladys M. Morgan, San Diego, Cal.

D—The relation of O. W. N. A. women in the field to College women. Dr. Louise Burns, Los Angeles, Cal.

E—How can the local divisions best serve the State and National organization?

F—What is the O. W. N. A.'s greatest need today?

G—Advantage of sending delegates to conventions outside our profession. Dr. Louise P. Crow.

Need of organization associations outside our own profession. Dr. Grace Stratton Airey, Salt Lake City; member Utah legislature.

Civic responsibilities of Osteopathic women. Dr. Mary Gamble, Salt Lake City, Utah.

NOON INTERMISSION

1:30—Call to Order. Announcements.
Round Table—

Fields of service outside the office for Osteopathic women. (Five or more speakers.) Dr. Cora M. Tolle, Prescott, Ariz.; Dr. Jennie C. Spencer, Los Angeles, Cal.; Dr. Margaret Craigie Brewington, Pres. New Mexico Osteo. Women's Club, Albuquerque, N. M.

Pathological Psychology. Dr. Beatrice L. Jemmette; Still-Hildreth Sanatorium, Macon, Mo.

Recreation-Diversion; Health Program for Physician Herself. (4 speakers.) Dr. Rose Alba Meade, Memphis, Tenn.

Club Roll Call. Best Accomplishments of Your Club During Past Year. (Three-minute oral reports.)

Election. Miscellaneous business.

Monday Evening, July 3rd., 7 to 9—
"Follies," Dr. Evelyn R. Bush, Louisville, Ky.

Informal Reception.

Luncheon, July 5th. In charge of Los Angeles women. Mrs. Ardella Dockery, speaker.

Saturday Evening, July 1st, 8 to 10
—Reception at residence of Dr. Lora Emery.

(Dr. Roberta Wimer-Ford, chairman Program Committee.

The Twenty-third Annual Convention of the Pennsylvania Osteopathic Association will be held May 26-27, 1922, Hotel Bellevue-Stratford, Philadelphia, Pa. Clair Jones, President P. O. A.

The Supreme Court in Washington recently ruled that the Olympia School Board be sustained in ordering vaccination of all children in the school or the alternative of an eight-day quarantine.

Dr. Scothorn's Visit to Toronto

Canada is seldom visited by a president of the A. O. A. Only once before, I believe, has a president visited the Osteopaths in Canada and that was some years ago..

It was a very great pleasure, indeed, to have Dr. Scothorn with us, and his lecture in the evening on "Foot Technique" was a revelation to all those present; in fact, the technic was so new that almost everyone expressed a great surprise that Osteopaths have been practicing for years and yet, while familiar with anatomy, they never knew before that so much technic could be connected with trouble in the feet. Dr. Scothorn demonstrated on a great number of cases, and in each instance he seemed to be perfectly familiar with the necessary technic, and perfectly capable of making the tarsal adjustments.

We were most delighted to have Dr. Scothorn with us, and he gave us every minute of his time after arriving at 9:40 a. m., until he left at 11:40 p. m. for Detroit. He even gave out instructions and good advice when on the vestibule of his Pullman, and no one could say but what Scothorn's whole soul and heart is in his work, and that the greatest pleasure in his life is being president of the American Osteopathic Association and helping others to get a broader vision.

We understand The Commercial Casualty Company are issuing a special policy for Osteopathic physicians at a very reasonable rate.

Dr. McCole writes inviting everyone to attend the Montana convention to be held July 26-29 at Bozeman, Mont. A banquet and entertainment at a mountain camp will be an evening feature, also a trip

to Yellowstone and back, which is near by. Dr. Novinger and his low table technic will feature the gathering. Information can be had from Dr. L. V. Butler, of Bozeman. Dr. McCole adds that the Western Osteopath is just about the best Osteopathic magazine that comes to his office.

Dr. L. V. Harvey will auto from Colorado to the convention, stopping over at various points, including Oakland, where he will "ask the editor a few questions about Oakland to get your opinion about that city as a place to live in as compared to the southern end of the state." Surely we will tell him and all the world, too.

The K. C. Osteopath will have a series of nine technic articles by Dr. John H. Styles of Des Moines. Williams says that "this is the most remarkable series that has ever appeared in any Osteopathic magazine. The following are the titles:

- I. Cadaver or Clinic?
- II. Osteopathy Sets no Bones!
- III. The Osteopathic Lesion.
- IV. The Overlooked Occiput.
- V. The Neglected Neck.
- VI. Thumbing the Thoracic.
- VII. Racking the Ribs.
- VIII. Lumbar Lessons.
- IX. Innominate Apostacy.

In the new Encyclopaedia Britannica will be a notable article on Osteopathy by Dr. Geo. W. Riley, of New York, which will appear also in the Western Osteopath. We know of no one who could have done better. Dr. Riley, ex-president of the A. O. A., will stop over at Oakland to visit relatives on the way to the convention.

Britannica Encyclopedia's New Definition of Osteopathy

At last the world's highest standard reference work has printed a full, just and satisfactory explanation of the science and practice of Osteopathy! It's on the press. It was written for the Board of Editors by George W. Riley, Ph. B., D. O., of New York City. You will be proud of it. You will want to give this entire copyrighted article from the new Britannica a widespread circulation through your community. We have arranged to give you that privilege.

It's in Osteopathic Health for June

Order in advance. You will not be able to get it after the month of issue. "OH" is written for customers and printed for customers on regular contract now, and is not "stocked" for future demand. Not a "left over" copy remains of the past seven issues. Order ahead—Now!

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Important Announcement

American Atlas of STEREOROENTGENOLOGY

Edited and Published Under the Sole Auspices of The New York Roentgen Society

Editors: Leopold Jaches, M.D.; H. O. Imboden, M.D.; William H. Stewart, M.D.

With associates and correspondents throughout the world

The American Atlas of Stereoroentgenology has already been accorded a position among the foremost and most important clinical publications of the age. The publication of this work is only made possible through the generous co-operation of the members of the New York Roentgen Society in placing in the hands of the editors their records and priceless collection of stereoroentgenograms. The Atlas will appear quarterly as a loose-leaf Journal, each issue beautifully illustrated with from eight to fourteen stereoroentgenograms.

New Edition

The X-Ray Examination of the Alimentary Tract

By JAMES T. CASE, M.D., F.A.C.S., Battle Creek, Mich., and Chicago, Ill.

Four sections, devoted entirely to the X-Ray Examinations of the Alimentary Tract," are now completed

These photo Stereoroentgenograms are marvels of realism, and many of them have been admired throughout this country and Europe.

X-Ray Examination of the Chest for Pulmonary Tuberculosis

By KENNON DUNHAM, M. D., Cincinnati, Ohio.

These two sections are illustrated by forty-two Photographic Stereoroentgenograms reproducing the various tubercular conditions of the chest

The doctor has proven the cause of the tree-like shadow seen upon a normal chest plate to be due to blood vessels, bronchi and connective tissue, and not due to either alone. He has described the normal chest plate, and shown that characteristic variations occur in tuberculosis. This reading has been verified by over two thousand carefully examined cases.

Localization of Foreign Bodies by Means of Stereoscopic Roentgenograms and Methods of their Removal

By EMIL G. BECK, M.D., F.A.C.S., Chicago, Ill.

Two sections to be illustrated by about Sixty Photographic Stereoroentgenograms

First of all, Dr. Emil G. Beck will point out the advantage of stereoscopic radiography over the single picture, and illustrate with one striking example the difficulty of interpreting properly single pictures. Then he will show by illustrative examples the method of localization of foreign bodies in the head, chest, abdomen, stones in the kidney and bladder, and foreign bodies in the extremities. At the same time he will outline the proper surgical procedure in each case, so that this work will not be simply an atlas of stereoscopic radiographs of foreign bodies, but practical instructions as to how to deal with them after they are localized. In other words, it will not be a work by the radiographer, but radiography as applied in the surgical treatment in the removal of foreign bodies.

Sold only by subscription. For further particulars, address

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TROY, NEW YORK, U. S. A.

At the Delaware Springs Sanitarium, Delaware, Ohio, during the two weeks from April 12th to 26th, inclusive, a post graduate clinic was conducted by Dr. Robert H. Nichols, of Boston.

Writes Dr. Emery, "The college right now is in a position to go ahead and write the most brilliant page in its history."

Dr. Dora Emery is president of the California branch of the O. W. & A. and Dr. G. B. Smith is secretary, both of Los Angeles.

The Spokesman Review of Spokane gave a full column write up honoring the memory of Dr. Arthur Benefiel, high school principal, late husband of Dr. Carrie Benefiel, one of the pioneer osteopaths of Spokane.

A letter from Dr. H. R. Foote, London, speaks of the interest in Spinal Curvature in that country. Dr. Foote is getting out a magazine, an interesting little booklet supported by some of the prominent laymen of that city. The doctor maintains that the spinal contest should be confined to children under twelve, which would avoid any grounds for criticism that has been made in England regarding "Fifty Beautiful Bare Backs."

The graduation exercises of the College of Osteopathic Physicians and Surgeons will be held Thursday evening, June 8, 1922, at 8 o'clock, Ebell Club, Los Angeles, Cal.

A Medical Liberty League speaker declares that England had not had compulsory vaccination for thirty years.

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Speaking of Stunts

A lecture and demonstrations in apiarism was contributed to the noon-day luncheon program of Long Beach Rotarians at the Virginia Hotel today by a member of the club, Dr. Warren B. Davis. With a hive full of the honey hustlers literally on hand, Dr. Davis, who admits that bees are his hobby, told of the habits and characteristics of the busy insects and ended his interesting discourse by allowing the entire hive of possibly 50,000 Italian bees to swarm on his bare arm. What is your hobby?

Dr. Robeta Wimer-Ford is program chairman for the Business and Professional Women's Club of Washington, which held its second annual convention at Wenatchee, Wash. Dr. Leonora Grant, president of the Seattle Osteopathic Women's Club, discussed recreation and diversions at the gathering.

Dear Doctor Millard:

Your two articles, "Getting the Practical Vision" in the Western Osteopath, and "How Do You Put in So Much Time in the Treating Room" in the O. P., are two of the best things ever published in any osteopathic journal. Especially the article "Getting the Practical Vision" gave me a world of inspiration.—McCOLE.

We will start another class in the Electronic Reactions of Abrams here in Kirksville, Mo., June 1st. Course will last a month.

Doctor Abrams has opened the gates wide to reputable osteopaths and they are now on an equal footing with medical men regarding his course and the use of his instruments.

The number in the class will be limited. For further details write Dr. J. V. McManis, Kirksville, Mo.—J. V. McMANIS, D. O.



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Lakeside 523



DR. SENIOR: *“Now, Doctor—speaking of gynecological cases, here is something you ought to know about—”*

DR. JUNIOR: *“You are not going to use Antiphlogistine in a vaginal tampon?”*

DR. SENIOR: *“Just what I am going to do, in that case of evident tubular infection, with accompanying inflammation of surrounding peritoneal tissues.”*

DR. JUNIOR: *“Now, that is a new one to me—certainly.”*

DR. SENIOR: *“And a good one, I assure you. I’ll have nurse place balls of hot Antiphlogistine in one or more layers of gauze, and we will pack the vagina with this—as hot as can be borne by the patient.”*

DR. JUNIOR: *“How long do you leave the tamponage in place?”*

DR. SENIOR: *“Twelve to twenty-four hours—or until the pain and temperature have abated or the indications, shown by elimination of serum from the vagina, call for a renewal of the tamponage. You see, Antiphlogistine, being composed of non-toxic antiseptics—boric acid, oil eucalyptus, oil gaultheria, and c. p. glycerine—we have the ideal material for a vaginal tampon, with cotton. The osmotic action of Antiphlogistine begins promptly, and there is also a soothing effect from this remedy, which is far better than to resort to narcotics—except in extreme cases.”*

NECESSARY IN DIVERTICULITIS

A specialist of international reputation, after defining Diverticulitis as the formation of small pouches along the walls of the colon due to prolonged constipated conditions, points out that these pouches, becoming filled with fecal matter, quickly cause inflammation which leads to ulcers of the bowel, abscesses or adhesions—even the growth of tumor masses and obstructions. A very serious condition, which, he says, is to be remedied only by careful non-constipating diet and the administration of liquid petrolatum.

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tencies ranging from a water-like fluid to a jelly. The viscosity of Nujol was fixed upon after exhaustive clinical test and research and is in accord with the highest medical opinion.

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Eastern Idaho Osteopathic Society Meets at Pocatello

The Eastern Idaho Osteopathic Society met in Pocatello, May 14th and 15th, with Dr. T. J. Ruddy as speaker and who again demonstrated his ability as surgeon in the treatment of the eye, ear, nose and throat.

Owing to the fact that the 14th came on Sunday and the tob-be patients were desirous of a real picnic on a splendid spring day Dr. and Mrs. V. M. Bodmer entertained Dr. Ruddy and the visiting osteopaths with a real "Mother's old fashioned" dinner at their home.

Following the dinner, Dr. Grace Parker took the "bunch" for a good picnic, cooking the lunch out doors and exploring the beauties of the Portneuf River and surrounding hills.

Monday, the fifteenth, the clinic started promptly at 8 A. M. and kept up with scarcely a breathing space until 1 P. M., when an ad-

jourment was held for lunch. Returning at two, the offices were crowded with patients waiting their turn for examination, diagnosis and treatment by an "Osteopathic Specialist."

A banquet was held about 6 P. M. at the Hotel Bannock, after which the day's work was continued until only a few minutes were left for Dr. Ruddy to catch his train which left at midnight.

Over thirty patients were taken care of, and the clinic voted as one of the most successful ever held in this society.

Dr. Emma Crossland, of Twin Falls, Dr. G. A. Aupperle, Dr. Julia Weiters of Idaho Falls, Dr. Andrew Johnson of Rupert; Dr. and Mrs. A. H. McFarland of Blackfoot, Miss Ada Nichols, R. N., of Detroit, Michigan, Dr. Grace Parker and Dr. and Mrs. V. M. Bodmer were present.—VERN M. BODMER, D. O., 209-210 Carlson Bldg., Pocatello, Idaho.

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Charge for above course for five hours a day, \$25.00.

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Dr. Emery's booklet gotten out the first of the year is still being talked about. A recent letter from Dr. F. E. Moore of the Milk Sanitarium gives it highest place and says: "My hat is off to the man who does *one thing* better than others in his profession. It's the big hope of the osteopathic (Independent) school of practice. Then, if the general practitioner will keep close to the Old Doctor's teachings, nothing can stop us. By referring to my presidential address at Kirksville, 1908, A. O. A., you will see how I have always felt about the need of 'specializing and *who* should specialize, also to get behind the men (and there are but few of them) *who have the ability to research.*"

In Portland we have Dr. Otis Akin, without doubt one of the greatest surgeons on the Pacific Coast. He does not practice osteopathy but he surely excels because of his foundation in osteopathic training before taking up surgery, and many times I have heard him champion osteopathy before a group of deriding M. D.'s.

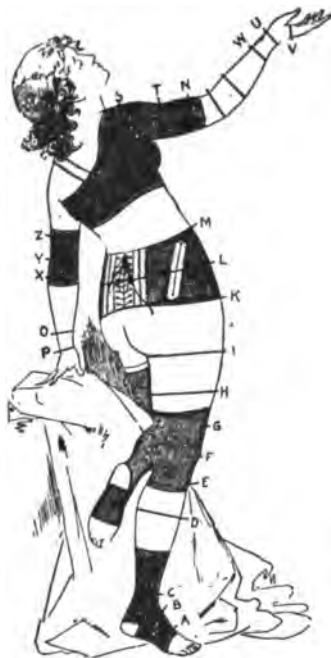
All honor to the man who is a general practitioner in osteopathy. In ten or fifteen years he finds his niche if he has the ability and inclination to specialize and then we have osteopathic physicians covering every field to perpetuate an independent school of practice.

The old Bay Society is now divided into three with a possible fourth division. Santa Clara County is the latest to organize.

East Bay Clinic is doing good work this year. Dr. Penland has been most generous in giving his support. Drs. Whitten, Peckham and Bohn have all worked together so harmoniously that some of our local members may have forgotten we have a clinic.

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On account of cooler trip, better chance for layover and sightseeing, many feel the Union Pacific is the route of their choice. A goodly number have already made reservations and the Union Pacific is arranging a special car, or as many as may be required, to leave Kansas City as per schedule below:

Lv. Kansas City.....	10:40 a.m.	Wednesday	June 28th
Ar. Denver	7:15 a. m.	Thursday	June 29th
(Auto drive to Denver's mountain parks, trout dinner, etc).			
Lv. Denver	6:00 p.m.	Thursday	June 29th
Ar. Salt Lake City.....	2:20 p.m.	Friday	June 30th
(Sightseeing trip, dip in bouyant waters of Great Salt Lake, dinner and dance on great pavilion at Saltair Beach).			
Lv. Salt Lake City.....	11:55 p.m.	Friday	June 30th
Ar. Los Angeles.....	7:00 a.m.	Monday	July 2nd
(Note—Convention begins July 3rd.).			

This is not contemplated in any way to interfere with the Official Route, but is being arranged for the benefit of those who prefer it. Those attending the Rocky Mountain Osteopathic Conference can join the party at Salt Lake City.

Reservations via either the Santa Fe or Union Pacific will be made by
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Clinics

"Regarding clinics, I wish that we might have a few more. We have passed the seventy mark; we have promised one hundred; so, start your "one-man" clinic. Several in a town or city seems to work out beautifully. There are four in Warren, Ohio; there are three and four in several other places; and two in a number of places; and one city had five. These individual clinics, I believe, are going to solve the problem. Each man takes more interest in his own clinic work than he would in a group clinic, but later on these clinics may be amalgamated. Let us get used to clinic work for this year, then it will be an easy matter to get together.—MILLARD.

Dr. F. C. Clark will be one of the speakers at the Southern California Academy of Sciences May 24th. His subject will be "The Evolution of the Elephant" illustrated by many wood carvings and slides.

Long Beach Meeting

At the May meeting of the Long Beach Osteopathic Society the following officers for 1922-23 were elected:

President, Dr. Henry F. Miles.

Vice-President, Dr. Winifred Jenney.

Secretary-Treasurer, Dr. Ione S. Ingles.

Six Babies—Two Pairs Twins Born in 24 Hours

For an obstetrician to be called upon to officiate at the birth of six babies within the space of 24 hours, is an experience which few of the medical profession can claim. Such, however, was the experience of Dr. F. J. Peterson, Osteopath, during the latter part of last week, when two pairs of twins and two single babies were born in Alliance, Ohio, and vicinity. Dr. Peterson personally took care of five of the new arrivals and turned the sixth one over to the care of another physician.

DR. R. D. EMERY
DR. J. W. SCOTT

DR. LORA B. EMERY
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The third annual convention of the Osteopathic Women's National Association will be held at the Ambassador Hotel, Los Angeles, Calif., on July 1, 1922. All women Osteopaths and wives of Osteopathic physicians are urged to attend. Dr. Katherine McLeod Scott, Secretary.

For outward appearance or inside facts we know of nothing better than Webster's "Concerning Osteopathy." We know of at least two of these books that are now telling the story of Osteopathy in Europe.

"Concerning Osteopathy" is simply a matter of good taste and investment.

"What are you doing about that student? It is getting close to the time when there will be many promising young people graduating from the high schools who have not fully decided what they are going to do in the world. You will not be doing your whole duty to humanity, osteopathy or yourself if you do not tell them what osteopathy offers in the way of serving the people.—*Blotter.*"

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Dr. Gerdine Visits Seattle

Dr. Von Gerdine, of the Still-Hildreth Sanatorium at Macon, Missouri, paid a recent visit to his family at Seattle, Washington, where they have been making their temporary residence for the past few months.

The Seattle Osteopaths gave a banquet at the Elks in honor of Dr. Gerdine which was attended by thirty-five doctors from Seattle and surrounding communities.

Following the banquet Dr. Gerdine was called upon to give a message to the profession, and he responded with a generous, instructive lecture on Mental and Nervous Diseases that held his auditors spellbound for over two hours, it being one of the finest lectures that the Seattle Osteopaths have had the privilege of enjoying in many a day, and they are all looking forward to a return visit from the doctor.

In the May Blotter (N. Y.) we have the following paragraph from its former editor, Dr. Bancroft:

"To build an organization solidly it is necessary to cause every member to feel that he is a part, and a thinking part, of the organization. Those who stand on the side lines and only cheer without participation in the game soon grow hoarse and stay home. The best meetings we ever had were the ones where a scrap was in prospect when that scrap was properly advertised. Members then went home feeling that they had seen the wheels go 'round, had taken part in shaping destiny."

"Dr. E. S. Willard has developed a scientific and teachable method of technic which applies the principles of mechanical adjustment as I learned them from Dr. A. T. Still."—
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All practicing osteopaths who attend the 26th annual convention to be held at the Hotel Ambassador, July 3-8, 1922, will be admitted as guests on the payment of \$5.00, if they are non-members of the A. O. A. However, every member of the State Association may become a full fledged member of the A. O. A. and receive the Journal for one year upon the payment of \$10.00. Students will be admitted free.

Your magazine is very upsetting to me these days, with its many references to the "extra-special" Na-

tional Convention to be held in Los Angeles. I would give a lot to be able to come but you don't offer reduced transatlantic rates. However, our genial government has reduced our income tax so perhaps I'll get over in a year or two.—Dr. Mabel Anderson, Glasgow, Scotland.

Dr. Benoni A. Bullock announces the removal of his offices from Detroit, Mich., to Chicago, Ill., 901 Goddard Building. His practice will include abdominal and orificial surgery, gynecological and genito-urinary specialty treatments.

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MRS. ALICE E. CROSS wishes to announce to her friends among the physicians, that she has taken up the LA FACILE "The Easy Corset." When I am able to say to you that I can continue to give your patients a supporting corset for obesity, ptosis, floating kidney, maternity, hernia, sacro-iliac, etc., at one-third less than any other especially designed corset. I feel sure that it will be very interesting to you.

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